

Gastro-Oesophageal Reflux – Parent 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.

A diagnosis of gastro-oesophageal reflux disease (GORD) is given when reflux of gastric contents causes complications that are severe enough to merit medical treatment (i.e frequent regurgitation with marked distress/poor feeding/concerns with infant's growth).

Diagnosis and Treatment

- If you are breastfeeding, you should continue to do so. If you need support with breastfeeding speak with your health visitor.
- If your baby is bottle fed, it is advisable to check the amount of milk you are giving your baby with your health visitor as large volumes of milk feeds can make reflux worse. You may want to try offering smaller, more frequent feeds.
- Hold baby upright for a little while after feeding. Carrying infants in slings or carriers may help. Remember that babies should be placed on their backs when sleeping, in line with current advice.
- Avoid moving baby too much after a feed. For example try changing your baby's nappy before a feed rather than afterwards.
- Avoid allowing your baby to sit in a "slumped" position after feeding as this can increase pressure on the stomach.
- Avoid tight fitting clothing, especially around the waist.

Thickened Formula

If all the above strategies have not been effective in treating regurgitation, your GP may recommend a 1-2 week trial of a thickened (anti-reflux) formula. If you are using a feed thickener (e.g Cow and Gate Carobel) or giving an antacid (e.g Gaviscon), these should be stopped before starting the anti-reflux formula.

These formulas are not available on prescription and therefore need to be purchased (they are a similar price to standard formulas).

If you are eligible, you can use healthy start vouchers to purchase anti-reflux formulas, which are available to buy from pharmacies and supermarkets. Please be aware that you may need to ask the pharmacist to order the product in for you, or try a larger store.

Examples of thickened formula are Cow and Gate Anti-Reflux, Aptamil Anti-Reflux, SMA Pro Anti Reflux and Hipp Combiotic Anti-Reflux.



NOTE: Preparation instructions differ from standard formula, parents should follow individual manufacturer recommendations.

If you are using one of these formula's, please ensure you seek advice from a healthcare professional e.g. GP or health visitor.

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 can drink water without problems, this is a good indication they will tolerate a standard formula again.

In all instances it is recommended that **thickened formula is not used for longer than 6 months**. Your GP or health visitor will encourage you to reintroduce a standard formula at regular intervals (e.g monthly) to see if your baby has grown out of reflux.

If symptoms persist, despite trying the strategies described above, speak to your GP as a trial of medication may be appropriate.

Further Information

For further information about reflux in babies, please visit
<http://www.nhs.uk/conditions/reflux-babies/Pages/Introduction.aspx>

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