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Gastroesophageal Reflux (GERD)

“When Baby Spits Up Frequently”

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All babies spit up, some more than others. When it happens after nearly every feeding, parents often become concerned. They worry that their infant will not be ingesting enough food to grow or that the infant has something seriously wrong with their stomach or intestinal tract. If an infant spits up significantly but gains weight, then it is only messy and a nuisance. After "normal" spitting up, there are three common conditions that pediatricians diagnose:

- the baby is allergic to the formula
- the baby has gastroesophageal reflux
- the baby has an area of blockage or narrowing in the intestinal tract (pyloric stenosis)

Normally, when an infant feeds, swallowing pushes the milk back into their throat and down into their esophagus. At the bottom of the esophagus there is a muscle that opens to let nourishment pass into the stomach. The muscle then closes when the stomach squeezes to push the food into the small intestine. In children with gastroesophageal reflux, this muscle opens as the stomach squeezes, so food and stomach acid come up their esophagus and out of their mouth. Other times, the acid and food may only come part way up, causing the infant to have abdominal pain or gas similar to when an adult experiences heartburn.

Infants with gastroesophageal reflux are good eaters. Many of them are "guzzlers" and can not be put off when hungry, finishing their milk very quickly. Other symptoms of reflux might include sudden or inconsolable crying (from the stomach acid), general fussiness, bad breath and frequent night waking.

Most of the time, just hearing the parents' story and seeing an otherwise thriving child is enough to complete the diagnosis, but sometimes x-ray evaluations are recommended. The first test is typically a barium swallow - the baby is given a small amount of chalky liquid and the radiologist watches as the material is swallowed and enters the stomach. In children with reflux, the barium can be seen returning up the esophagus. Other tests, including a pH probe, radioactive scans, and directly looking into the esophagus with a special scope, are usually performed in severe cases by a pediatric gastroenterologist.

In most cases, gastroesophageal reflux is self-limiting, which means the problem will resolve itself by the time the infant is able to sit up (around six months). Even if the child does not develop problems from their reflux, the condition can sometimes be difficult to care for and stressful on the family.

Three complications of reflux may occur when the problem is severe:

- Babies can spit up all their feedings causing them not to grow or gain weight. Malnutrition or "failure to thrive" can result from losing too much food from the frequent vomiting or from lack of appetite due to pain.
- The stomach acid can irritate the lining of the esophagus causing inflammation and in severe cases, narrowing of the esophagus
- Babies with reflux can also develop respiratory problems from stomach contents entering the nose, windpipe or lungs. Many infants are first diagnosed as having reflux while investigating the cause of recurrent breathing problems such as wheezing or pneumonia.

Treatment for gastroesophageal reflux includes positioning, dietary changes, altering feeding schedules, and medications.

Positioning

Babies with reflux need to be positioned so gravity can help keep the food from coming back up out of the stomach. The best position to put the baby after feeding is on their stomach with the head propped up about 30 degrees. This position causes the stomach to fall forward, closing the valve at the bottom of the esophagus. *Remember, the child should not be allowed to fall asleep in this position and should always be placed on their side or back when sleeping.* Avoid placing the child in an infant seat or swing since this causes increased pressure on their stomach. The best approach is to hold the baby quietly for 1/2 hour after feeding.

Dietary Changes

Most infants with gastroesophageal reflux do better when their feedings are thickened with cereal, making the feedings heavier and thus less likely to come back up the esophagus. Make the nipple size larger so babies do not have to suck harder and fill their stomach with air. Infants who are breast fed may be fed some rice cereal by spoon during or after feedings. In addition, some reflux babies are more successful on hypoallergenic formulas such as Alimentum®. Always consult the child's physician before making a change in formula.

Feeding Schedules

Occasionally, feeding the infant smaller amounts more frequently will help. Unfortunately, these infants are usually not satisfied with smaller feedings and will cry for more. This causes them to swallow air, which could make the reflux worse.

Medications

When the above measures do not work, the infant may be referred to a pediatric gastroenterologist for additional treatment, including medication. While many different medications may be used to treat reflux, most of the medications either neutralize stomach acid (Mylanta, Maalox), reduce acid production in the stomach (Tagamet, Pepcid, Zantac) or improve intestinal coordination (Reglan, Propulcid).