What is it?
Gastro-oesophageal reflux (GOR) is the name given to a condition whereby the contents of the stomach (fluid and/or food mixed with stomach acid) travel back up into the oesophagus; sometimes leading to regurgitation or ‘vomiting’ of feed; although it can happen without this.

It is a normal physiological process occurring several times a day in healthy infants. Most incidents occur after feeding and don’t last for very long. Sometimes reflux can be ‘silent’, in that there is no obvious ‘posseting’ or ‘spitting up’ of feed; as the contents do not travel that far up the oesophagus.

The behaviour is seen as ‘normal’ unless the amount of incidents per day is higher than to be expected; or the volumes being expelled are great enough to warrant concern. Concerned parents should be try some of the management techniques listed overleaf initially before resorting to specialist feeds or further medicated approaches.

Gastro-Oesophageal Reflux Disease (GORD) is a more severe form, with symptoms including feeding difficulties, poor weight gain, breathing difficulties and oesophageal inflammation; and loosely, is the name for when reflux begins to adversely affect the health of the child.

What causes it?
Immature development of the lower oesophageal sphincter; the muscular ring at the bottom of the oesophagus and top of the stomach. The stomach contents can therefore flow back into the oesophagus.

It is most likely to happen in the two hours after a feed; although it can be accelerated by other things such as a ‘slumped’ position (common in car seats) and large volumes of stomach liquid.

It is equally as common between breastfed and bottle fed babies.

How is it treated?
Reflux is quite common among infants and usually resolves itself by 12 months. This is due to development of the oesophageal sphincter; as well as the infant being able to hold a more upright position, and the introduction of solid foods leading to reduced liquid gastric volumes.

Infants with reflux episodes are often healthy and growing well, although the symptoms can be distressing. Speak to your doctor or health visitor for help on managing the symptoms.
The following can be useful in symptom management:

- Smaller, more frequent feeds to reduce stomach volumes
- Keeping your baby in an upright position for 20 minutes post-feed
- Tilting the cot mattress so that your baby’s head is slightly higher
- Winding your baby frequently
- Loosening tabs on the nappy so that there is less external pressure on the stomach
- When changing your baby’s nappy try to roll your baby from side to side rather than lifting your baby’s legs
- If breastfeeding, a more upright position (after checking correct latch) could be trialled

Occasionally if the symptoms do not resolve, a GP or Paediatrician may suggest one or more of the following:

- Medications to thicken feeds, lower the acidity of the stomach or increase the stomach emptying time.
- A specialist anti-reflux formula milk; which is thicker to prevent upward flow of the milk.
- A trial of a cows’ milk-free diet to rule out an allergy.
- Very occasionally early weaning may be recommended; although this should only be on the advice of a doctor and after consideration of all the symptoms.
- Parents whose infants are displaying symptoms of GORD should talk to their GP.