



Gastro- Oesophageal Reflux (GOR)



THE ADELAIDE & MEATH
HOSPITAL, DUBLIN
INCORPORATING THE NATIONAL CHILDRENS
HOSPITAL

Statement of Values

Respect - Caring - Openness -
Partnership - Teamwork
Fairness & Equality

Parent Information Leaflet

Medications

- Prescribed medications should be taken for as long as they are prescribed. Symptoms will often return if medications are discontinued.
- Losec (Omeprazole), Zoton (Lansoprazole) and Zantac (Ranitidine) are generally given once a day. They work best when taken 30 minutes before the baby's first meal of the day.

Survival Tips

- Believe and trust in your instinct, GOR is a common condition, **“it is not in your head”**
- Don't expect to have all the answers from the beginning, it is a steep learning curve
- Remember as with any condition some days will be better than others. Reflux can be cyclical and sometimes the reason why your baby has good day will never be known
- Look after yourself, get family and friends to help when necessary, maybe on occasion someone can take the child so the family can have a full nights sleep
- Talk things over with a friend, don't bottle them up. Talk to your Public Health Nurse, she/he can be a source of information and support. She/He may be able to suggest a local mother and baby support group.
- Recognise that the situation you are in is tough, that your baby requires more attention than most babies and that unless someone has gone through this situation they will never truly understand
- Continue the treatment even when your baby is well until you get direction from your doctor.

Developed by CNM3 Eoin Power OPD in conjunction with the
Children's Nutrition and Dietetics Dept.

Design and Print by Medical Photography and Illustration Dept
AMNCH 2010, For Review 2012

Feed Thickening Agent

Feed thickeners are recommended as the first choice treatment. A thickening agent such as Carobel (Cow & Gate) can be used with breast milk or infant formula. It helps reduce regurgitation/vomiting. It is available to purchase in your local pharmacy (follow instructions for use on the packet). A large bore teat is recommended with thickened fluids.

Pre-thickened Formula

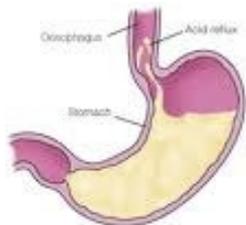
- Enfamil AR (Anti Regurgitation) and SMA Staydown are examples of pre-thickened formulas. These formulas have an added ingredient which thickens the feed once it reaches the stomach. This helps prevent the feed from flowing back up the oesophagus and so can help reduce pain and vomiting in babies with GOR. Although these formulas do not require a prescription they can only be purchased from your pharmacy
- Pre-thickened formulas are **not** as effective if your baby is taking antacid medication for example Zantac (Ranitidine) and Losec (Omeprazole).
- A larger teat may be needed for babies on thickened formula.
- If your baby does not improve after making these changes suggested in this leaflet ask your hospital doctor to refer you to the Paediatric Dietitian

What is Gastro-Oesophageal Reflux (GOR)?

GOR occurs when the contents of the stomach flow back (reflux) into the oesophagus (food pipe). This can cause burning pain, often called “heartburn”. It is very common, occurring in about 50% of children in the first three months of life. These babies are sometimes referred to as “happy spitters”. It generally improves by itself and by 1 year of age fewer than 5% still have GOR. However, while the reflux is present it can be a huge strain within the family as the baby can be very irritable at times and is often a poor sleeper. This leaflet will provide some advice and support to assist you in caring for your baby with GOR.

What causes GOR?

GOR affects the muscle located at the bottom of the oesophagus and the top of the stomach. Normally this muscle opens to let food into the stomach and then closes to keep it there. When this muscle opens too often, or for too long, the stomach contents flow back into the oesophagus causing GOR. Sometimes the stomach's contents will flow all the way up the oesophagus into the mouth and the baby vomits. At other times the contents only flow back as far as the oesophagus causing heartburn, breathing problems or indeed no problems at all.



Common symptoms of GOR:

- Irritability, excessive crying or screaming
- Vomiting, spitting or regurgitation
- Belching/hiccups
- Refusal to eat or fussy at feeding, crying during or after feeds
- Taking small amounts of feed or wanting food frequently (comfort eating)
- Pain
- Coughing especially at night
- Frequent chest infections or colds
- Poor sleeper

GOR is Not:

- Coughing/Vomiting blood
- Failing to gain weight

If your baby has either of these symptoms she/he will need specialist management and investigations. You should inform your family doctor or consultant.

Every baby can present differently and these symptoms may resemble other medical conditions. For this reason you may be referred to a specialist.

Management of GOR:

Specific treatment will be determined by your doctor but there are many simple things that you can do to manage the symptoms of GOR more effectively at home. Different techniques work better with some babies so experimentation is required to find what works for you and your baby.

•Tips for Infant Feeding:

- Whether breast feeding or bottle feeding feed your baby upright, with the body straight and the head always higher than the tummy.
- Burp your child several times during feeding. This reduces the air in the tummy. Babies with reflux may find being winded against the shoulder the most comfortable position.
- Avoid over feeding and giving large volumes of breast milk/formula at one time.
- If bottle feeding ensure to keep the teat full of milk, this will help reduce the amount of air your baby will swallow. Experiment with different teats until you get one with a good seal that suits your baby.
- Small, frequent feeds are recommended for babies with GOR. For example 7-8 small feeds for babies up to 6 months of age.
- Discourage baby from drinking too quickly or gulping the feed.
- After the feed keep the baby upright with the upper body elevated (at least 30 degrees) for at least 30 minutes i.e. keep rolled up towel under head of mattress.
- Avoid vigorous moving immediately after feeds
- Change nappy before the feed and leave it slightly loose. Avoid lifting the baby's leg to change the nappy but roll from side to side.
- Consider the use of a soother/pacifier, the swallowing action can help to reduce the air intake between feeds and when crying.
- Avoid tight fitting clothes, which can press on your baby's tummy.