

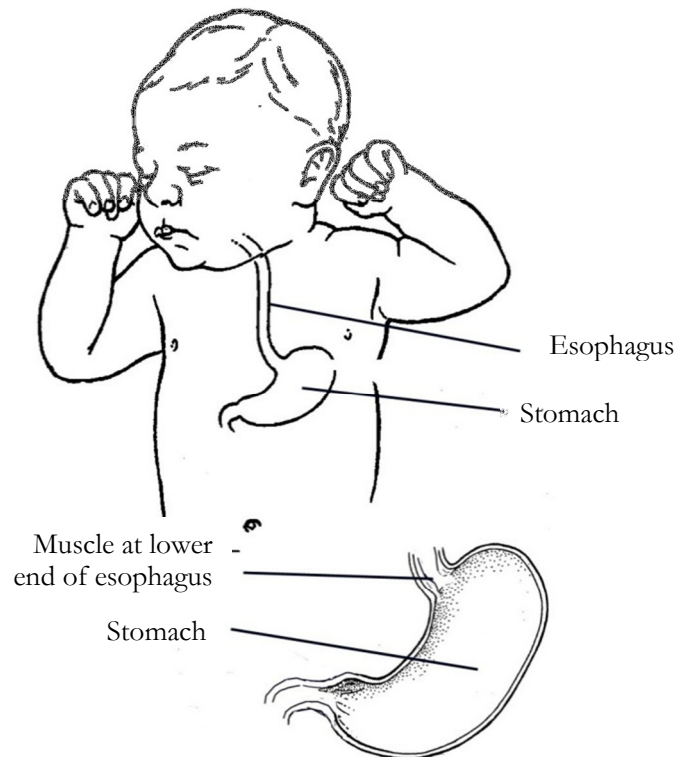
Gastroesophageal Reflux Disease (GERD) - Infants

The esophagus (eh-SOF–uh-gus) is the tube that goes from the mouth to the stomach (Picture 1). A muscle at the lower end of the esophagus should close after food is swallowed and has gone into the stomach. Gastroesophageal (gas tro eh sof a GEE al) reflux occurs when this muscle is loose and does not close, or when it opens at the wrong time. When this happens, formula and stomach juices (acid) can come back up into the esophagus and may be vomited. This can irritate the esophagus, and may cause pain. It can lead to breathing problems or failure to gain weight. However, most children who have reflux are healthy and do not have these problems related to the reflux. Most infants do not require any special treatment and usually outgrow reflux by one year of age, but in some children it can last longer.

Infant Care

Feeding

- Hold your baby in an upright position during feeding time. **Do not prop the bottle.**
- Burp your baby after every 1 to 2 ounces of feeding. Try to hold your baby in an upright position over your shoulder to burp. Placing your baby in a sitting position when you burp him may make the reflux symptom worse.
- Do not over-feed your baby. Discuss with your baby's doctor the amount the baby should be taking with each feeding. If vomiting or reflux symptoms occur, consider decreasing the amount at each feeding and feeding the infant more frequently. Over-feeding can make reflux symptoms worse.
- Feed the baby about every 2-4 hours during the day and on demand at night (when your infant wakes up) or as directed by your baby's doctor. Some infants need to be fed during both the day and night to gain weight.



Picture 1 Reflux can happen when the muscle at the lower end of the esophagus is loose and does not close properly.

Infant Care, continued

Medications

Your doctor may prescribe medicine to treat your baby's reflux. If so, your doctor or nurse will tell you about the medicine.

Positioning

- Holding your baby in an upright position to allow the baby to burp for about half an hour after each feeding is very important.
- Plan activity or play time in the two-hour period before a feeding, whenever possible.

Safe Sleep Environment

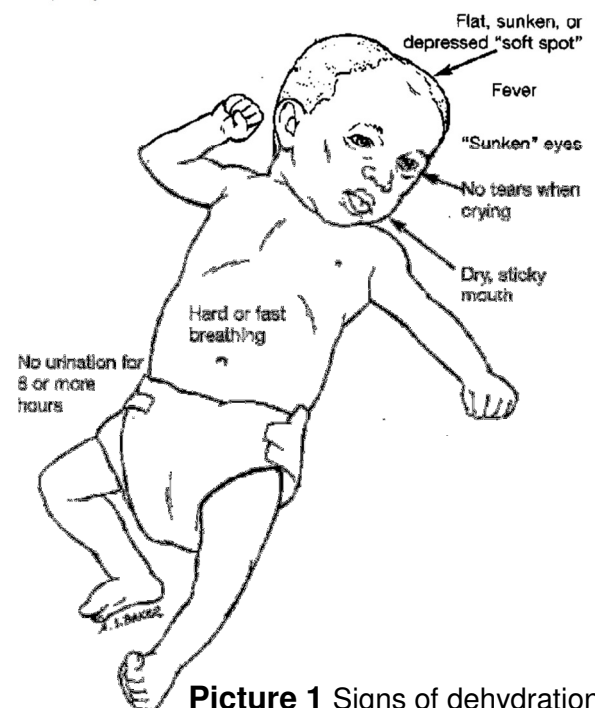
- Follow safe sleep guidelines (see HH IV-69 *Safe Sleep Practices for Babies* and HH-IV-117, *Healthy Sleep Habits for Infants and Toddlers*).
- Be sure the crib is a safety approved crib with a firm mattress and a close-fitting sheet.
- **Place your baby on his back during sleep.** The side is not a safe position, as babies can roll. The mattress should be flat (head not raised).
- When the baby is in bed be sure both side rails are up.
- The baby's crib should always be in a smoke-free area.
- Always use an appropriate car seat for all travels. When **not** traveling, **do not leave your baby in a car seat to sleep.**

When using other infant equipment, such as slings and bouncy seats, monitor your baby closely at all times for proper positioning of the baby and for symptoms of reflux.

When to Call the Doctor

Call your child's doctor if any of the following occurs:

- Your baby loses weight or fails to gain weight.
- There are streaks of blood in your baby's vomit.
- Your child has **breathing problems such as difficulty breathing, breathing stops, baby turns blue, chronic cough or wheezing.**
- Fever - temperature taken under the arm that is higher than 100°F.
- Baby seems to be in pain.



Picture 1 Signs of dehydration

Continued on Page 3

When to Call the Doctor, continued

- Constant crying and the baby cannot be consoled.
- Baby vomits half the feeding or medicine more than once.
- Vomiting of feeds worsens.
- Your baby looks dehydrated (dry mouth, sunken eyes, sunken soft spot, and very little urine output).
- No urination for six or more hours.

Special Instructions

If you have any questions, be sure to ask your doctor or nurse, or call _____.