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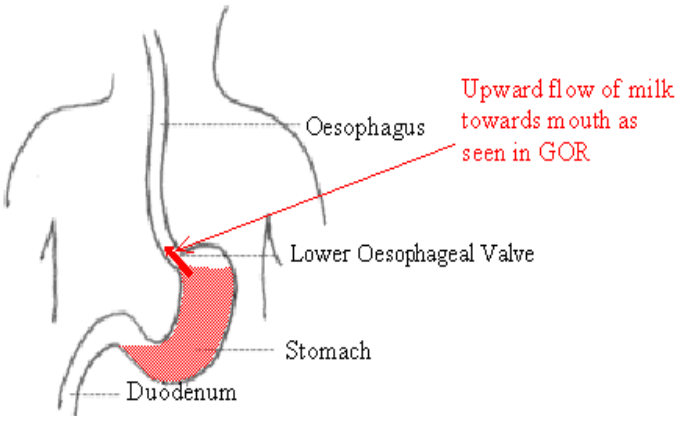
Parents guide to gastro-oesophageal reflux in children *(page 1 of 2)*

Gastro-oesophageal reflux (GOR), or 'reflux' occurs when fluid in the stomach spills back or regurgitates upwards into the oesophagus or mouth. The valve at the lower end of the oesophagus prevents reflux when it is closed. The valve opens to allow swallowed food or saliva to enter the stomach. It also opens briefly at other times, especially after meals. It is during these openings that gastro-oesophageal reflux commonly occurs. Most episodes of reflux are not recognised as fluid rarely enters the mouth. The number of reflux episodes naturally decreases as the infant grows and the action of the valve improves.



Is it serious?

In the vast majority of babies with reflux, the simple answer is 'NO'! Reflux of milk may be nothing more than an inconvenience requiring frequent changes of clothes and bibs. However, in some babies with reflux, the stomach acid in the re-fluxed milk can cause pain and distress on feeding due to inflammation of the gullet. In others with severe vomiting, there may be concerns regarding inadequate weight gain. Your health visitor or GP will be able to advise you about this by referring to the growth charts in your child's Personal Health Record (Red/Blue book). In a small number of babies with GOR, there may also be an allergy to the protein in cows' milk.

Will my baby need treatment?

The good news is that in an otherwise healthy baby, GOR symptoms usually completely resolve before 18 months of age. There are also a number of lifestyle changes that help reduce the incidence of reflux in babies. These include:

1. make sure your baby is not receiving too much milk causing them to vomit more (ask your health visitor for advice)
2. consider trying smaller and more frequent feeds
3. change any dirty nappies before a feed
4. minimise disturbing your child after a feed
5. for bottle fed infants, make sure the hole on the teat is not too large and thus causing your baby to swallow lots of air during feeding
6. after feeding your baby, avoid over vigorous winding, or too much 'bouncing' up and down on your knee to settle them as this is likely to

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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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make them worse

7. try propping up the head end of the cot's mattress to an angle of approximately 30 degrees. Don't forget to ensure that your baby cannot slip down under the covers by placing them as far down in the cot as possible.

These measures may be sufficient to minimise the problems caused by GOR. Other measures that may be recommended for some babies are:

- Using a pre-thickened formula feed (which thickens when it mixes with stomach acid – ask for advice first)
- Trial of a 'pre-digested' formula (prescription only) if milk allergy is thought to be a possibility. This must be supervised by health professionals. If cows milk intolerance is considered in a child on breast milk, the mother may be asked to go on a strict dairy-free diet.

In some cases of GOR, one or more of the following medicines may be prescribed by your GP.

Infant Gaviscon - Given with every feed, this forms a layer on top of the milk within the stomach to reduce reflux as well as containing some anti-acid properties. It can be given before a feed through a syringe, or mixed into a formula feed. This causes some thickening of the milk, so it should NOT be used in conjunction with pre-thickened formulas. It works best with propping up the head of the bed (point 6 above). **Never give regular (adult) Gaviscon as this has a high salt concentration.**

Ranitidine/Omeprazole - These reduce the amount of acid produced in the stomach. They may reduce pain during reflux episodes, allow any inflammation to improve and may also reduce vomiting in some children.

Further advice on these medicines can be found at http://www.medicinesforchildren.org.uk/

Investigations

These are rarely required. However in some cases, the doctor may recommend some simple investigations to rule out other common causes of vomiting in infancy. These could include blood and urine tests and special barium X-rays.

When to seek advice

You should seek advice from your GP or health professional if:

- the regurgitation becomes persistently projectile which means vomiting so vigorous that the vomit is forcefully projected to a distance.
- there are any green vomits or blood in the vomit. Green vomiting is an emergency. Should this happen to your baby then call the Children's unit if you have been given open access, otherwise contact your GP urgently or take your child to the Emergency Department.
- there are new concerns, such as signs of marked distress, feeding difficulties or the baby is failing to gain adequate weight
- there are continued, frequent symptoms beyond the first year of life.

Remember!

GOR is common in normal babies and improves with time. If you have any further questions on this or other topics regarding your baby's health, speak to your health visitor or GP, or one of the paediatric nurses or doctors at the hospital.

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