

# Gastroesophageal Reflux (GER): Helping Your Baby



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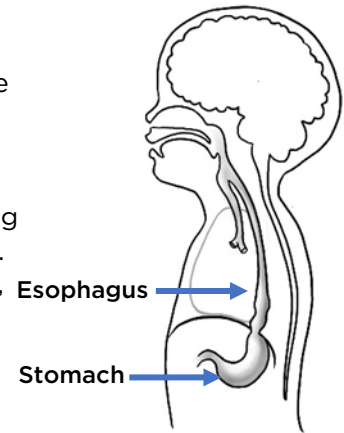




### What is gastroesophageal reflux?

Gastroesophageal reflux (GE reflux or GER) occurs when food or acid in your baby's stomach comes back up into the esophagus. The esophagus is the tube that carries food from the throat to the stomach. A muscle at the lower end is closed when baby is not eating. This muscle should open to let food into the stomach and then close again. If this muscle does not close, or opens at the wrong time, food or acid come back up the esophagus and may be spit up. Stomach acid can irritate the esophagus. This may lead to fussiness, breathing problems or poor weight gain.

Dealing with GER can be difficult for you and your baby. Try to be patient and positive. It will improve over time. Most children with GER are healthy. Babies usually outgrow GER between 6 and 12 months.



### What are the signs of GER?

You may see 1 or more of these signs:

#### Spitting up

Often babies with reflux spit up, but some do not. If your baby spits up, it may be a small to medium amount many times a day, or your baby might vomit larger amounts less often. Sometimes you may even see a bit of spit up come out of baby's nose.

#### Food in the back of the throat

Food can come up into your baby's throat, but not be spit out. When this happens, your baby may have big gulping swallows, coughing and choking, or trouble catching their breath. Your baby may also have a red face or teary eyes.

#### Behavior changes

Reflux can be uncomfortable for your baby, especially if the food coming up is acidic or sour. Your baby may:

- Cry and be fussy, 1 to 2 hours after feeding.
- Act like they are in pain and pull their legs up.
- Act gassy.
- Have frequent hiccups.
- Give you unclear or confusing cues about when or if they are hungry.
- Arch and pull away during feeding.

Babies with reflux often act uncomfortable when lying flat and prefer to be held upright. When a baby has reflux, fussy behavior usually occurs all day, rather than just in the evening.

### **Sleep problems**

If reflux is uncomfortable, your baby may not sleep well. They may be restless, make grunting noises or wake up often. It is common for a baby with reflux to be sleeping comfortably on your shoulder but wake up shortly after being put flat in bed.

### **Feeding patterns**

Babies with reflux are often “snackers,” eating frequently. They may fuss often and seem to be hungry, but feed briefly and poorly. Some babies act like they don’t want to eat. They may seem hungry but prefer to suck on their fingers or soothe on the breast/chest.

### **Breathing problems**

Reflux can lead to changes in your baby’s breathing pattern. You might see irregular breathing or long pauses in breathing. Your baby’s face may turn pale or gray. If you are concerned about these events, contact your baby’s healthcare provider. If your baby’s breathing pattern is very alarming, call 911.

### **How do I know my baby has gastroesophageal reflux?**

If your baby has signs of reflux, discuss them with their healthcare provider. Some babies spit up a lot, but do not have other concerning signs and we call them happy spitters. Some babies don’t spit up very much but have other very concerning symptoms. It is important to fully describe the problems to your baby’s healthcare provider. Often what you tell them about baby’s symptoms is enough to decide if reflux is the problem and how to treat your baby. Sometimes your healthcare provider may decide a special test is needed. This may include an upper GI (gastrointestinal) X-ray or pH probe.

### **What can I do to help my baby?**

Your baby’s healthcare provider will work with you to plan special ways to position, handle and feed your baby. The healthcare provider may also prescribe medicine.

### **What are the best positions for my baby?**

Placing your baby in upright positions helps keep food in the stomach by gravity. When your baby’s body is slouched, pressure on the stomach can push food out. Careful positioning keeps your baby’s body upright and straight. It is very important to keep your baby upright and straight after eating. Use this position as much as possible throughout the day to help your baby.

### Carrying and holding

When you carry and hold your baby, keep them upright with the body straight.

When cradling your baby in your arms, or for feeding, make sure they are upright, and the body is straight.



Holding your baby at your shoulder keeps them very upright and the body straight.



Choose a front pack that keeps your baby upright and straight.



Your baby can be comfortable on their back in your lap, if your knees are bent enough to keep your baby upright.



If you put your baby on their tummy over your lap, raise 1 knee so the head is higher than the bottom.



When you burp your baby sitting on your lap, be sure the body is upright, not leaning forward or slumped.



## Gastroesophageal Reflux (GER): Helping Your Baby

### Positions to avoid

Do not use positions in which your baby is flat, slouched or their body is bent. This can make reflux worse.

