



Reflux or Spitting Up

Gastro-Esophageal Reflux Disease (GERD)

- At least half of all babies spit up, which is the same things as gastroesophageal reflux.
- Most of them are very messy but happy spitters, gain weight well, and outgrow this messiness after several months.
- There are management strategies to lessen the spit up, but only time will resolve it completely.
- The main thing is to understand the issue to avoid undue worry and to ask for advice when you aren't sure if all is OK.
- If the spitting is a problem, it is termed "Gastro-Esophageal Reflux Disease."

Symptoms of Gastro-Esophageal Reflux Disease

- Heart burn pain may cause mild or severe fussiness.
- If pain is severe, baby may arch her back and stiffen her body during episodes of spitting up or burping.
- Spit up is an effortless eruption, in contrast to vomiting, which is preceded by retching or contractions of the stomach muscles.
- Spit up may launch from the mouth or nose, or it might dribble over the chin after a wet burp.
- Spit up might only reach the back of the mouth, resulting in chewing, gagging and re-swallowing motions. Parents often don't realize this is reflux.
- Episodes may occur a couple times per day, with every feeding, or randomly. Some days are worse for no reason.
- Spit up may look like fresh milk, curdled milk, or water, or it may be yellow, greenish or bluish, as breastmilk takes on different hues of color.
- Poor weight gain is rarely due to reflux. Most babies let you know if they need to eat again after spitting up. It is sometimes confusing to sort out if a baby is spitting up because they are over-eating, or if they are over-eating because they are spitting up!
- Chronic coughing or wheezing in a spitty baby might indicate aspiration of stomach contents into the lungs. This is quite rare, because most babies have a good gag reflex to protect their airway.

Causes of Reflux

- The valve between the esophagus (food tube) and the stomach is commonly immature and loose in infants, and tightens over the first several months of life.
- When there is milk in the stomach, an air bubble on top, and pressure is applied to the stomach, the milk can reflux upward through the loose valve. Babies typically spit up when laid on their back for a diaper change, when placed in the car seat, or when slouched over when held or burped.
- Swallowing excess air can contribute to reflux, such as if mom has a fast let-down which causes baby to swallow quickly to keep up with the milk flow and thus gulps air with the milk.
- Food sensitivities, especially milk intolerance, occasionally contribute to reflux.
- Rarely, there are other conditions which contribute to excessive spitting or vomiting, but they usually cause severe progressive symptoms over the course of a few hours.

Reflux or Spitting Upcontinued

Management of reflux

- Time, patience and understanding is the key to enduring reflux, as most babies outgrow it by 1 year of age.
- Burp frequently. Your baby may just spit up with the burp anyway, but at least you can be prepared for it!

Keep baby's back straight!
Allowing baby to "slouch"
while holding and burping,
puts pressure on their tummy.



- Position your baby upright for several minutes after feedings.
- Elevating the head of the bed is often recommended, but baby often slides down, so be cautious.
- Avoid tight diapers and waist bands.
- Smaller more frequent feedings are often recommended, but this can be difficult to accomplish in a nursing baby.
- Limiting feedings is a common recommendation, but if the valve is loose, a baby will spit up even if not over fed.
- Lean back while nursing if baby gulps air during a fast let-down. The milk will slow down when flowing "up-hill."
- If milk intolerance is thought to be contributing to the reflux, mom may need to consider an elimination diet.
- Rarely, milk fed from a bottle is thickened with cereal to help it stay down.
- A trial of antacid medication may be considered if other management strategies
 - 1) fail to improve the fussiness
 - 2) if baby fails to gain weight
 - 3) if baby develops symptoms of aspiration
- Antacid drugs are a last resort, because they eliminate acid. Acid kills bacteria so is part of the baby's immune system.
- Rarely, X-ray or lab tests are done to look for specific conditions that might be causing progressive reflux.
- Sometimes surgery or medical treatments are necessary.

Call the office if baby:

- is inconsolable for more than a 2-3 hours
- acts sick
- fails to gain weight
- refuses feedings or has difficulty with feedings
- has signs of dehydration (few wets, no tears, dry mouth)
- develops more frequent or projectile vomiting
- spit up is bright green or bloody
- develops a distended belly
- has blood in the stools
- coughs, wheezes, has trouble breathing, severe choking episodes, stops breathing, turns blue or pale, or has repeated bouts of pneumonia.