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Reflux in babies

Reflux is where some of the milk and acid in your baby's tummy leak back up into their mouth. This is different from vomiting.

Reflux is common. It can affect up to 4 in 10 babies. Most babies don't need any treatment or any tests. It usually happens because a baby's food pipe (oesophagus) is still developing.

Reflux normally improves as your baby gets older. 9 out of 10 babies with reflux are better by the time they are 1 year old.

If your baby has GOR or GORD

Signs and symptoms of reflux

Reflux usually begins before a baby is 8 weeks old.

Symptoms include:

- spitting up milk during or after feeds
- refusing feeds, gagging or choking
- constant hiccups or coughing
- crying an awful lot or crying while feeding
- · frequent ear infections

Some babies with reflux do not have any obvious spit up or vomit. The contents of their stomach move up their food pipe, but don't come out their mouth. This is known as silent or occult reflux.

Your baby does not usually need to see a doctor if they're happy, healthy and gaining weight.

Things to try to ease reflux in babies

Do

ask your public health nurse (PHN), GP or pharmacist for advice and support

- keep a record of when your baby feeds how often, how much they take (if they are formula-fed), and if they are crying or upset after a feed
- ✓ get advice about your <u>breastfeeding position</u> or <u>how to bottle feed your baby</u> your PHN or a <u>breastfeeding expert</u> can help
- wind and burp your baby
- wait a few seconds before feeding if your breast milk is spraying wait until it slows
- hold your baby upright during feeding and for as long as you can afterwards, ideally for 20 to 30 minutes if possible
- burp your baby regularly during feeds
- check with a PHN or GP to see if it's OK to give formula-fed babies smaller feeds more often
- ✓ make sure your baby sleeps flat on their back (they should not sleep on their side or front)
- think about <u>carrying your baby in a sling</u> some parents feel this helps their baby's reflux
- roll your baby on their side for nappy changes rather than lifting their legs toward their tummy
- dress your baby in loose clothing with a loose nappy waistband
- allow your baby some nappy-free time everyday
- ✓ read advice on <u>soothing and calming your baby</u>
- ✓ make time to look after yourself having a baby who is distressed with reflux can be very stressful. Try to take 30 minutes to yourself, every day
- join a local parent and baby group meeting other parents dealing with their baby's reflux might help you feel less alone
- ✓ talk to your partner, family and friends about how you are feeling

Don't

- X do not change your diet if you're breastfeeding, unless a GP or paediatrician tells you to
- do not raise the head of their cot or Moses basket
- do not put your baby in slumped over or bent positions if you can avoid it this can compress their tummy and make them more uncomfortable
- X do not let anyone smoke around your baby or in your home

Call 112 or 999 or go immediately to your nearest emergency department if:

- your baby stops breathing
- your baby's skin or lips become blue this could be a sign of apnoea a pause in breathing



Speak to a GP or public health nurse (PHN) if your baby:

- · has difficulty feeding or refuses to feed
- regularly brings milk back up and seems uncomfortable after a feed
- · is losing weight or not gaining weight
- is arching their back during or after a feed, or drawing their legs up to their tummy after feeding
- · is coughing or gagging while feeding
- develops a cough or is wheezing
- has any underlying medical problems or was born premature
- has eczema
- is over the age of 1 and still getting reflux
- is not their usual self and this is worrying you trust your instincts

Your GP or PHN will check your baby's growth and development. They will give you advice on things you can do to help your baby.

Contact your GP or out-of-hours GP urgently if your baby:

- has vomit that is green or yellow, or has blood in it
- is projectile vomiting (being sick with more force than usual)
- has blood in their poo
- has a swollen or tender tummy
- has a high temperature of 38 degrees Celsius or higher or they feel hot or shivery
- keeps being sick and cannot keep fluid down
- has diarrhoea that lasts for over a week or has signs of dehydration
- · will not stop crying and is very distressed



Breastfeeding and reflux

If you are breastfeeding and you are concerned that your baby may have reflux, you should speak with your PHN.

You can also get advice and support from:

- a lactation consultant
- our breastfeeding guides
- our breastfeeding live chat with experts
- your GP

It's good to have your feeding technique, positioning and attachment checked.

Use positions that keep the baby's head higher than their tummy, such as a laid-back or koala position.

Avoid positions that have your baby bending at the waist. This puts more pressure on their tummy.

Switch to your second breast only when the first side is soft.

Read about Positioning and attachment of baby to the breast

Formula feeding and reflux

If your baby is on infant formula, speak to your PHN. Make sure that your baby is taking the correct amount of formula for their age - that you are not giving them too much.

To help their symptoms, try:

- pace the feed to helps your baby control how much milk they drink and how quickly they feed
- feeding in a more upright position
- winding regularly during a feed
- holding your baby upright for a while after feeding

<u>Pacing the feed</u> helps your baby control how much milk they drink and how quickly they feed. Your PHN might tell you to offer smaller but more frequent feeds. This is instead of a large one in one go.

You shouldn't change your baby's infant formula often. This usually doesn't help with their reflux. If you think your baby's formula does need to be changed, talk to your public health nurse first.

Do not elevate the head while sleeping

Place your baby on their back to sleep. Do not elevate their head, or place them on their side or tummy to sleep.

Positional management is elevating the head of their cot or using pillows under the baby's mattress, sleep positioners and baby pillows.

Positional management is not recommended for sleeping children under the age of 1, as it could increase the risk of cot death (SIDS).

Follow advice to:

- reduce the risk of cot death
- learn about <u>safe sleep position for babies</u>

Treatment for reflux

Most babies don't need any treatment. But a GP may sometimes recommend treatments or tests for reflux.

Breastfed babies

If your baby is breastfed, your GP might give you a powder to stop milk and acid from being brought back up into the food pipe. This powder is called alginates.

Formula-fed babies

If your baby is formula fed or combination fed, your GP or PHN may advise:

- smaller, more frequent feeds for your baby, while making sure your baby is getting enough formula daily
- a pre-thickened formula mix
- adding a powder called an alginate to your baby's feed this is to stop milk and acid from being brought back up their food pipe

Next steps if treatments do not help

If initial treatments do not help, a GP or specialist might recommend medicines that stop your baby's stomach making as much acid.

Very rarely, surgery might be needed to strengthen the muscles to stop food or milk travelling back up. This is usually only after trying other things or if their reflux is severe.

Page last reviewed: 29 September 2023 Next review due: 29 September 2026

This project has received funding from the Government of Ireland's Sláintecare Integration Fund 2019 under Grant Agreement Number 123.

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