This baby is upright, but wrinkles on the tummy tell you the body is bent.



This baby is very flat, so gravity cannot help keep food in the stomach.



It is easy for your baby to become flat or bent when you hold them a long time, especially during feeding. Check yourself or have a family member check your baby's position as you hold them.

We do not recommend sling type carriers. They tend to bend your baby's body more than a "front pack" carrier (see page 5).



This baby is upright, but the body is very bent, putting pressure on the stomach.



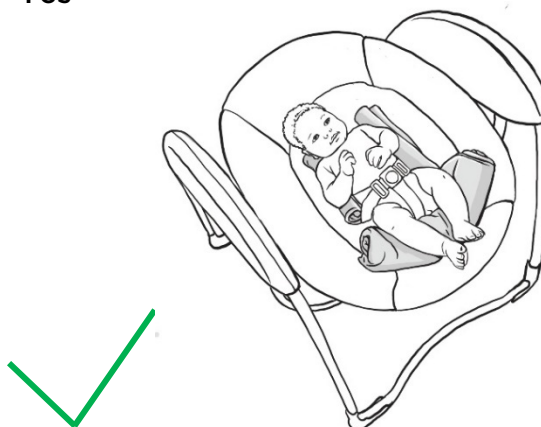
### Baby Equipment

Swings and bouncy seats work well to keep your baby upright when awake. Use rolled blankets or towels to keep their body straight if they are slouching.

No



Yes



### Car Seat

Young babies often slouch in their car seat when their bottom slips forward to the car seat crotch strap. Here are tips to keep baby upright and straight:

- Make sure your baby's bottom is well back in the seat, and their back is straight. Buckling the hip strap first will help keep baby in this position.
- If there are several locations for the crotch strap, be sure to use the one that is closest to your baby's diaper when they are correctly positioned.
- When baby's bottom is in the right position, and they are sitting up straight, the harness straps may be too low. The harness should be threaded through the slots on the car seat **at or just below your baby's shoulders**.
- For small babies, after the harness is snug and secure, you may use rolled towels or light blankets to pad around the baby's sides, unless not advised for your car seat.



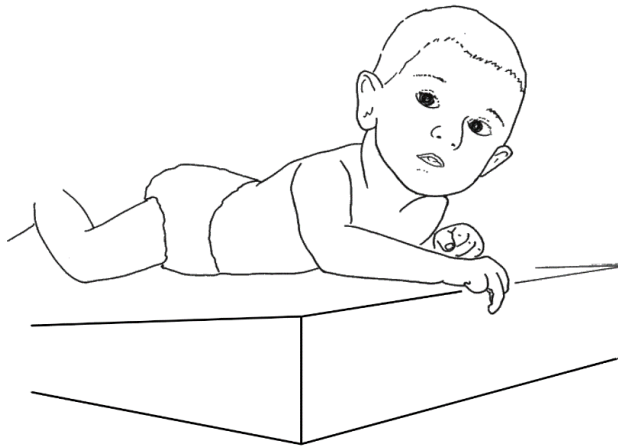
### Diaper changes

If your baby shows signs of reflux during diapering, prop your baby on a low wedge or pillow. Roll your baby to the side to wipe their bottom, rather than lifting both legs into the air. Try to time diaper changes before feeding, when their stomach is most empty. Don't fasten diapers too tightly around baby's stomach.



### Tummy time

Babies with GE reflux often spend a lot of time upright or being held, but your baby also needs to spend time playing on their tummy. This helps strengthen the neck, arm and chest muscles. Plan tummy play times before feeding, when the stomach is empty. Using a low wedge for tummy time may be helpful.



### How Should I Feed My Baby?

#### Feeding position

When bottle feeding, hold your baby in a position with the body upright and straight. Make sure the trunk is not bent. When nursing, try to have your baby at an angle and not flat or on their back. Using a chair arm to support your arm, or a pillow to support the baby may help keep your baby's head up higher. See page 5, "Carrying and holding" for more information on the best positions.

#### Feeding schedule

Small, frequent feedings may help reduce GER. Follow your baby's hunger signals but try to space feedings 2 to 3 hours apart rather than 4 to 6 hours. Your baby will take less, and not overfill their stomach.

#### Burping

Extra air in the stomach can make spitting up more likely.

- Discourage "guzzling" feedings. Fast feeding may cause air swallowing.
- If your baby feeds very fast, help them take frequent short breaks during feedings. If this upsets them, let your baby suck on a pacifier or your finger during the pause. They may also feed better with a slower nipple.
- When bottle feeding, reduce the intake of air by using an upright feeding position with your baby's head tipped slightly forward (not arched back). Make sure there is not a big space between the chin and chest.
- Offer at least 1 burp during the feeding and then after the feeding. You can use a number of positions for burping, but be sure your baby's body is upright and straight. See page 5, "Carrying and holding" for more information on the best positions. In the middle of the feeding if baby does not burp after 1 to 3 minutes, it is OK to continue feeding. Similarly, not all babies burp after feeding.
- If your baby is fussy when you try to burp them, it is OK to use a pacifier to calm them.

