



MANAGING INFANT REFLUX AND REGURGITATION

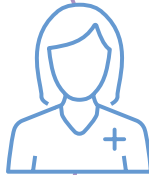
MANAGEMENT OPTIONS UNDER THE ADVICE OF YOUR HEALTHCARE PROFESSIONAL

For breastfed infants:

- Speak to your healthcare professional for more information and advice on different breastfeeding positions or possibly a suitable thickener for use with breastmilk for the dietary management of reflux

For bottlefed infants:

- Your healthcare professional may advise you to try a thickened formula for reflux and regurgitation
- If so, please note that some formulas will require a fast flow teat and some have slightly different guidelines on making up the feeds. All products will give guidance on this or ask your healthcare professional for further information
- Some formulas will thicken slightly in the bottle and then further thicken in the stomach so the milk feed is less likely to come back up into the mouth
- **If your healthcare professional suggests a change of formula, be patient as it can take up to two weeks to see improvements - this is known as the settling period**
- If you are considering using a specialist milk for the dietary management of reflux and regurgitation, speak to your healthcare professional first for more information



MONITOR YOUR INFANT

Keep an eye on your infant's symptoms and contact your healthcare professional if symptoms change or any new signs appear. Your healthcare professional will be able to provide you with the best support



For more information:

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Important Notice: Breastfeeding is best. It is important that, in preparation for and during breastfeeding, you eat a healthy, balanced diet. Combined breast and bottle feeding in the first weeks of life may reduce the supply of your own breast milk, and reversing the decision not to breastfeed is difficult. The social and financial implications of using an infant milk should be considered. Improper use of an infant milk or inappropriate foods or feeding methods may present a health hazard. If you use an infant milk, you should follow manufacturer's instructions for use carefully – failure to follow the instructions may make your baby ill. Always consult your doctor, midwife or health visitor for advice about feeding your baby.

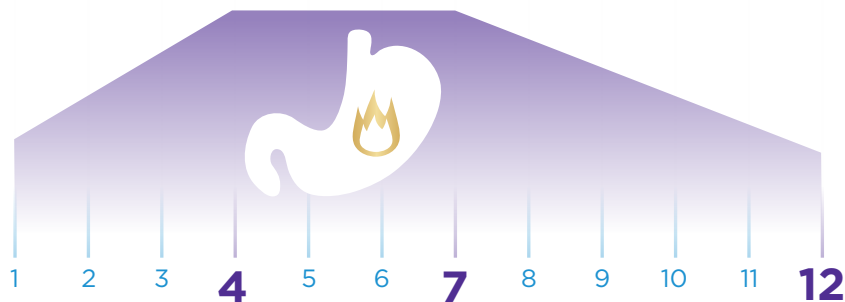
PRACTICAL HINTS AND TIPS

WHAT IS REFLUX AND REGURGITATION?

Seeing your infant bring up milk during or shortly after feeding can be upsetting when not expected. **Reflux** refers to the bringing up of stomach contents into the food pipe. **Regurgitation** is when the stomach contents are expelled from the mouth and is also known as 'spitting up' or 'possetting'.

The good news is that it is not usually a cause for serious concern, especially if your infant is putting on weight normally and seems otherwise well.

WHEN DOES REFLUX OCCUR AND HOW LONG DOES IT LAST?



Regurgitation is a normal physiological process that can occur in otherwise healthy infants from three weeks to twelve months of age. Regurgitation must occur more than two times per day for over three weeks to be diagnosed as reflux without the presence of other symptoms. Generally, reflux reaches its peak around **four months** of age and **begins to resolve by seven months**. In some cases, reflux symptoms may continue **up to twelve months** of age. Every infant will vary on this. Reflux and regurgitation in infants is perfectly normal, but there are things you can do to try and help relieve symptoms.



WHAT ARE THE SIGNS AND SYMPTOMS OF REFLUX?

- ✓ Recurrent regurgitation with/without vomiting
- ✓ Constant or sudden crying
- ✓ Irritability or pain
- ✓ Waking up frequently
- ✓ An arched back during and after feeding
- ✓ Regular coughing



HERE ARE SOME SUGGESTIONS FOR MANAGING THE CONDITION

POSITIONING

For breastfed and bottlefed infants:

- Make sure your infant's clothing or nappy are not too tight around their tummy
- If breastfeeding, get additional support from a trained healthcare professional on alternative feeding positions to position your infant in a more upright position
- While feeding, try to position your infant in an upright position and keep them in an upright position for 30 minutes after a feed

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MINS

AVOID OVERFEEDING

For breastfed infants:

- If you find your infant is gulping, get additional support from a trained healthcare professional on alternative feeding positions to slow the flow of your milk

For bottlefed infants:

- Get advice on the appropriate volumes for your infant's size and weight from your healthcare professional
- Offer smaller, more frequent feeds. The same total amount for 24 hours is given to your infant and is spread out so that they feed little and often
- Check that the teat size on the bottle is not too big, as this can cause infants to gulp their feed too quickly. If using a thickened feed, it is recommended to use a single hole fast flow teat



WINDING

For breastfed and bottlefed infants:

- Winding is an important part of feeding your infant, as they need help to bring up trapped wind
- Make sure your infant is winded before, during, and after feeds
- The most common position for winding is to place your infant over your shoulder while supporting their bottom with an arm. Use the other arm to rub or pat their back
- Another position, usually recommended by healthcare professionals, is to sit your infant on your lap in an upright position. Support your infant's chin with one hand and rub or gently pat your infant's back with the other

