



When food won't
stay down, what
do parents do?

Reflux and GERD

When infants and young children regularly spit up their food, is it normal or a sign of a more severe condition that needs a pediatrician's care?

Here's how to tell.

By Mary Best

“I just don't know what to do,” my friend Elizabeth said one morning over coffee. “Jake's eating problems seem to be getting worse, and I think he's developing some kind of breathing problem.” Jake, her 18-month-old son, had always been a fussy eater. He frequently didn't have an appetite, often vomited when he did eat, and weighed less than other toddlers his age.

“He's my first baby, and I don't know if he is just a picky eater,” Elizabeth said in frustration, “or if there's something wrong.”

Common or Serious?

The following week, Elizabeth took Jake to see a pediatrician who specializes in digestive and intestinal conditions, called a pediatric gastroenterologist. The doctor explained that just because a baby spits up doesn't necessarily mean he suffers from GERD — the abbreviation for gastroesophageal reflux disease. Gastroesophageal reflux (GER) is common in infants, and most babies outgrow it by the age of 1. Some children continue to suffer from it even as they age, however.

“GER occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach,”

notes Leo A. Heitlinger, M.D., FAAP, Chair of the American Academy of Pediatrics Section on Gastroenterology and Nutrition. “GER occurs often in normal infants. Most infants with GER are happy and healthy even though they spit up or vomit. Spitting up tends to peak at four months and most infants stop spitting up by 12 months of age. If your baby is spitting up without discomfort and is making appropriate weight gains, then he or she is probably a normal spitter.”

Elizabeth's pediatric gastroenterologist gave her a checklist from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition and the Children's Digestive

Health and Nutrition Foundation, which recommended the following:

- Avoid overfeeding. Don't feed the baby again after he or she spits up — wait until the next feeding.
- Consult your doctor to see if the baby is taking appropriately sized bottles or nursing the appropriate amount of time.
- For formula-fed infants, your pediatrician may recommend a special anti-reflux formula or that feedings be thickened with a small amount of infant rice cereal.
- For formula-fed infants, your pediatrician may advise you to try a formula created to be non-allergenic (hypoallergenic) for two weeks.
- Keep your infant upright for at least 30 minutes after meals.
- Only put your baby in a car seat when driving in the car.
- Avoid tight diapers and elastic waistbands.
- Avoid exposure to tobacco smoke.

Treating GERD

Within a few weeks, Elizabeth and her pediatrician knew that Jake's problems were more severe. Jake was diagnosed with GERD, with classic symptoms: vomiting, poor weight gain, heartburn, excessive crying, and respiratory problems. The doctor explained that GERD occurs when the muscle at the end of a baby's esophagus doesn't function properly and doesn't prevent the contents of the baby's stomach from backing up in to the esophagus. This causes a burning sensation in a baby's chest and/or throat.

If your child is diagnosed with GERD, your doctor may recommend a few simple but important strategies, according to Donald Schiff, M.D., FAAP, and Steven P. Shelov, M.D., M.S., FAAP, editors of “Guide to Your Child's Symptoms.”

- Time the evening meal so your child has an hour or two of quiet relaxation but nothing more to eat or drink before bedtime.
- For older children: After mealtime, have your child sit upright in a chair, reading, doing homework, or some other calm activity to give the digestive process time to work.
- Lying down soon after eating encourages the reflux of stomach contents into the esophagus. Your child may sleep more comfortably if you raise the head of her bed. Sleeping with the upper part of the body elevated uses gravity to discourage reflux.
- If your child is troubled by indigestion or other symptoms related to GERD, your pediatrician may also prescribe a medication to help her stomach contents move through the digestive tract more easily. ●