



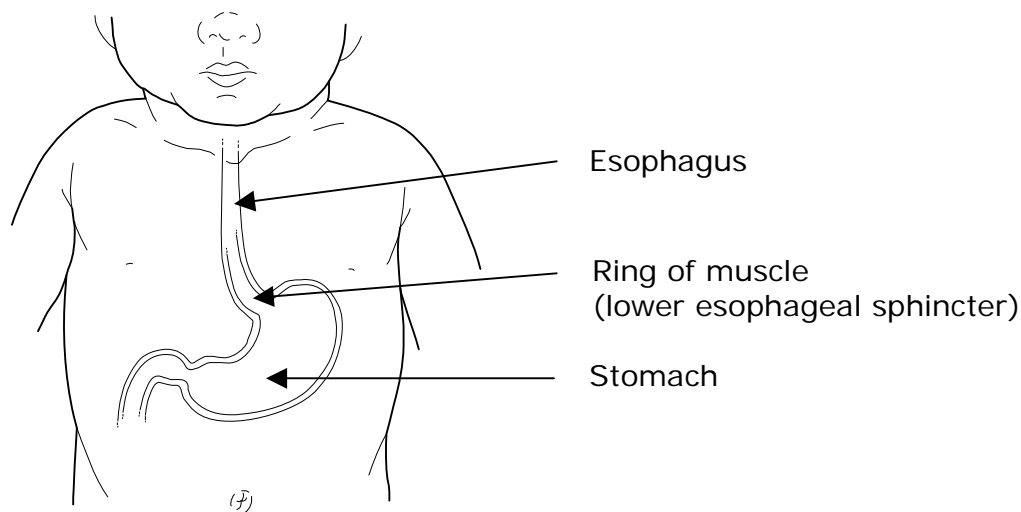
# Gastroesophageal Reflux

(GAH-stroh-eh-SAW-fuh-JEE-ul REE-fluks)

---

## What is gastroesophageal reflux?

Gastroesophageal reflux (GER) is the flow of stomach contents back up into the esophagus. The esophagus is the tube that connects the mouth with the stomach.



Reflux occurs because the sphincter, a ring of muscle at the bottom of the esophagus, does not work properly. The sphincter normally opens to allow food into the stomach and closes to keep the food in the stomach. With GER, the sphincter does not close or it opens at the wrong time. As a result, the contents of the stomach backs up into the esophagus and may come out of your baby's mouth as spitting up or vomiting.

Stomach contents contain acid, which breaks down food. The lining of the stomach is protected from this acid, but the esophagus is not. When stomach contents back up, the acid irritates the esophagus which can be painful.

GER is common, even in healthy babies. Most children outgrow the problem in 12 to 18 months.

---

## What are the signs and symptoms of GER?

Common signs and symptoms of GER include:

- spitting up or vomiting
- feeding poorly
- irritable or difficult to soothe
- cough
- trouble sleeping

Some babies may develop more serious problems such as:

- losing weight due to refusing food or not holding down enough food
- breathing problems and lung infections

## How do you know if my baby has GER?

If your baby has symptoms of GER, he or she may need one or more of these tests:

---

|   |  |
|---|--|
| <b>X-rays<br/>(Upper<br/>GI series)</b> | <ul style="list-style-type: none"><li>• At the start of this test, your baby will be given a thick liquid through a feeding tube (an older child may drink the liquid). This liquid can be seen in the x-rays.</li><li>• The x-rays show whether the liquid stays in the stomach or backs up into the esophagus.</li></ul> |
| <b>pH<br/>monitoring</b>                | <ul style="list-style-type: none"><li>• In this test, a thin tube is passed down your baby's nose into the esophagus. The tube is kept in place for 24 hours to measure the amount of acid (pH level) in the esophagus.</li></ul>  |
| <b>Upper<br/>endoscopy</b>              | <ul style="list-style-type: none"><li>• In this test, the doctor uses an endoscope to look inside your baby's esophagus and stomach. An endoscope is a thin, flexible tube with a camera and a light at the end.</li></ul>   |

---

The doctor will examine your baby and review the results of these tests to decide if your baby has GER. Your baby may also need to see a specialist in children's digestive diseases.

---

## How is GER treated?

Most babies with GER are healthy and get better on their own within 12 to 18 months. Not all babies need treatment. Your baby's symptoms may be relieved with changes in feeding and positioning. Learn more about this on the following pages.

Depending on their age and symptoms, some babies need to be treated. Medications can reduce acid in the stomach or make the stomach empty faster. Although medications cannot cure GER, they can reduce the amount of reflux and make your baby feel more comfortable. It is rare that a baby's symptoms are so severe that surgery is needed.

