

## **Gastroesophageal Reflux in Infants**

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### **DEFINITION**

Gastroesophageal reflux (GER) is a common condition seen in infants. Vomiting is the most common symptom of GER. Babies may spit up as often as with every feeding or as little as once a day. Spitting up may even occur hours after a feeding. Usually, GER causes no serious problems and babies gain weight despite frequent spitting. Most babies outgrow GER as they become more upright and begin to sit and walk.

GER is the movement of stomach contents back into the esophagus or throat. The lower esophageal sphincter, which is a muscle connecting the esophagus and the stomach, is weakened and relaxes. This allows the stomach's contents to flow back and up into the esophagus. An infant's particular symptoms will depend on the amount of reflux occurring and may include:

- Excessive vomiting
- Extremely forceful vomiting
- Chronic cough or congestion
- Wheezing
- Slow growth
- Excessive crying, as if in pain.

### **DIAGNOSIS**

Several tests are commonly used to diagnose GER. A barium swallow or "upper GI" is a special x-ray that enables physicians to watch a chalky white substance flow through the upper intestine. A pH Probe test uses a small wire with an acid sensor placed through the infant's nose and down into the esophagus. Your doctor may diagnose reflux based on symptoms alone. It will be up to your doctor to decide if these tests are necessary. Most babies thrive and grow well despite GER and never need these tests.

### **POSITIONING YOUR BABY**

Positioning babies with GER is one of the key methods of treatment. While feeding your baby, keep him or her in the upright position. This helps the food pass down the esophagus to the stomach and stay down. After the baby has been fed, place the child on his or her side at a 30-degree elevation. You may need to place a pillow under the mattress. Never place a baby directly on a pillow. Avoid positions that cause pressure on the stomach, such as those required by an infant seat swing or car seat. Such positions force the stomach contents upward. A reclining seat such as a "bouncer" works much better.

### **FEEDING YOUR INFANT**

When infants are bottle-fed, make sure that they are not swallowing air. Air fills the stomach and worsens GER. Remember to try frequent burping whether it is feeding time or not, as infants also swallow air when they cry. Changing the diet by switching formulas usually has no effect on GER. Occasionally, an improvement is noted for two to three days and then vomiting and irritability return. Babies who are breastfed should continue nursing and avoid adding formula as an attempt to improve GER. Your physician may suggest thickening your

baby's formula with cereal. The cereal makes the milk heavier and may keep the baby from vomiting food. Some babies spit up less if they are given more frequent feedings, with less milk at each feeding.

## **MEDICATIONS**

Several medications are used to treat GER. Your doctor will recommend the treatment that is best for your baby:

- Mylicon (simethicone) is an over-the-counter medication that breaks down and lessens the gas in the stomach. Some parents see improvement in their babies while others see little change after a dose.
- Antacids, such as Mylanta and Maalox decrease or neutralize the stomach acid. Again, these medications may or may not relieve GER symptoms.
- Zantac (ranitidine) or Pepcid (famotidine) decrease acid production, but require a prescription from your physician.

## **CONCLUSION**

GER is a common condition in infants and small children. It can be especially bothersome during the first year of life. Parents who understand this condition, use proper positioning and administer medications when recommended by their baby's physician will help babies with GER to be more comfortable while they outgrow this problem.