

## Gastro oesophageal reflux and the breastfed baby

### What is gastro oesophageal reflux?

Gastro oesophageal reflux (GER) is the term used for the backflow of stomach contents into the oesophagus or food pipe. If the contents of the stomach come up to the top of the oesophagus, they may come out as regurgitation (posset) or a vomit.

This is normal. Most babies experience some degree of uncomplicated GER.

### When does it become a problem?

When the possetting is more forceful or projectile, of large quantities and/or accompanied by other symptoms, then the condition is termed gastro oesophageal reflux disease (GERD) or simply 'reflux'. A baby may suffer 'silent reflux' when there is no obvious regurgitation, but the backflow causes considerable discomfort and possibly problems with feeding.

There seems to be a family tendency towards reflux. Premature babies and babies with other health issues are more susceptible to suffering the condition. Symptoms usually ease by 12-24 months of age.

### What are the symptoms of GERD?

Vomiting, regurgitation or possetting – frequent, projectile, large quantities  
– can be straight after feeds or any time between feeds.

Oesophagitis – reflux of acid can damage the oesophagus, leading to discomfort and pain.

Sleep disturbances – poor sleep patterns, day and night.

Respiratory symptoms – nasal congestion  
– coughing  
– wheezing  
– recurrent pneumonia  
– snuffles  
– hoarseness  
– cyanosis  
– apnoea

Inconsolable crying and irritability – due to hunger and/or pain.

Feeding difficulties – breast/bottle refusal

– overeating for comfort (mother's milk is a natural antacid & sucking tends to keep stomach contents down)

– under eating due to pain; either it hurts to swallow or baby associates feeding with the pain after).

Wind – frequent wind  
– choking  
– bad breath  
– uncomfortable hiccups  
– burping  
– gurgling

Stools – can be watery, explosive.

Poor weight gain, weight loss, failure to thrive.

Arching of the torso

### **Are there any factors that make it worse?**

Inappropriate postures – Reflux is more likely to occur when a baby is lying flat. However, propping up or sitting in chairs, car seats, slings can also lead to slumping thus contributing to reflux.

Large frequent feeds.

Fast let down reflex.

Excessive jostling of baby.

Tight nappies, clothing.

Tobacco smoke exposure.

Food intolerance – some foods, medications, supplements that a breastfeeding mother eats can contribute to reflux, especially caffeine.

Allergies – In particular, cow's milk allergy can be a contributing factor in some babies with reflux.

Tongue tie – sometimes babies with a tight frenulum suffer symptoms similar to reflux.

### **What can I do to help my baby to be more comfortable?**

Breastfeed – reflux is less common in breastfed babies and has been shown to be less severe.

Smaller frequent feeds can often help with reflux – but some babies prefer to have larger feeds less often. Allow baby to finish first breast completely before switching or try only feeding from one breast per feed.

Positioning breastfed babies in a more upright position whilst feeding and keeping them upright for some time after feeds is often helpful.

Propping baby's cot up can help.

Avoid compressing baby's abdomen.

Carrying baby in a sling or carrier can help.

For fussy, reluctant feeders, try feeding when baby is sleepy and try skin to skin contact and/or motion (rocking gently, walking).

Keeping a food/symptoms diary can be helpful in identifying culprit foods/drinks. In some cases, elimination of dairy products from the diet can improve symptoms of reflux (it is important to consult your doctor before embarking on any elimination diet for a long period of time). It is thought that up to half of reflux sufferers are allergic to cow's milk protein.

### **How is GERD diagnosed?**

It is important that you consult your healthcare professional if you suspect your baby suffers with GERD. Diagnosis may be made based on what a mother has told the doctor. A trial of medication may be an option. It is important that some other conditions are ruled out before diagnosing gastro oesophageal reflux.

If necessary certain tests can be performed. These include an oesophageal pH study (24 hour pH probe) to study the acidity in the baby's oesophagus. A baby may be given a barium swallow or an endoscopy.

**Are there any medicines to help?**

These include drugs such as antacids and H2 receptor antagonists. In severe cases, surgery may be a last resort.

**Are there any complementary therapies that might help?**

Cranial osteopathy – Osteopaths look at the relationship between the structure and function of the body. Rather than treat conditions and symptoms, during an osteopathic session, they consider what is restricting a person's health. Cranial osteopaths focus on releasing these restrictions, by using very gentle, effective techniques to release tensions and to balance the body's whole framework, which also improves the workings of the internal organs and helps to relieve many conditions and restore health and wellbeing.

Support – It can be especially draining to care for a baby with GERD. Many mothers lose confidence in their breastfeeding and mothering skills when caring for a baby who never seems happy. It can be a great comfort to find help and support, either from face to face groups or from online forums.

**Association of Breastfeeding Mothers**

Admin and enquiries: 08444 122948

Email: [info@abm.me.uk](mailto:info@abm.me.uk)

ABM, PO Box 207, Bridgwater TA6 7YT

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