#### Moving your baby after feeding

Try to keep your baby upright and still for 15 to 30 minutes after feeding; a pacifier can help. When your baby's stomach is full, sudden movements and position changes may cause reflux. If possible, avoid changing diapers right after feeding. If your baby is sleeping well at night, you may not need to hold them up for this long before you put them back down.

#### What to feed your baby

Most of the time you can continue feeding your baby human milk or formula that you are already using. Some babies have GER symptoms due to a sensitivity to cow milk protein. In that case your healthcare provider may suggest a special formula or an elimination diet for lactating parents. There are also special gentle or spit up formulas that may be recommended.

Some research suggests thickening feedings with baby cereal may help decrease spitting up. This does not help all reflux symptoms and there are also potential complications. Thickeners may not be good for your baby's digestive system, and most are not effective with expressed human milk. For these reasons, we suggest you focus on other strategies.



If you think your baby might benefit from thickening, please talk about this with their health care provider.

### **My baby doesn't like to eat**

Babies with some types of GER can show discomfort around feeding and act as if they don't like to eat. If you notice that your baby is often arching, unhappy or resists feeding, or if your baby is not taking enough food, tell your healthcare provider.

### **Starting Solids**

GE reflux is not usually a reason to delay the introduction of solids. Some families may actually want to start solids early to see if it helps their baby's reflux. Be sure to discuss this with your baby's healthcare provider if you are considering starting solids before the recommended time frame. Babies with GER may show more gagging with solids and that can lead to increased spitting up. Here are some tips:

- Before starting solids, encourage mouth play and exploration with fingers and toys.
- Start with smooth foods.
- Offer solids before liquids so if they cause a gag it is less likely to lead to a spit up.

### **What about Sleeping?**

#### **Safe Sleep**

The American Academy of Pediatrics recommends that infants:

- Sleep on their backs in their own sleep space.
- Use a crib, bassinet or portable play yard with a firm mattress and fitted sheet.
- **No blankets or toys in this space.**
- Avoid sleeping on a couch or armchair or in a seating device, like a swing or car seat (except when riding in the car).

### **Is it OK for a baby who spits up to sleep on their back?**

When sleeping on their back, gravity is not helping food stay in baby's stomach, so they may spit up or have other symptoms. Research shows it is safe for babies to spit up while on their back. Nighttime reflux may cause your baby to have periods of squirming or noisy breathing. These should not be concerning if your baby falls right back to sleep. In the morning your baby may wake up sounding "stuffy" from small amounts of refluxed material that have come up to the back of their nose overnight. This should resolve after they have been upright for a few hours.

### **My baby can't sleep when lying flat**

Any baby, and especially a baby with GER, may have a night when they do not sleep well and need your help. If your baby falls asleep at your shoulder, then wakes up as soon as you put them flat, try these things:

- Swaddle your baby and have them ready for sleep before being held at your shoulder.
- Use a sound machine.
- Put your baby down when not quite asleep and then rock their bed gently
- A pacifier may help your baby calm so they can fall asleep.

If “nothing works” and you are holding your baby in your arms all night, contact your baby’s healthcare provider. It is not safe for parents to try to stay up all night holding a sleeping baby.

### **What if I try these things and my baby still has problems with reflux?**

#### **Medicine**

The above strategies to help with GER are called “lifestyle changes.” If these are not working for your baby, discuss the possibility of medicine with your baby’s healthcare provider. Be aware that medicines for GER usually do not make the reflux go away. They may help your baby be more comfortable and reduce the amount of reflux.

One common type of medicine reduces the amount of acid in the stomach. When your baby does have reflux, it will not be as uncomfortable. Another type of medicine helps the stomach empty faster. Reflux is less likely to occur when the food is not in the stomach for as long.

#### **GER gets better with time**

These feeding and positioning guidelines cannot make reflux go away, but they often help to make the symptoms better. Your baby may not spit up as much and may be more comfortable. Your baby may still have some bad or fussy days. If this happens, try not to change the things you are doing right away. Wait 2 to 3 days and if things do not get better, change only 1 thing at a time, so you will know what is helping. Consistency is important. If you and your baby continue to struggle, contact your healthcare provider.

Know that baby’s GER will get better over time and will not last forever. As the parent of a baby with GER, you may spend more time and effort in caring for your baby. This means you may need to pay more attention to your own selfcare. Be sure to ask friends and family for their support as much as possible.

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### To Learn More

- Occupational, Physical and Speech Therapy  
206-987-2113
- Ask your child's healthcare provider
- [seattlechildrens.org/patient-education](https://seattlechildrens.org/patient-education)

### Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



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