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Gastroesophageal reflux in infants

Gastroesophageal reflux occurs when stomach contents leak backward from the stomach into the esophagus. This causes "spitting up" in infants.

Causes

When a person eats, food passes from the throat to the stomach through the esophagus. The esophagus is called the food pipe or swallowing tube.

A ring of muscle fibers prevents food at the top of the stomach from moving up into the esophagus. These muscle fibers are called the lower esophageal sphincter, or LES. If this muscle does not close well, food can leak back into the esophagus. This is called gastroesophageal reflux.

A small amount of gastroesophageal reflux is normal in young infants. However, ongoing reflux with frequent vomiting can irritate the esophagus and make the infant fussy. Severe reflux that causes weight loss or breathing problems is not normal.

Symptoms

Symptoms may include:

- Cough, especially after eating
- Excessive crying as if in pain
- Excessive vomiting during the first few weeks of life; worse after eating
- Extremely forceful vomiting
- Not feeding well
- Refusing to eat
- Slow growth
- Weight loss
- Wheezing or other breathing problems

Exams and Tests

The health care provider can often diagnose the problem by asking about the infant's symptoms and doing a physical exam.

Infants who have severe symptoms or are not growing well may need more testing to find the best treatment.

Tests that may be done include:

- Esophageal pH monitoring of stomach contents entering the esophagus
- X-ray of the esophagus
- X-ray of the upper gastrointestinal system after the baby has been given a special liquid, called contrast, to drink

Treatment

Often, no feeding changes are needed for infants who spit up but are growing well and seem otherwise content.

Your provider may suggest simple changes to help the symptoms such as:

- Burp the baby after drinking 1 to 2 ounces (30 to 60 milliliters) of formula, or after feeding on each side if breastfeeding.
- Add 1 tablespoon (2.5 grams) of rice cereal to 2 ounces (60 milliliters) of formula, milk, or expressed breast milk. If needed, change the nipple size or cut a small x in the nipple.
- Hold the baby upright for 20 to 30 minutes after feeding.
- Raise the head of the crib. However, your infant should still sleep on the back, unless your provider suggests otherwise.

When the infant begins to eat solid food, feeding thickened foods may help.

Medicines can be used to reduce acid or increase the movement of the intestines.

Outlook (Prognosis)

Most infants outgrow this condition. Rarely, reflux continues into childhood and causes esophageal damage.

Possible Complications

Complications may include:

- Aspiration pneumonia caused by stomach contents passing into the lungs
- Irritation and swelling of the esophagus
- Scarring and narrowing of the esophagus

When to Contact a Medical Professional

Contact your provider if your baby:

- Is vomiting forcefully and often
- Has other symptoms of reflux
- Has problems breathing after vomiting
- Is refusing food and losing or not gaining weight
- Is crying often

Alternative Names

Reflux - infants

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