Family Education Sheet

Infant Gastroesophageal Reflux (GER)

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This sheet explains what GER is and how it may be treated.

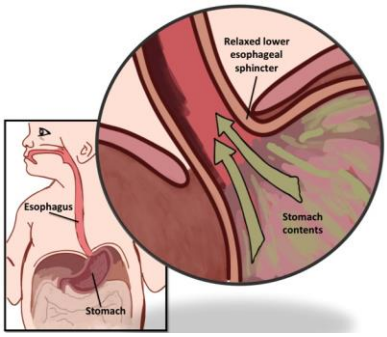
Key points

- GER can usually be diagnosed without any tests.
- Positioning and feeding your baby in certain ways can help.
- Some infants may need medicine.

What is gastroesophageal reflux (GER)?

Gastroesophageal reflux (GER) is when **stomach contents** (stomach juices, foods or fluids) move back up from the stomach into the **esophagus** (the tube between the mouth and the stomach).

- Reflux is very common in babies. It's the most common cause of **vomiting** (spitting up) during infancy.
- Usually, the problem will fix itself on its own. But some babies need to be fed differently or need treatment.



What causes GER?

There's a muscle at the bottom of the esophagus called the *lower esophageal sphincter.* It opens to let food move into the stomach and then closes to keep it there. Stomach contents flow back up into the esophagus if this muscle relaxes too often or for too long. This causes vomiting or discomfort.

What are the signs of GER?

Every baby with GER has different combinations of symptoms, such as:

- Refusal to eat
- Discomfort and/or fussiness during or after feedings
- Problems sleeping
- A lot of crying
- Frequent vomiting
- Hiccups
- Gagging or choking
- Breathing problems (like wheezing or coughing fits at night)

Some infants' stomach contents may move up their esophagus and spill over into their windpipe. This is called aspiration and can cause discomfort and can lead to problems like pneumonia and/or trouble breathing.

Symptoms of reflux can be similar to symptoms of swallowing difficulty and aspiration, especially choking and breathing problems. If your baby has these symptoms, they should also be evaluated for aspiration.

How does my doctor know if my child has GER?

Your provider will examine your child and take a medical history. GER can usually be diagnosed without any tests. Further testing may be needed if your baby has serious symptoms of GER.

How is GER treated?

GER may be treated first with different ways of positioning and feeding your baby. Some infants may need medicine. If your baby is vomiting often but seems comfortable and is growing well, no treatment may be needed.

- If you're bottle-feeding, give smaller and more frequent feedings. **Over-feeding** (giving more formula or breastmilk than your baby's stomach can hold) can increase reflux. Your provider can help figure out the right daily amount of formula your child needs.
- Hold your baby slightly upright during feedings and not flat. Keep the bottle nipple filled with formula/milk, so your child doesn't swallow too much air.
- Don't prop your infant's bottle. This may cause them to choke or take formula/milk into their lungs.
- Don't add cereal or other thickeners into the bottle unless your provider tells you to.
- Burp your baby many times during feedings.
- Follow safe sleep practices. These include putting your baby to sleep alone in a flat crib on their back and not having any pillows, stuffed animals, blankets or bumpers in the crib.
- Don't use a car seat inside your home for sleep or positioning your baby after feeding. The angle of the car seat can put pressure on your baby's stomach and make reflux worse.

What problems should I look out for?

If your baby shows signs of reflux, breathing trouble, gagging or choking, call your pediatrician to talk about your concerns. They may be able to diagnose and manage GER or look for swallowing difficulties and aspiration.