



York Teaching Hospital
NHS Foundation Trust

Reflux in babies

Information for parents, relatives and carers

① For more information, please contact:

Scarborough Hospital
Woodlands Drive, Scarborough, YO12 6QL

Tel: 01723 385272

Caring with pride

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What is reflux?

Gastro-oesophageal reflux (GOR) is a common condition which can affect both pre-term and term babies but mainly improves as they grow older.

GOR is a normal process that usually happens after feeding in healthy infants. GOR occurs when some partly digested milk or food in the stomach comes back up into the oesophagus (food pipe). As the stomach contents use acid to break down the milk some of this can irritate the oesophagus and cause discomfort or burning sensations. This can be painful for babies and they can be fussy/ unsettled during the feeding and afterwards.

In contrast, gastro-oesophageal reflux disease (GORD) starts when symptoms of reflux become severe and need medical treatment. GOR is more common in infants than in older children, and presents as effortless regurgitation of feeds.

How common is gastro-oesophageal reflux?

Effortless regurgitation of feeds is very common. It can affect at least 40 percent of infants.

It usually begins before the infant is eight weeks old and may be frequent (one in five of infants affected have six or more episodes each day), but, becomes less frequent with time. It resolves in 90 percent of affected infants before they are one year old. Generally it does not need further investigation or treatment.

What does GOR look like?

- Bringing milk back up with burping.
- Vomiting that is random, not showing a clear pattern of timings or amounts.
- Restlessness, fussiness and crying around feeds.
- Unsettled when feeding, refusing nipple /teat, arching back.
- Takes only small feeds.
- Choking or gagging.

Seek medical advice if your baby has any of these more severe complications of reflux:

- Chest infections
- Poor weight gain
- Feeding/eating difficulties
- Discomfort if laid flat after feed.

Ways to help your baby if you suspect GOR

- Cuddling your baby in an upright position immediately after a feed.
- Change the nappy before the feed not after.
- Feed baby smaller amounts more frequently.
- Wind your baby frequently during a feed.

In the postnatal period the midwife and then health visitor will take time to assess your feeding to see if any further support with position and attachment could reduce or eliminate the symptoms. If you have any concerns about your breastfeeding (e.g. sore nipples) please contact your midwife or health visitor.

Babies who suffer from frequent regurgitation with marked distress will need to have their feeding assessed. This can be done by the GP.

References

www.bliss.org.uk/parents/about-your-baby/feeding/reflux

Gastro-oesophageal reflux in children and young people
Quality standard

Published: 28 January 2016

www.nice.org.uk/guidance/qs112

www.nhs.uk/conditions/reflux-in-babies

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Infant Feeding Co-ordinator 07766498290

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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