## When should I call the doctor?

Call the doctor if your baby has any of the following problems:

- irritable or crying much of the time
- frequent or forceful vomiting
- vomiting large amounts
- refusing food or losing weight
- dry mouth and skin, fewer wet diapers (signs that your baby is not getting enough fluids)
- difficulty breathing

## How should I feed my baby?

To reduce reflux, feed your baby smaller amounts more often. If thickening your baby's food is recommended, the Dietitian or Occupational Therapist will tell you what to do.

Feed your baby in a position that keeps his/her body upright and straight. This helps keep the food in his/her stomach. After a feeding, try to keep your baby still for 15 to 30 minutes. Moving about when his or her stomach is full may increase reflux. Try to keep your baby in an upright position for 1 to 2 hours after feeding.

## How should I care for my baby?

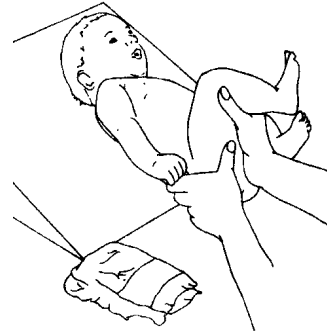
Positions that keep your baby's body upright and straight will help food stay in his/her stomach. When your baby's body is slouched over or bent, there is pressure on his/her stomach, which can push food back up into the esophagus.

### When your baby is sleeping

Your baby needs to sleep on his or her back. Your doctor may tell you to raise the head of the crib mattress. Do not raise your baby's head with a pillow or blankets.

### Changing diapers

When you change your baby, prop him or her on a low wedge or pillow. Roll your baby to the side to wipe his or her bottom, rather than lifting both legs in the air.

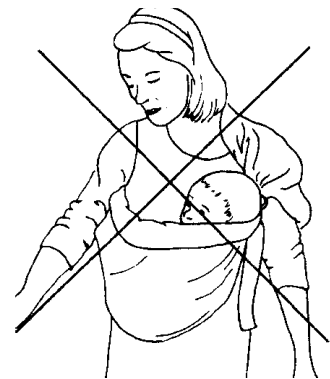


### Carrying your baby

Carry your baby at your shoulder to keep his/her body upright and straight.

A front pack keeps your baby's body upright and straight. Check with your doctor first – your baby needs good head and neck strength to use a front pack.

Do not use a sling as it bends your baby's body.



## Holding and feeding your baby

Hold your baby in your arms, with his/her body upright and straight.



Don't hold your baby with his or her body bent.



Don't hold your baby lying almost flat, as food may not stay in his or her stomach.

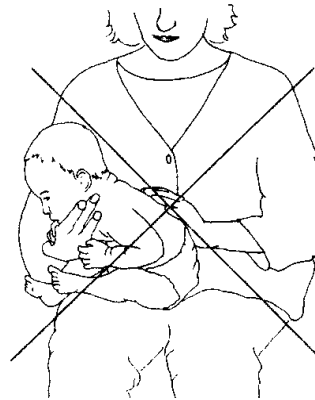


## Burping your baby

Sit your baby in your lap, with his/her body straight, not leaning forward or slumped.

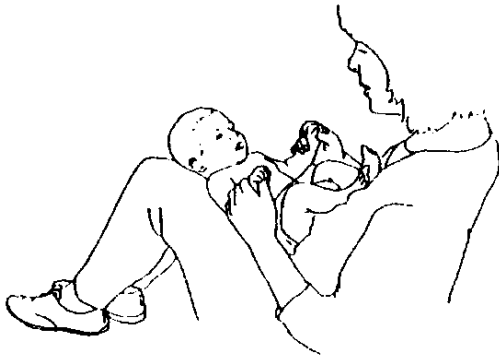


Don't burp your baby by leaning him/her forward. This puts pressure on his/her stomach.



## Playing with your baby

For “face to face” play, put your baby on his/her back in your lap. Keep your knees bent so that your baby’s body is upright.



For “tummy time” put your baby across your lap. Raise one knee so your baby’s head is higher than his/her bottom.

Tummy time should be done before feedings, when your baby’s stomach is empty.



## Using a seat, swing or stroller

First check the manufacturer’s label to see if the seat, swing or stroller is right for your baby’s age and weight. If it is suitable for your baby, place tightly rolled towels or a foam insert in the seat to help support your baby’s body. Without support, your baby may slouch. Fasten the straps and the seat harness according to the manufacturer’s directions.

**If you have any questions about Gastroesophageal reflux or caring for your baby, please talk with a member of your baby’s health care team.**



