

Vomiting in the Newborn: What's Normal (and What's Not)

Common names: Spit-up, reflux, vomiting

Many newborns spit up small amounts after feeding. True vomiting — especially green, forceful, or frequent vomiting — can signal an illness or blockage that needs urgent assessment.

1) Quick “At-a-glance”

Who it affects	Newborns (birth to ~6–8 weeks).
What to do today	Check whether it is small spit-up vs forceful vomiting, ensure good wet diapers, and call your clinician if vomiting repeats or your baby seems unwell.
Red flags (urgent/ER)	Green (bilious) vomit, projectile vomiting repeatedly, blood in vomit, poor feeding, dehydration, fever, lethargy, or fewer wet diapers.
When to see a clinician	Any repeated vomiting, feeding difficulty, poor weight gain, or parental concern — newborns deserve early assessment.

2) What it is (plain language)

- Spit-up: small effortless milk dribbles — common and usually harmless.
- Vomiting: forceful or repeated stomach emptying — needs attention in newborns.

3) Why it happens (causes & triggers)

- Common/benign: reflux, overfeeding, swallowed air.
- Important causes: infection, cow's milk protein intolerance, pyloric stenosis (projectile vomiting), bowel obstruction (green vomit), metabolic issues (rare).

4) What parents might notice (symptoms)

- Reflux: spit-up with comfortable baby and good weight gain.
- Pyloric stenosis: worsening projectile vomiting after feeds around 2–8 weeks, hungry after vomiting, fewer wet diapers.
- Obstruction: green vomit, swollen belly, very unwell baby.



5) Home care and what helps (step-by-step)

- Feed smaller amounts more often if advised; burp during and after feeds.
- Keep baby upright for 20-30 minutes after feeds.
- Watch wet diapers: newborns should have regular wet diapers (ask your clinician what's expected for age).
- If breastfeeding: continue; if formula: do not change formulas repeatedly without guidance.

6) What NOT to do (common mistakes)

- Do not wait on green vomiting — seek emergency care.
- Do not give water, juice, or OTC anti-nausea medicines to a newborn.
- Avoid propping bottles unsafely.

7) When to worry: triage guidance

- Emergency now: green vomit, blood, fever in a newborn, lethargy, breathing difficulty, dehydration.
- Same-day urgent visit: repeated vomiting, poor feeding, fewer wet diapers, persistent fussiness, poor weight gain.
- Routine appointment: frequent spit-up with discomfort or slow growth.
- Watch at home: small spit-up with a comfortable baby and normal wet diapers.

8) How doctors diagnose it (what to expect)

- Feeding history, growth check, hydration assessment.
- Possible tests: urine/blood tests for infection, ultrasound for pyloric stenosis, imaging if obstruction suspected.

9) Treatment options

- Reflux: feeding technique adjustments; sometimes medication if significant symptoms (clinician-directed).
- Pyloric stenosis: hospital treatment and surgery after stabilization.
- Infection: urgent evaluation and treatment.

10) Expected course & prognosis

- Benign reflux often improves as babies grow.



- Serious causes improve with prompt diagnosis and treatment.

11) Complications (brief but clear)

- Dehydration and poor weight gain.
- Aspiration risk if vomiting while sleepy.

12) Prevention and reducing future episodes

- Safe feeding technique and burping.
- Avoid smoke exposure; ensure correct formula mixing.

13) Special situations

- Premature infants: lower threshold for medical assessment.
- If a baby has fever, seek care promptly.

14) Follow-up plan

- Follow up within 24 hours if vomiting repeats.
- Bring feeding logs and diaper counts.

15) Parent FAQs

- “Is spit-up normal?” Yes, if baby is thriving and comfortable.
- “When is it not normal?” Green, projectile, bloody, or with poor feeding/urine output.
- “Should we change formula?” Discuss first — many changes can worsen symptoms.

16) Printable tools (quick downloads)

- One-page action plan (what to do today).
- Symptom diary / tracker (what to write down).
- Red flags “fridge sheet” (when to seek urgent care).
- Medication schedule box (if medicines are used).
- School/daycare notes (what teachers should know).

17) Credible sources

- Canadian Paediatric Society (CPS): newborn illness guidance (public resources).
- American Academy of Pediatrics (HealthyChildren.org): spit-up/reflux and newborn warning signs.
- NHS: vomiting in babies and when to seek help.



- KidsHealth: reflux and vomiting guidance.

Developed and reviewed

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Board-certified pediatrician and pediatric gastroenterologist (Royal College of Physicians and Surgeons of Canada) with expertise in inflammatory bowel disease, eosinophilic gastrointestinal disorders, motility and functional testing, and complex nutrition across diverse international practice settings.

To book an online full assessment for your child's condition:

Email Dr. Hussein's Assistant Elizabeth Gray at Elizabeth.Gray@pedsgimind.ca

In the email subject, please write: New Assessment Appointment with Dr. Hussein

Note: This appointment is completely online, as Dr. Hussein is currently working overseas.

This service is not covered by OHIP.

18) Safety disclaimer

This guide supports — but does not replace — medical advice. If you are worried, trust your instincts and seek urgent care.

