

Patient Information

Reflux in babies

<https://kingstonhospital.nhs.uk/information/reflux-in-babies>

This is for anyone looking after a baby who has, or may have, reflux.

What is reflux in babies?

Reflux is when your baby brings up milk or is sick (vomits) during or shortly after feeding. Reflux is common in babies and usually gets better on its own, but it can be worrying for parents.

The amount your baby vomits can range in size. Reflux can make babies uncomfortable. Signs of this discomfort are usually screaming and back-arching.

Reflux usually starts before your baby is 8 weeks old, improves by 6 months. It has usually stopped by the time your baby is 1 year old.

Reflux is more common in babies than older children. This is because the muscle at the top of a baby's stomach is immature, and allows milk or sick to pass back up the food pipe. This often happens when your baby lies down.

What are the symptoms of reflux?

The symptoms can be one or more of the following:

- bringing up milk or being sick during or shortly after feeding
- coughing or hiccupping when feeding
- being unsettled during feeding
- swallowing or gulping after burping or feeding
- crying and not settling with usual parental comfort
- back-arching or screaming
- drawing legs up to their tummy
- not gaining weight
- discomfort when lying flat.

Sometimes babies have signs of reflux but do not bring up milk or vomit. This is often called 'silent reflux'.

Some symptoms of reflux are similar to colic (crying a lot for no obvious reason, for example for more than 3 hours a day on 3 days a week, for at least a week). However, if your baby has most of the symptoms listed above, they are likely to have reflux.



What can I do at home to help my baby?

- Ask a health visitor for advice and support.
- Get advice about your baby's breastfeeding position or how to bottle feed your baby.
- Hold your baby upright during feeding and for as long as possible after feeding.
- Give formula-fed babies smaller feeds more often.
- Make sure your baby sleeps flat on their back. They should not sleep on their side or front.
- Ensure your baby is burped in the middle of a feed as well as at the end.
- For formula-fed babies, change the teat and bottle to one which helps reduce milk flow.
- Ensure your baby is getting the right amount of milk and they are not feeding too much, as this can be a cause of vomiting. If your baby is formula-fed, follow the advice on the packet. Ask your health visitor if you are unsure.
- Consider early weaning. Weaning is not recommended until a baby is 18 weeks old. However, weaning at 18 weeks has been found to improve reflux symptoms in some children.

When do I contact my GP for advice?

Contact your GP if you notice one or more of the following:

- your baby is not improving after you have spent 2 weeks trying to help them with reflux at home
- your baby gets reflux for the first time after they are 6 months old
- your baby is older than 1 year and still has reflux
- your baby is not gaining weight or is losing weight
- you are struggling or feel unable to cope with your baby's symptoms.



What medications can help my baby?

Gaviscon is a medication that we sometimes use for reflux. It works as a thickener to make milk less likely to reflux back up your baby's food pipe. It can be difficult to give to breastfed babies and it sometimes causes them constipation.

You can find further details on Gaviscon here:

[Gaviscon for gastro-oesophageal reflux disease – Medicines For Children](#)

Omeprazole is another medication which we sometimes use. It can take up to 2 weeks to improve your baby's symptoms. Increase the dose of Omeprazole after discussion with your GP and as your baby gains weight.

You can find further details on Omeprazole here:

[Omeprazole for gastro-oesophageal reflux disease \(GORD\) – Medicines For Children](#)

How do I check if my baby is allergic to cow's milk protein?

Sometimes reflux in babies can be caused by an allergy to cow's milk protein. Your baby may show symptoms of reflux alongside dry patches of skin, as well as green poo or blood in their poo.

If you **breastfeed** your baby, your GP may suggest you exclude dairy products from your diet for more than 3 weeks.

A true dairy-free diet means strictly avoiding products containing cow's milk protein. This includes cow's milk, yoghurt, cheese and butter.

If you are breastfeeding and cut out dairy, discuss this with your GP to ensure that you receive important calcium and vitamin D supplements.

If your baby is **formula-fed** and your GP thinks that your baby could have an allergy to cow's milk protein, they may suggest you try using a different formula. These are only available on prescription from a GP.

If your baby responds well to a diet free of cow's milk protein, ask your GP for a referral to a paediatric (children's) dietitian. They can advise on the best strategy for weaning and later re-introducing cow's milk back into your baby's diet.

Are alternatives to cow's milk safe for my baby?

Some milk advertised for babies is not suitable. Unsuitable options include goat's milk formulas, soya formulas (for babies under 6 months of age) and plant-based milk substitutes.

Speak to your GP or healthcare professional if you are unsure.

Make an urgent GP appointment or call NHS 111 if your baby

- has vomit that is green or yellow or has blood in it
- has blood in their poo
- has a swollen or tender tummy
- has a high temperature. For a baby under 3 months of age this means higher than 38 degrees C. For a baby 3 to 6 months old, this means higher than 39 degrees C.
- feels hot or shivery
- keeps vomiting and you are worried that they are not keeping any of their feeds down
- has diarrhoea that lasts for over a week, or signs of dehydration (for example fewer wet nappies), or a dry mouth or sunken eyes
- will not stop crying and is obviously distressed
- is refusing to feed.

More information



 <p>NHS information on reflux in babies www.nhs.uk/conditions/reflux-in-babies/</p>	
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Contacts

Your GP or health visitor

Paediatrics Admin Team, Monday to Friday, 9 am to 5 pm 020 8934 6403

khft@paediatricadmin@nhs.net

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