



**Seattle Children's®**  
HOSPITAL • RESEARCH • FOUNDATION

# Gastroesophageal Reflux: Helping Your Baby



---

## To Learn More

- Physical Therapy / Occupational Therapy  
206-987-2113
- [seattlechildrens.org](http://seattlechildrens.org)

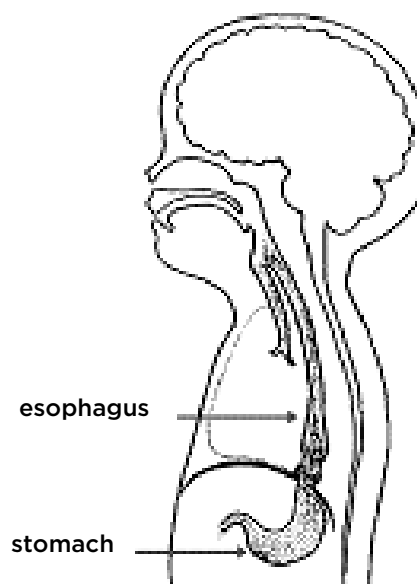
## Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital,  
call the toll-free Family Interpreting Line,  
1-866-583-1527. Tell the interpreter the  
name or extension you need.

### What is gastroesophageal reflux?

Gastroesophageal reflux (GE reflux) occurs when food and acid in your baby's stomach come back up into the esophagus. The esophagus is the tube that food goes down from the mouth to the stomach. A muscle at the lower end should close after food has entered the stomach. If this muscle does not close, or opens at the wrong time, milk and acid come back up the esophagus and may be spit up. Stomach acid can irritate the esophagus. This may lead to fussiness, breathing problems or poor weight gain.

Dealing with GE reflux can be difficult for you and your baby. Try to be patient and positive. It will improve over time. Most children with GE reflux are healthy. GE reflux is usually outgrown between 6 and 12 months.



### What are the signs of GE reflux?

You may see 1 or more of these signs:

#### Spitting up

Often babies with reflux spit up, but some do not. If your baby spits up, it may be a small to medium amount many times a day, or your baby might vomit larger amounts less often.

#### Food in the back of the throat

Food can come up into your baby's throat, but not be spit out. When this happens, your baby may have big gulping swallows, coughing and choking, or trouble catching their breath. Your baby may also have a red face or teary eyes.

#### Behavior changes

Reflux can be uncomfortable for your baby, especially if the food coming up is acidic or sour. Your baby may:

- Cry and be fussy, 1 to 2 hours after feeding
- Act like they are in pain and pull their legs up
- Act gassy

Babies with reflux often act uncomfortable when lying flat and prefer to be held upright. When a baby has reflux, fussy behavior usually occurs all day, rather than just in the evening.

#### Sleep problems

If reflux is uncomfortable, your baby may not sleep well. They may be restless or wake up often. It is common for a baby with reflux to be sleeping comfortably on your shoulder but wake up shortly after being put flat in bed.

### Feeding patterns

Babies with reflux are often “snackers,” eating frequently. They may fuss often and seem to be hungry, but feed briefly and poorly. They may act hungry but prefer to suck on their fingers or soothe on the breast.

### Breathing problems

Reflux can lead to changes in your baby’s breathing pattern. You might see irregular breathing or long pauses in breathing. Your baby’s face may turn pale or gray if the breathing pause lasts a long time.

### How do I know my baby has gastroesophageal reflux?

If your baby has signs of reflux, discuss them with their doctor. How you describe the problems helps your doctor decide if your baby has reflux. Sometimes your doctor may decide a special test is needed. This may include an upper GI x-ray or pH probe. Often what you tell your doctor about baby’s symptoms is enough to decide if reflux is the problem and begin treatment.

### What can I do to help my baby?

Your baby’s doctor will work with you to plan special ways to position, handle and feed your baby. The doctor may also prescribe medicine.

### What are the medicines that my baby might need?

Medicines for GE reflux usually do not make the reflux go away. They may help your baby be more comfortable and reduce the amount of reflux. One common type of medicine reduces the amount of acid in the stomach.

When your baby does reflux, it will not be as uncomfortable. Another type of medicine helps the stomach empty faster. Reflux is less likely to occur when the food is not in the stomach for as long.

