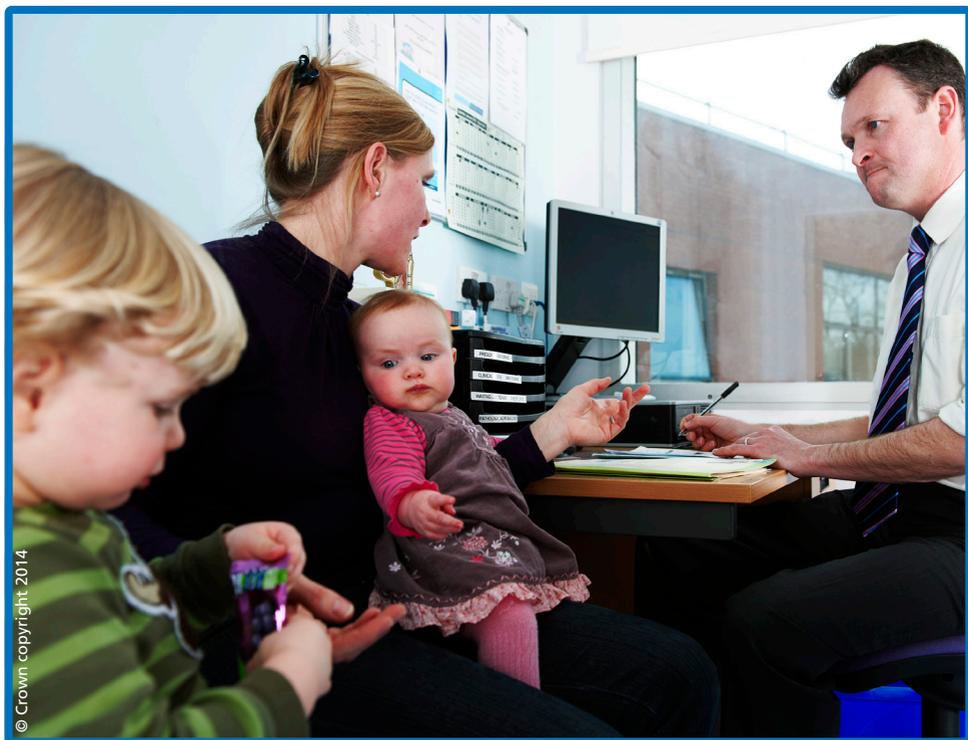




University Hospitals Bristol
NHS Foundation Trust

Patient information service
Bristol Royal Hospital for Children

Gastro-oesophageal reflux in infants



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What is gastro-oesophageal reflux?

Gastro-oesophageal reflux is when a baby brings back stomach contents (usually milk) into the food pipe (oesophagus) or mouth. It is extremely common in young babies and is usually harmless. Over half of healthy babies will have some reflux. It happens because the valve (ring of muscle) where the bottom of the food pipe enters the stomach is looser than when the child is older. This means that milk can reflux back towards the mouth more easily.

What are the symptoms of gastro-oesophageal reflux?

The main symptoms of gastro-oesophageal reflux are frequent spitting up or regurgitation after feeds. Sometimes the child also seems to have abdominal pain or is generally more irritable in the hours after feeding.

Can it be serious?

Rarely, some babies with gastro-oesophageal reflux do not gain weight as expected and even more rarely they may have frequent chest infections due to the milk being regurgitated up and then going down the windpipe.

How long will gastro-oesophageal reflux last?

Gastro-oesophageal reflux is very common and occurs almost daily in over 50% of young babies. It starts between birth and three months and is usually better by six to 12 months. Most babies with gastro-oesophageal reflux get better when they start to wean and when they are able to sit upright.

What is the treatment for gastro-oesophageal reflux?

Most babies do not need any treatment. Simple things that can help are:

- Supervised tummy time – placing your baby on their tummy when they are awake and an adult can watch them.
- Sitting your baby up when feeding and for 30 minutes after a feed.
- Raising the head of your baby's cot by placing the legs on wooden blocks by about 30-40 degrees so that your baby lies in a slightly head up position can be helpful. Do not use pillows to raise your child's head as this can increase the risk of cot death.
- Your doctor or health visitor may suggest introducing solids a little earlier (from four months) than usual. This is fine as long as you have discussed it.
- If you are bottle feeding your baby and the reflux is causing pain or irritability you can switch the milk to an anti-reflux formula. These are available at most chemists and large supermarkets.
- If you are breastfeeding, we would recommend that you continue rather than switch to anti-reflux formulas and consult your general practitioner (GP) to discuss whether any medications could help.

Medications for gastro-oesophageal reflux fall into three categories:

1. Medicines that form a barrier on top of the stomach contents to reduce the likelihood of the milk being regurgitated, for example Gaviscon Infant (this type of medication should not be used at the same time as anti-reflux formula milks).

Instructions for giving Gaviscon Infant:

Babies under 4.5kg (10lb) should be given the contents of one sachet and babies over 4.5kg (10lb) should be given the contents of two sachets.

For breastfed babies the contents of each sachet should be mixed with 5ml (one teaspoon) of cooled, boiled water until it has formed a paste. Then add another 10ml (two teaspoons) of cooled, boiled water and mix. Give this part of the way through each feed.

Bottle fed babies can have one sachet mixed thoroughly with every 115ml (4 fl oz) of feed in a bottle and then given to your baby as normal.

2. Medicines to dampen down the amount of acid being produced e.g. Ranitidine or Omeprazole

3. Medication to speed up the rate at which feed passes from the stomach into the intestines (e.g. Domperidone – but only to be used after seeing a paediatrician)

All these medications may take some time to work (up to two weeks) but can be very helpful for most children.

When should I seek further medical advice?

Sometimes there may be another problem causing the gastro-oesophageal reflux. Alternatively, the gastro-oesophageal reflux itself can cause problems and you should seek medical attention. Problems can include:

- has blood or bile (bile is a green liquid) in their vomit
- is losing weight or not gaining weight as you think they should
- is choking frequently
- has a temperature and is under three months old
- is very irritable or unwell
- suddenly starts to regurgitate or vomit when they never had it before
- will not feed.

Remember most babies regurgitate a bit of their milk and it is usually not a problem. Nearly all babies will have grown out of this problem by the time they are a year old.

Notes and queries



Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While your child is under our care, you may be approached about them taking part in research. To find out more please visit: **www.uhbristol.nhs.uk/research-innovation** or call the research and innovation team on **0117 342 0233**.

For access to other patient leaflets and information please go to the following address:

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Hospital switchboard: 0117 923 0000



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