

## Gastro-Oesophageal Reflux – Healthcare Professional Factsheet

### What is Gastro-oesophageal Reflux?

Gastro-oesophageal reflux (GOR) is the passage of gastric contents into the oesophagus, with or without vomiting. It is common and can occur in normal, healthy infants. Infants presenting with GOR usually do not require investigation or treatment. Parents and carers should be reassured that this is a common process which becomes less frequent with time. Advise parents to return for a review if there are new concerns.

The presence of “red flags may indicate disorders other than GOR (Refer to NICE guidance Gastro-oesophageal reflux disease NICE 2015):

- Frequent projectile forceful vomiting
- Bile-stained (green or yellow-green) vomit
- Haematemesis (blood in vomit)
- Onset of regurgitation and/or vomiting after 6 months old or persisting after 1 year old
- Blood in stool
- Abdominal distension, tenderness or palpable mass

## Diagnosis and Treatment

A diagnosis of gastro-oesophageal reflux disease (GORD) is warranted when reflux of gastric contents causes complications serious enough to require medical treatment (i.e frequent regurgitation and marked distress)

### Initial first line advice for parents:

**Breastfed babies:** Continue breastfeeding refer baby to health visitor for a breastfeeding assessment and support with positioning before and after feeding. Alginate therapy maybe appropriate if symptoms persist.

### **Formula fed babies:**

- Check total volume is not exceeding 150mls/kg/day
- Try offering smaller more frequent feeds
- Give advice regarding positional management to treat GOR (see parent factsheet)
- Refer to health visitor for feeding assessment and support

If all the above strategies have not been effective in treating regurgitation, consider a trial of 1-2 weeks on a thickened formula.

## Thickened Formula

Thickened (anti-reflux) formulas are available to buy from pharmacies and supermarkets. Parents may need to ask the pharmacist to order the product in, or try an larger store.

Examples of thickened formula are cow and gate anti-reflux, Aptamil anti-reflux, SMA Staydown and Hipp Combiotic Anti-reflux.



The thickened formulas are a similar cost to a standard formula and are not available on prescription. If eligible, parents can use the healthy start vouchers to purchase the formulas above.

Thickened formulas are classified as foods for special medical purposes (FSMP). Please advise parents that infants given this formula will need to be reviewed by a healthcare professional e.g. GP or health visitor.

**NOTE: Thickened feeds should NOT be used in conjunction with antacids or other feed thickeners. Preparation instructions differ from standard formula, parents should follow individual manufacturer recommendations.**

**If there is no improvement following a 1-2 week trial of thickened formula:**

- Stop thickened formula and consider anti-reflux medications (NICE 2015)
- If the infant fails to respond to a stepped care approach, consider taking an allergy focused history as per NICE guidance for food allergy (2011). Consider a diagnosis of a cow's milk protein allergy if there is a family history of atopy.

## When to stop Thickened Formula

Reflux usually begins before 8 weeks of age and gets better in 90% of infants before they turn 1 year of age. When babies are drinking water/other fluids without any problems then this is a good indication they will tolerate a standard formula again. In some cases, once the infant has started solid food at around 6 months of age symptoms may significantly improve, the infant can then be switched to a first stage formula.

**In all instances it is recommended that thickened formula is not used for longer than 6 months.** Parents should be encouraged to reintroduce a standard formula at regular intervals (e.g monthly) to see if they baby has grown out of reflux.

## Further Information

NICE (2015) Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people <http://www.nice.org.uk/guidance/ng1>

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