### What are the best positions for my baby?

Placing your baby in upright positions helps keep food in the stomach by gravity. When your baby's body is slouched, pressure on the stomach can push food out. Careful positioning keeps your baby's body upright and straight. It is very important to keep your baby upright and straight after eating. Use this position throughout the day and night to help your baby.



### Baby Equipment

Swings and bouncy seats work well to keep your baby upright. Use rolled blankets or towels to keep their body straight when they are slouching.

### Wedge Seat

Use the wedge positioner for sleeping or quiet play. Sit your baby on the foam ledge and fasten the straps snugly across their hips and chest.

### Wedge seat safety

- Always keep the wedge seat in a safe location. Place it in a crib, playpen or Pack n' Play where it fits snugly and there are no gaps between the sides of the wedge and the sides of the bed. The bedrails or sides MUST be as high as the top of the wedge.
- You can also put it in a clean, safe, well-supervised space on the floor. Make sure the baby is safe from pets and small children.
- Do not use bulky blankets to cover the wedge. Use coverings like a thin baby blanket or pillowcase. Make sure they follow the contour of the wedge.
- Always have your baby sit on the foam ledge and make sure they are securely strapped into the seat.
- Fasten the straps firmly across the hips and chest. Your child's arms should be free.
- If your baby is swaddled, the straps can be around their swaddled arms. If the straps are close to the chin, try fastening them in an "X" with straps going across the chest from shoulders to hips. Babies should not have arms swaddled while in the wedge after 3 months of age (corrected age if your baby was premature). For example, if your baby was born 1 month early and is 4 months of age, their corrected age is 3 months.
- If you lose a piece of Velcro, there are extras on the underside of the wedge.
- If a strap breaks or the Velcro does not fasten securely, stop using the wedge. Call the OT/PT department at 206-987-2113 and make an appointment to have the wedge repaired.

- If you worry that your baby is not secure in the wedge, or your baby is moving too much for the straps to hold them safely in place, stop using the wedge and call the OT/PT department for help at 206-987-2113.
- Between 4 and 6 months or age (corrected for prematurity if necessary), you should start working on having your baby sleep without the wedge. (See suggestions on page 10 of this booklet under How do I help my baby learn to stop using the wedge?). If you think your baby still needs to use the wedge when they are 6 months of age, you should discuss this with your medical provider for an exception to typical infant sleep position guidelines.

### Wedge seat care

- To keep the wedge from becoming soiled, you can place a strip of waterproof fabric on the seating area, before putting the thin cover over the wedge. Do not use plastic.
- If the foam becomes dirty, use soap and water to sponge off the soiled area. Air dry before putting your baby back into the wedge.
- If the wedge breaks or becomes too small, call the OT/PT department for help at 206-987-2113.



### Car Seat

Young babies often slouch in their car seat when their bottom slips forward to the car seat crotch strap. Here are tips to keep baby upright and straight:

- Make sure your baby's bottom is well back in the seat, and their back is straight.
- If the crotch strap is not close to the baby's diaper, fill this space with a tightly rolled washcloth or diaper.
- Positioning the bottom correctly may lift the baby's shoulders. The harness should be threaded through the slots on the car seat at or just below the baby's shoulders.
- After the harness is snug and secure, you may use rolled towels or light blankets to pad around the baby's sides.



### What are the best ways to handle and care for my baby?

#### During diaper changes

If your baby shows signs of reflux during diapering, prop your baby on a low wedge or pillow. Roll your baby to the side to wipe their bottom, rather than lifting both legs into the air. Try to time diaper changes before feeding, when the stomach is most empty.



#### Carrying and holding

When you carry and hold your baby, keep them upright with the body straight.

When cradling your baby in your arms, or for feeding, make sure they are upright, and the body is straight.



Holding your baby at your shoulder keeps them very upright and the body straight.



Choose a front pack that keeps your baby upright and straight.



Your baby can be comfortable on their back in your lap, if your knees are bent enough to keep your baby upright.



If you put your baby on their tummy over your lap, raise one knee so the head is higher than the bottom.



When you burp your baby sitting on your lap, be sure the body is straight upright, not leaning forward or slumped.



### Positions to avoid

Do not use positions in which your baby is flat, slouched or the body is bent. This can make reflux worse.

This baby is upright, but wrinkles on the tummy tell you the body is bent.



This baby is very flat, so gravity cannot help keep food in the stomach.



It is easy for your baby to become flat or bent when you hold them a long time, especially during feeding. Check yourself or have a family member check your baby's position as you hold them.

