



## How to help if your baby has reflux

**Reflux is the medical term for when some of the stomach contents comes back up from the stomach and travels up the oesophagus (tube from the stomach to the mouth). The stomach contents are acidic which can cause irritation and discomfort. This can make your baby vomit or regurgitate milk - they may cry for long periods, arch their backs and refuse feeds.**

Babies take in large volumes of milk as they are growing rapidly. They have small stomachs and a short oesophagus, meaning that the stomach contents can overspill easily. This is normal and, if a baby is happy, healthy and thriving, they should not require any further intervention other than keeping them upright after feeds.

- Baby reflux affects at least four in ten babies and it isn't usually cause for concern.
- Usually no tests or treatments are needed.
- It tends to start before the baby is 8 weeks old.
- It can happen a lot – some babies bring up milk 6 or more times a day.
- It normally happens less often as the baby gets older.
- It gets better on its own in most babies (9 out of 10) by the time they are one year old.

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**For additional Parent Tips see [www.ihv.org.uk](http://www.ihv.org.uk)**

The information in this resource was updated on 11/11/2020.

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Sometimes it is hard to diagnose reflux as the symptoms are similar to colic and cows' milk protein allergy. The main symptoms can be irritability, back arching, excessive crying and vomiting. If your baby has any of these symptoms, then you can discuss these with your health visitor, who can advise you on what to do.

- If your baby has reflux, and is gaining weight and feeding well, your health visitor may suggest some simple things that you can do at home to help, without resorting to medication, as medication is not always required or effective. Tips may include:
  - Feeding your baby smaller amounts of milk at more frequent intervals - this little and often approach helps to prevent overfeeding that can make the reflux worse. A responsive paced feeding technique is helpful as this follows your baby's cues which avoids over feeding, reduces air intake and improves bonding and attachment (see further information on responsive feeding). Ask your health visitor about responsive feeding and also about bottles and teats if you are bottle feeding
  - Wind (burp) your baby frequently before, during and after feeding, keeping your baby upright after feeds for at least 30 minutes
  - Avoid the use of car seats immediately after feeding
  - Avoid clothing or nappies that are tight around the abdomen
  - Avoid exposure to all smoke (tobacco/vaping/other) - it causes irritability
- Your health visitor may complete a feeding assessment, and can advise on positioning, frequency and amounts. They may weigh your baby as part of their assessment.
- You may be advised to try a special formula or over-the-counter medication that can either make the feed thicker or help your baby to break down the lactose in their feed (relevant for formula and breastfeeding babies). This should be done after a discussion with your healthcare professional.
- It is no longer advised that you elevate your baby's cot, due to a lack of evidence about whether this is effective.
- Your baby should always sleep on their back to go to sleep. Some parents worry that a baby who vomits on their back is more likely to choke, but research has

shown this is not the case, and that babies are much safer sleeping on their backs (please see **iHV Parent Tips "Safer sleep"**: <https://bit.ly/3fo1hNL> for further advice).

## When should you seek medical advice for reflux:

Baby reflux isn't usually a cause for concern if your baby is happy and is gaining weight. However, if reflux starts after six months of age, continues beyond a year or if your baby has any problems mentioned below, seek medical advice:

- starts projectile vomiting
- brings up milk that is green, yellowish green, or looks like it has blood in it (this could appear brown or red)
- has any new problems or things get worse - your baby becomes very distressed or won't stop crying, they refuse feeds and are not gaining weight, or reduced numbers of wet and dirty nappies
- seems generally unwell - fever, very sleepy, floppy, diarrhoea, rash, high pitched cry, tummy swelling, choking or blue spells, stools that have blood in them or are black in colour.

- Caring for a baby with reflux can be really challenging. It is important to look after yourself and to seek support when you feel you need it. This could be from friends, family and your healthcare team. If you are struggling with your mental health during this time your health visitor is there for you and can support you.

## Further information

- NHS website, Reflux in babies: <https://bit.ly/3eCv3hk>
- Living with Reflux:
  - Parent leaflet: <https://bit.ly/357aF4H>
  - Local support groups: <https://bit.ly/3kg5zHX>
- Support on coping with excessive crying can be found on the following websites:
  - ICON: <https://bit.ly/36cNO7I>
  - CRY-SIS: <https://bit.ly/3e4fQoy>
  - iHV Parent Tips "Coping with a crying baby during the COVID-19 pandemic": <https://bit.ly/3dxiK4F>
- For further advice on safer sleep, please see the iHV GPP "Safer Sleep": <http://bit.ly/385a8PO>
- Responsive feeding advice: Unicef UK Responsive feeding leaflet: <https://bit.ly/3ki0XRx>

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