



# Why Babies Spit Up

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All babies spit up. Some babies spit up more than others, or at certain times.

Typically, babies spit up after they gulp down some air with breastmilk or formula. A baby's stomach is small and can't hold a lot, after all. Milk and air can fill it up quickly.

With a full stomach, any change in position such as bouncing or sitting up can force the flap between the esophagus (food pipe) and stomach to open. And when that flap (the esophageal sphincter) opens, that's when some of what your baby just ate can make a return appearance.



So, what can you do—if anything—to reduce the amount of your baby's spit up? How do you know if your baby's symptoms are part of a larger problem? Read on to learn more.

## Common concerns parents have about spit up

### My baby spits up a little after most feedings.

- **Possible cause:** Gastroesophageal reflux (</English/health-issues/conditions/abdominal/Pages/GERD-Reflux.aspx>) (normal if mild)
- **Action to take:** None. The spitting up will grow less frequent and stop as your baby's muscles mature—especially that flap we talked about earlier. It often just takes time.

### My baby gulps their feedings and seems to have a lot of gas.

- **Possible cause:** Aerophagia (swallowing more air than usual)
- **Action to take:** Make sure your baby is positioned properly during feeds. Also be sure to burp the baby during and after feeds. Consider trying a different bottle to decrease your baby's ability to suck in air.

### My baby spits up when you bounce them or play with them after meals.

- **Possible cause:** Overstimulation
- **Action to take:** Keep mealtimes calm. Limit active play for about 20 to 30 minutes afterward.

### My baby's spitting up has changed to vomiting with muscle contractions that occur after every feeding. The vomit shoots out with force.

- **Possible cause:** Pyloric stenosis (</English/health-issues/conditions/abdominal/Pages/Hypertrophic-Pyloric-Stenosis-HPs-Babies-Forceful-Vomiting.aspx>) or another health problem that requires diagnosis and treatment.
- **Action to take:** Call your pediatrician right away so they can examine your baby.

## I found blood in my baby's spit-up or vomit.

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- **Possible cause:** Swelling of the esophagus or stomach (esophagitis or gastritis), or another health problem that requires diagnosis and treatment.
- **Action to take:** Call your pediatrician right away so they can examine your baby.

## Remedies for spitty babies

Regardless of whether or not your baby's spit up warrants watchful waiting or medical intervention, there are some simple feeding suggestions that can help you deal with the situation at hand.

### 5 tips to reduce your baby's spit up

- **Avoid overfeeding.** Like a gas tank, fill baby's stomach too full (or too fast) and it's going to spurt right back out at you. To help reduce the likelihood of overfeeding, feed your baby smaller amounts more frequently.
- **Burp your baby more frequently.** Extra gas in your baby's stomach has a way of stirring up trouble. As gas bubbles escape, they have an annoying tendency to bring the rest of the stomach's contents up with them. To minimize the chances of this happening, burp not only after, but also during meals.
- **Limit active play after meals and hold your baby upright.** Pressing on a baby's belly right after eating can up the odds that anything in their stomach will be forced into action. While tummy time ([/English/ages-stages/baby/sleep/Pages/back-to-sleep-tummy-to-play.aspx](#)) is important for babies, postponing it for a while after meals can serve as an easy and effective avoidance technique.
- **Consider the formula.** If your baby is formula feeding ([/English/ages-stages/baby/feeding-nutrition/Pages/Amount-and-Schedule-of-Formula-Feedings.aspx](#)), there's a possibility that their formula could be contributing to their spitting up. While some babies simply seem to fare better with one formula over another without having a true allergy or intolerance ([/English/health-issues/conditions/abdominal/Pages/Milk-Allergy.aspx](#)), an estimated 5% of babies are genuinely unable to handle the proteins found in milk or soy formula—a condition called Cow Milk Protein Intolerance/Allergy (CMPI and CMPA). In either case, spitting up may serve as one of several cues your baby may give you that it's time to discuss alternative formulas with your pediatrician. If your baby does have a true intolerance, a 1- or 2-week trial of hypoallergenic (hydrolyzed) formula designed to be better tolerated might be recommended by your baby's provider.
- **If breastfeeding, consider your diet.** Cow's milk and soy in your diet can worsen spit up in infants with Cow Milk Protein Intolerance/Allergy (CMPI and CMPA). Removing these proteins can help to reduce or eliminate spit up.
- **Try a little oatmeal.** Giving babies cereal before 6 months is generally not recommended—with one possible exception. Babies and children with dysphagia or reflux, for example, may need their food to be thicker in order to swallow safely or reduce reflux. In response to concerns over arsenic in rice ([/English/ages-stages/baby/feeding-nutrition/Pages/reduce-arsenic.aspx](#)), the American Academy of Pediatrics (AAP) now recommends parents of children with these conditions use oatmeal instead of rice cereal. See *Oatmeal: The Safer Alternative for Infants & Children Who Need Thicker Food* ([/English/health-issues/conditions/abdominal/Pages/Oatmeal-The-Safer-Alternative-Need-Thicker-Food.aspx](#)) for more information.

## Vomit vs. spit up: what's the difference?

There is a big difference between vomiting and spitting up:

**Vomiting** is the forceful throwing up of stomach contents through the mouth. This typically involves using the abdominal muscles and is often uncomfortable, leaving you with a crying child.

**Spitting up** is the easy flow of stomach contents out of the mouth, frequently with a burp. Spitting up doesn't involve forceful muscle contractions, brings up only small amounts of milk, and doesn't distress your baby or make them uncomfortable.

## What causes vomiting?

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Vomiting occurs when the abdominal muscles and diaphragm contract vigorously while the stomach is relaxed. This reflex action is triggered by the "vomiting center" in the brain after it has been stimulated by:

- Nerves from the stomach and intestine when the gastrointestinal tract is either irritated or swollen by an infection or blockage (as in the stomach bug)
- Chemicals in the blood such as drugs
- Psychological stimuli from disturbing sights or smells
- Stimuli from the middle ear (as in vomiting caused by motion sickness)

**Always contact your pediatrician if your baby vomits forcefully after every feeding or if there is ever blood in your baby's vomit.**

## Remember

The best way to reduce spit up is to feed your baby before they get very hungry. Gently burp your baby when they take breaks during feedings. Limit active play after meals and hold your baby in an upright position for at least 20 minutes. Always closely supervise your baby during this time.

## More information

- [How to Keep Your Sleeping Baby Safe: AAP Policy Explained \(/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx\)](#)
- [Gastroesophageal Reflux & Gastroesophageal Reflux Disease: Parent FAQs \(/English/health-issues/conditions/abdominal/Pages/GERD-Reflux.aspx\)](#)
- [How Much and How Often Should Your Baby Eat \(/English/ages-stages/baby/feeding-nutrition/Pages/how-often-and-how-much-should-your-baby-eat.aspx\)](#)

## About Dr. Velez



**Alejandro Velez, MD, FAAP** is a second-year gastroenterology fellow at Cincinnati Children's Hospital who is interested in practicing general gastroenterology with a focus in motility and functional GI disorders, has a love for medical education at all levels, and harbors a passion for supporting and uplifting those that identify as unrepresented minorities in medicine.

## About Dr. Waasdorp



**Christine Waasdorp Hurtado, MD, MSCS, FAAP** is a member of the American Academy of Pediatrics and the North American Society of Pediatric Gastroenterology Hepatology and Nutrition. She is an Associate Professor of Pediatrics at the University of Colorado School of Medicine and practices in Colorado Springs.

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