Sling type carriers are not recommended. They tend to bend your baby's body more than a "front pack" carrier (see page 6).

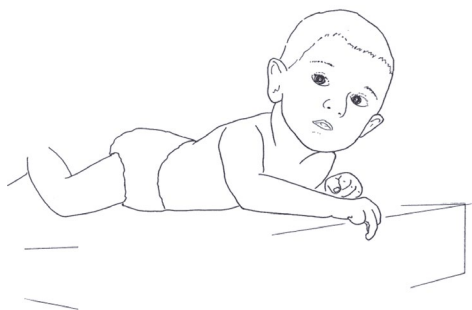


This baby is upright, but the body is very bent, putting pressure on the stomach.



### Tummy time

Babies with GE reflux spend a lot of time upright on their back, but your baby also needs to spend time playing on their tummy. This helps strengthen the neck, arm and chest muscles. Plan tummy play times before feeding, when the stomach is empty. Using a low wedge for tummy time may be helpful.



### Will thickening feedings help my baby?

Some research that suggests thickening feedings may help decrease spitting up, but it does not help all reflux symptoms. There are also potential complications. Thickeners may not be good for your baby's digestive system, and most are not effective with expressed breastmilk. For these reasons, we suggest you focus on other strategies. If you think your baby might benefit from thickening, please talk about this with their health care provider.

### What special ways should I feed my baby?

Other simple changes can often make feeding easier and help your baby have less GE reflux. Some of these are:

#### Feeding position

When bottle feeding, be sure to hold your baby in a position with the body upright and straight. When breastfeeding, make sure your baby is at an angle and not flat. Using a chair arm to support your arm, or a pillow to support the baby may help keep your baby's head up higher. Don't hold your baby flat or with the trunk bent. See page 6, "Carrying and holding" for more information on the best positions.

#### Feeding schedule

Small, frequent feedings may help reduce GE reflux. Follow your baby's hunger signals but try to space feedings 2 to 3 hours apart rather than 4 to 6 hours. Your baby will take less, and not overfill their stomach.

#### Burping

Extra air in the stomach can make spitting up more likely.

- When bottle feeding, reduce the intake of air by using an upright feeding position with your baby's head tipped slightly forward. Make sure there is not a big space between the chin and chest.
- Discourage "guzzling" feedings. Fast feeding may cause air swallowing.
- If your baby feeds very fast, help them take frequent short breaks during feedings. If this upsets them, let your baby suck on a pacifier or your finger during the pause.
- Stop often for burping during feeding. A number of positions can be used for burping but be sure your baby's body is upright and straight. See page 6, "Carrying and holding" for more information on the best positions.

#### Moving your baby after feeding

Try to keep your baby upright and still for 15 to 30 minutes after feeding. When your baby's stomach is full, sudden movements and position changes may cause reflux. If possible, avoid changing diapers right after feeding.

### **What if I try these things and my baby still has problems with reflux?**

These feeding and positioning guidelines cannot make reflux go away, but they often help to make the symptoms better. Your baby may not spit up as much and may be more comfortable. Your baby may still have some bad or fussy days. If this happens, try not to change the things you are doing right away. This often makes things worse, because consistency is important. Try to wait 2 to 3 days and if things do not get better, contact your baby's doctor. Then change only one thing at a time, so you will know what is helping.

### **How do I help my baby learn to stop using the wedge?**

For most babies, GE reflux gets better as they get older. Many babies are much better by 6 months of age and reflux is usually outgrown by one year of age.

Symptoms will slowly go away, but at a different rate for each baby. Watching how your baby acts is important for deciding when treatment can be reduced or stopped. Know your baby's signs of reflux and note how often and in what conditions they occur. Share this with your baby's doctor and work together to decide when to make changes. It is usually best if changes in positioning and thickening of feedings are made slowly.

Once your baby shows less signs of reflux, you can begin to move your baby off of a wedge. Follow the steps below but feel comfortable that your baby is not having problems with reflux at each step, before moving to the next.

1. Lay your baby down flat 1 hour before the next feeding.
2. Lay your baby down flat 2 hours before the next feeding.
3. Let your baby take one daytime nap in a flat position.
4. Do not use the wedge at all during the day, only at night.
5. Stop using the wedge at night.

You can raise the head end of the crib mattress slightly for any of these steps, if you think it would be more comfortable for your baby.

## Notes

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

