INFANT REFLUX AND REGURGITATION

Reflective questions:

• What is your understanding of the causes and symptoms of gastro-oesophageal reflux and regurgitation in infants?
• What is your current knowledge of the specialist infant formula milks available and the science behind them?
• What practical advice can you offer to parents to help them manage their baby’s condition?

Parents may find it distressing when their baby is having problems feeding and might be unsure of where to go for advice. Healthcare professionals are likely to be the first point of contact for parents seeking help, putting them in a key position to provide parents with support and information on feeding.

What is reflux and regurgitation?

Reflux, which is also known as gastro-oesophageal reflux, is the passage of gastric contents into the oesophagus with or without regurgitation or vomiting. It normally involves greater volumes than possetting and can lead to discomfort for the infant.

Regurgitation, sometimes referred to as possetting, is the sudden and effortless return of a small volume of refluxed gastric contents into the pharynx or mouth.

A recently published review identified 13 studies reporting the prevalence of infant regurgitation (3%-87%). The experts agreed that the likely prevalence for regurgitation in infants under 1 year of age was 30%.

Parent consultation

Mrs Jones is very anxious because her 4-month-old baby is ‘possetting’ a lot after feeding and she does not know why.

Questions to ask

To help identify any underlying causes of this type of feeding problem, you should explore the situation further by asking Mrs Jones the following questions:

• Is the baby being breastfed or bottlefed?
• How frequent are the symptoms and how long have they been going on?
• Are there any other symptoms? Symptoms such as arching of the neck or back, constant or sudden crying that is similar to colic, poor sleeping habits with frequent waking, as well as wet burps or frequent bouts of hiccups, could mean that the baby is suffering from infant reflux.

Management of infant reflux and regurgitation

You can help anxious parents like Mrs Jones by providing them with reassurance, education and practical guidance. Discuss nutritional management options, if appropriate.
Reassurance
Assure the parents that reflux is a common condition in babies who are breastfed or bottlefed. It peaks in infants up to the age of four to six months but generally resolves itself by the time they are 12 months old.

Education
Provide some educational support to parents on the symptoms, causes and prevalence of infant reflux and regurgitation.

Practical guidance
Some practical tips you could give parents like Mrs Jones on how to handle the baby when feeding include:

**Positioning:** Try to keep the baby in an upright position during feeding and for 30 minutes afterwards. Also, try not to lay the baby flat.

**Feeding:** Burp the baby frequently before, during and after feeding. Try to feed the baby a smaller amount more frequently and avoid over-feeding. Ensure the baby is winded before, during and after feeds. If bottlefeeding, check that the teat size is not too big, which can cause the baby to be sick. If the teat size is too small, it can cause the baby to gulp and take in too much air.

**Other tips:** Avoid the baby’s exposure to cigarette smoke as this can cause irritability. Also, ensure the baby’s clothing or nappy isn’t too tight around their abdomen.

Management Options
**Dietary changes:** If bottlefeeding, you could advise parents to change to an anti-reflux formula containing a thickening agent such as processed rice, corn starch or carob bean gum (e.g., Aptamil Anti-Reflux, Cow & Gate Anti-Reflux, SMA Staydown and Enfamil AR). Feed thickeners can be added to expressed breastmilk or bottlefeeds (e.g. Cow & Gate Instant Carobel).

**Aptamil Anti-Reflux:** Supports the dietary management of frequent reflux and regurgitation in infants from birth to 12 months of age.

**The formula:**
- Is specially formulated with carob bean gum to reduce regurgitation by 78 per cent\(^2\)
- Has greater viscosity in the stomach compared to starch-based feeds\(^3\)
- Contains long chain polyunsaturated fatty acids (LCPs) for brain, nervous system and eye development
- Contains nucleotides, which form the building blocks for cells in the body, including the immune system. Research has shown that Aptamil Anti-Reflux significantly reduces the number of reflux and regurgitation episodes and regurgitation severity scores\(^2\). It also normalises oesophageal pH\(^4\).

Breast is best
Breastmilk provides a baby with perfectly balanced nutrition, which is why both the Department of Health and the World Health Organization recommend exclusive breastfeeding for the first six months of a baby’s life. However, many mums either choose not to or can’t breastfeed. In this instance, infant formula milks provide the only alternative to breastmilk.

The Infant Formula and Follow on Milk Regulations put healthcare professionals in the position to give parents the important support and advice that they need.

Refer parents to the GP if baby’s symptoms include the following (as these may be symptoms of gastro-oesophageal reflux disease - GORD):
- Retching, being violently sick or vomiting blood
- A distended abdomen
- Severe constipation
- Refusing feeds
- A fever
- Loss of weight or poor weight gain over a period of time (failure to thrive)
- Inhalation of food into the lungs (aspiration)
- Cessation of breathing for 20 seconds or more (apnoea)
- Feeding or swallowing difficulties
- Involuntary flexing or extension of the arms and legs (abnormal posturing)

References