



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Reflux in Babies

Information for patients, relatives, and
carers

① For more information, please contact:

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What is reflux?

Gastro-oesophageal reflux (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 food pipe (oesophagus). The stomach uses acid to break down the milk and this can irritate the food pipe and cause discomfort or burning sensations. This can be painful for babies and they can be fussy/ unsettled during the feeding and after feeding,

In contrast, gastro-oesophageal reflux disease (GORD) starts when symptoms of reflux become severe and will need medical treatment.

How common is gastro-oesophageal reflux?

Effortless regurgitation of feeds is very common affecting both pre-term and term babies and normally improves as they grow. It can affect at least 40 percent of infants.

GOR usually begins before the baby is eight weeks old and may become frequent (one in five of infants affected have six or more episodes each day). This peaks between four and five months of age and then significantly improves from six months. GOR in nine out of ten infants will resolve before they are one year old.

Generally, GOR does not need further investigation or treatment. Improvement occurs spontaneously as the baby grows, the food pipe lengthens, the stomach sphincter becomes stronger, and the baby spends more time sitting.

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

You should 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 for about 20 minutes
- Change the nappy before the feed not after
- Feed baby smaller amounts more frequently
- Wind your baby frequently during a feed

Additional information for breastfed babies

Reflux is less common in breastfed babies but can occur, particularly in cradle / cross cradle and underarm/ rugby hold positions. It can occur when there is a very ample supply of breast milk. Feeding the baby in the upright 'straddle' position (also known as 'saddle' or 'koala hold' can reduce reflux. This feeding position is demonstrated in the video below.

https://www.youtube.com/watch?v=g_ETCzKNEjc

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

If the above measures do not help and your milk supply seems excessive, it is possible to trial feeding from only one breast per feed (which will reduce your milk supply).

This can prevent the stomach overstretching causing reflux and reduces 'lactose overload' which can occur with excessive milk production and results in fussiness during feeds.

Additional information for bottle fed babies

If you are bottle feeding your baby, it is very easy to accidentally overfeed your baby and trigger reflux symptoms.

The amount your baby takes each feed is going to vary and it is important not to force feed a specific amount but to respond to the feeding cues. If, however, your baby is having reflux symptoms, it is worthwhile checking your baby's intake is broadly in line with the recommended amount and that overfeeding your baby is not the cause of the symptoms.

As a rough guide, from the age of five days, babies being bottle fed formula consume in the region of 150 to 200 millilitres (mls) per kilogram (kg) in a 24-hour period. For example, if your baby weighs 4 kg, the baby would be expected to have between 600 mls and 800 mls in a 24 hour period. Therefore, if the baby is having eight feeds in 24 hours that would be 75 to 100 millilitres of formula per feed.

Babies who suffer from frequent regurgitation with marked distress will need to have their feeding assessed. This can be done by your 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
[websites accessed July 2022]

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.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或 式提供 , 電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

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