Gastro-oesophageal reflux

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this factsheet alone for information about your child's treatment.

What is gastro-oesophageal reflux?

Reflux is very common in babies. It is when the contents of the stomach are brought back up into the food pipe, and sometimes into the mouth as regurgitation or vomiting (being sick).

It is normal for healthy infants to have reflux after eating because:

- Their stomachs are small in comparison to the large amount of milk they drink.
- They feed on liquids, which are easier to bring up than solids.
- There is a ring of muscle (sphincter) at the bottom of the food pipe, which normally stops stomach contents going back into the food pipe. This ring is weak in babies, which means that feeds can pass quite easily from the full stomach, back into the food pipe and the mouth.

The milk they bring back up is mixed with the stomach acids, which can irritate the food pipe, making your baby unsettled and cry. Green vomit or blood in the vomit are not usually caused by reflux and you should ask your doctor to check your baby.

What are the signs of reflux?

The main sign of gastro-oesophageal reflux is frequent spitting up or vomiting after feeds. There may be uncontrolled crying, drawing the legs up towards the tummy and pain in the tummy after feeding. (Please note that many normal babies cry for 3 to 4 hours a day several days every week without a worrying underlying problem and will grow out of frequent crying as they get older.) Some older babies with reflux may refuse feeds, as they associate feeds with pain on swallowing.

How is reflux treated?

Many babies or children with reflux do not need any specific treatment, if they are otherwise well.

Reflux usually improves with time without any treatment. In 90% of infants the reflux goes away before they are 1 year old.

You can try changing your child's feeds and feeding pattern to see if the symptoms improve.

For instance:

- Feed your child smaller amounts more frequently.
- Change their feeding position, sit them up in a more upright position during feeds and up to half an hour afterwards.
- Raise the head of their cot by placing the legs on wooden blocks – do not use pillows to raise your child's head as this can increase the risk of cot death, it is safer to tilt the entire cot.
- Change the feeding formula to an anti-reflux formula (unlike other infant milks anti-reflux formula should be made using boiled water that has been left to cool to room temperature or chilled in the refrigerator before adding the powder otherwise it thickens in the bottle and is more difficult for your baby to drink). Your GP or paediatrician can advise you on the exact type of formula.
- Add thickening agents to feeds so they are less likely to flow back up the food pipe. Your GP or paediatrician can advise you on what to add.

Could this be a milk allergy or intolerance?

Reflux is very common and most babies do not have reflux due to cow's milk protein intolerance. There are no tests that will diagnose this problem other than a two week change to a low allergy infant formula (only available on prescription) or a change to the mother's diet for breastfeeding babies. These dietary changes should be under supervision of a doctor or trained dietitian. There is some evidence that taking cow's milk protein out of a baby's diet may increase the risk of later, more severe food allergies, so this should only be considered for babies with severe problems such as failure to gain weight or not responding to other treatments.

Are there medications for reflux?

The vast majority of children do not need any medicines for their reflux. There is no strong research to support that medications work for babies with reflux especially as most babies outgrow reflux without having serious problems. Medications are considered for babies who are not growing well, are at risk of inhaling the milk brought up (e.g. those babies who are premature or have muscle weakness) and for those who are having severe symptoms that have not responded to the treatments listed above.

Infant Gaviscon (sodium alginate) works by making the contents of the stomach thicker, so it is more likely to stay in the stomach. It also forms a protective coating over the lower part of the food pipe, it can be used for babies who breastfeed or are fed infant formula and can be prescribed by your GP or paediatrician.

There are other medications available, such as Ranitidine or Omeprazole, which work by reducing the amount of acid produced in the stomach. Because stomach acid is important for killing bacteria and reducing the risk of infections, these medications are usually only prescribed by a specialist.

What to do if the symptoms continue

You should see your GP if you think the symptoms are not settling. Keep your child's red book handy as doctors may want to check your child is gaining weight.

Seek urgent advice if your child develops:

- Frequent, forceful (projectile) vomiting.
- Bile stained (green) vomits.
- Blood in their poo.
- Not taking at least half of their usual feeds over 24 hours.

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