

# Infant Reflux

**This leaflet offers more information about gastro-oesophageal reflux in babies. If you have any further questions or concerns, please speak to the staff member in charge of your baby's care.**

## What is reflux and why has my child got it?

Reflux is a very common condition in babies under 12 months, where the stomach contents return back up into the oesophagus (food pipe) after feeding.

It happens because babies spend most of their time lying down, have weaker muscles, smaller stomachs, a shorter oesophagus and because their food is liquid.

The stomach muscles don't contract with reflux so there is no forceful ejection of the stomach contents as with vomiting.

## What are the signs and symptoms?

Babies will sometimes bring up milk without causing themselves discomfort (just making a mess). At other times they may not bring up any milk, but the acidic contents of the stomach may irritate their oesophagus or sometimes irritate their windpipe.

Signs of reflux in your baby may include:

- bringing back up milk after feeding – which can often look like a lot
- coughing, sneezing or hiccoughing after feeding or when lying down
- discomfort with feeding, soon after feeding or when lying down
- poor feeding and turning away from feeds
- poor growth.

## Does my child need any tests to confirm the diagnosis?

Reflux can be diagnosed on the information you give the doctor without any tests.

## What treatments are available?

No single medicine will completely cure reflux, and there is very little evidence that medicines help at all.

Your doctor will discuss medicines with you if reflux is a serious problem for your baby, if they are not growing properly or have stopped feeding.

- Infant Gaviscon can be given to your baby with feeds, either in a bottle or mixed up on a spoon. It works by thickening stomach contents. There is a risk that it may make your baby constipated especially if used with more than one or two feeds a day.
- Antacid medicines reduce the amount of acid produced by the stomach, so your baby doesn't feel so much discomfort when reflux happens. The side effects of antacids

include an increased risk of tummy bugs, coughs and colds because they change the healthy bacteria in the gut.

## What happens if my child does not get treatment?

Reflux is usually worst at about four months of age and then slowly gets better. By eight to twelve months most babies are spending more time upright and have more solid food in their diet and more mature muscles, so reflux normally stops, whether they have had medicines or not.

## Is there anything I can do to help my child?

Most of the work to help with your baby's reflux is done by parents and carers.

You can try:

- Offering your baby smaller, more frequent feeds and winding them frequently.
- Allowing your baby to remain upright for about half an hour after feeding, the time when reflux is more likely. A fabric sling can help.
- Allowing your baby to spend time between feeds at about a 45 degree angle - a baby seat or a special baby beanbag can help. Don't use a car seat as this squashes the stomach.
- Placing a rolled towel or book underneath the cot mattress to lift the head slightly and let gravity help.
- Always placing your baby on their back and 'feet to foot'.
- Giving your baby 'tummy time' every day to help strengthen their muscles.

## Useful sources of information

<http://www.patient.co.uk/health/childhood-gastro-oesophageal-reflux>

<http://www.livingwithreflux.org>

## Contact us

If you have any questions or concerns about infant reflux, please contact the paediatric medicine secretaries on 020 8725 3648 (Monday to Friday, 9am to 4.30pm), giving the name of the doctor you saw, if possible. Out of hours, please leave a voice message.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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