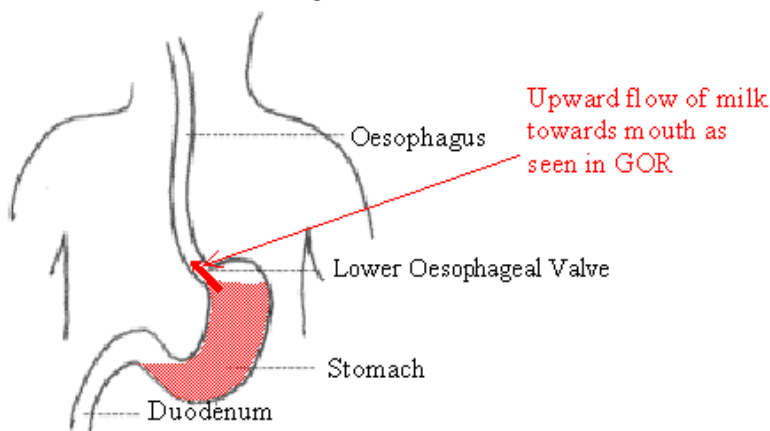


Parents Guide To Gastro-Oesophageal Reflux (1 of 2)

What is Gastro-Oesophageal Reflux?

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 refluxed 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 cow’s 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. minimise disturbing your child after a feed, change any dirty nappies before a feed

If you need this information in another language or medium (audio, large print, etc) please contact the Patient Advice & Liaison Service (PALS) on 0800 374 208 email: palservice@salisbury.nhs.uk. 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.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the Data Protection Act 1998.

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Parents Guide To Gastro-Oesophageal Reflux (2 of 2)

4. 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
5. 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 make them worse
6. try propping the head end of the cot's mattress up to an angle of approximately 30°. 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:

- Use of 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 medications may be advised.

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 via 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 in conjunction with propping the head of the bed (point 6. above). **Never give regular (adult) gaviscon as this has a high salt concentration.**

Domperidone - This medication helps stomach emptying, as well as increasing the strength of the muscle contraction at the top of the stomach.

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

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.

Remember!

GOR is a common finding 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.