



UConn Health System
JOHN DEMPSEY HOSPITAL
Department of Nursing
Neonatal Intensive Unit

Caring for Your Baby with Reflux

Gastroesophageal reflux occurs when the muscle valve between the esophagus and stomach relaxes inappropriately, allowing stomach contents to freely reflux back up into the esophagus. This may cause frequent spitting or vomiting as well as respiratory symptoms. Some babies with reflux also have slowness in emptying their stomachs and may vomit formula hours after a feeding. These steps have been found helpful in treating the symptoms of reflux.

Positioning

1. Whenever possible, and especially following feedings, the baby should be kept on his/her side. Some babies may need the head of the mattress elevated about 20 degrees.
2. Baby should not swing in an infant swing after feedings.

Feeding

1. You may be advised to thicken formula with ½ to 1 teaspoon of rice cereal per ounce and warm it prior to feeding. Should constipation become a problem, oatmeal or barley cereal may be substituted after consultation with physician.
2. Baby should be burped frequently.
3. Small feedings every three hours are often tolerated better than larger feedings every 4-5 hours.

Medication

Your baby may be started on a medication to minimize the symptoms of reflux. There are two basic types of medications used to treat reflux. The first type are medicines that reduce the acid content of the stomach. Reducing the acidity of the stomach can allow esophagitis (inflammation of the esophagus) to heal and can prevent it from occurring. The second type of medications are called prokinetic agents. These medicines work to minimize the reflux itself by helping to move the food along. If your baby is discharged on reflux medications and your pediatrician needs to put the baby on Tylenol, decongestants, or most antibiotics (amoxicillin, Bactrim, Septra, penicillin, Augmentin, Ceclor), there is no significant interaction with reflux medications. However, try not to give any antacid within one hour of other medication. If you have specific questions about drug interaction; speak with your pharmacist.

Other Issues and Considerations

1. Reflux is a common problem and may be very frustrating for parents.
2. Try to keep in mind that it will usually get better and that patience is important.
3. Reflux is a chronic problem that improves in 80-90% of babies by 12-15 months of age. Medications treat reflux, they do not cure it. In persistent severe cases, surgery may be necessary.

Medications Used to Treat Reflux

FAMOTIDINE (PEPCID)

Pepcid is used to decrease the release of stomach acid.

RANITIDINE/ZANTAC (ZAN-TACK)

Zantac is used to reduce the acidity of stomach acid secretions.

OMEPRAZOLE (O-MEP-RUH-ZOL)/PRILOSEC®

Prilosec ® is used to decrease stomach acid.

METOCLOPRAMIDE/ REGLAN (REG-LAN)

Reglan is used to treat gastroesophageal reflux (g.e. reflux). Reglan helps the stomach empty faster and lessens the movement of stomach contents into the esophagus (food tube). Reglan must be given before feedings on an empty stomach, ideally 20 to 30 minutes before feeding.

Call the doctor if any of the following side effects are seen:

1. baby is unusually sleepy, restless, irritable, or weak
 2. constipation or diarrhea persists
 3. increased spitting up or vomiting after feedings
 4. baby develops a skin rash
 5. any rhythmic movements of muscles, eyes or tongue seen
 6. any muscle stiffness or any (severe) change in baby's activity
 7. unusual bleeding or bruising or sores in the mouth (Prilosec ®)
 8. yellow skin and eyes (Prilosec ®)
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