

# Heartburn/Reflux/GER

## Definition

All babies spit-up and that spit-up has many names: reflux, heartburn, or gastroesophageal reflux (GER). The spitting up is expected and results from an immature sphincter, designed to keep food in the stomach. The immaturity allows stomach contents to come up into the esophagus and sometimes even out through the mouth and nose. When reflux causes other symptoms (reviewed below) or persists further than infancy, it is considered GERD, gastroesophageal reflux disease.

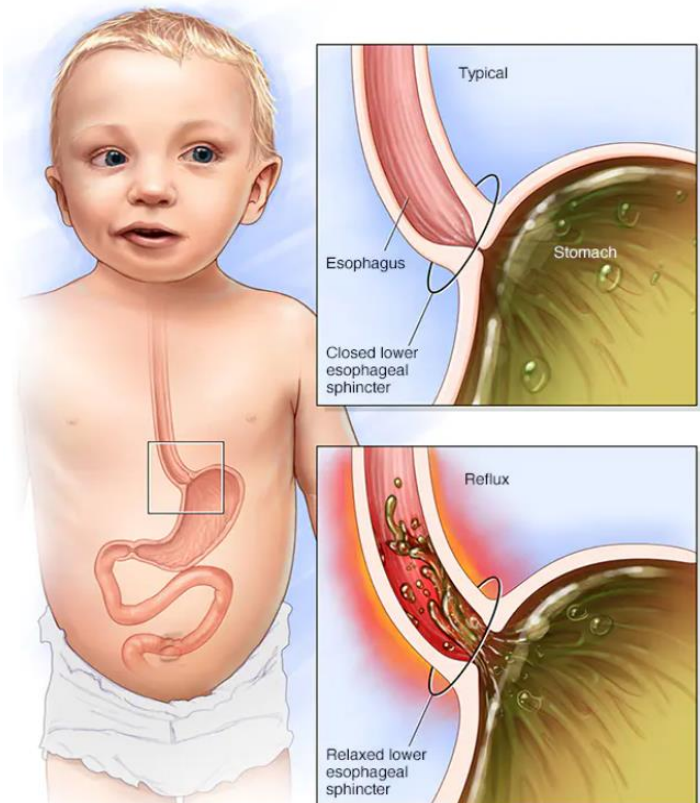
## Symptoms

In most babies, GER disappears as the immature sphincter in the upper digestive tract matures (9-12 months) and as your infant obtains better head control, can sit up, and starts eating solid foods.

Reflux/Heartburn/GER	GERD
Spitting up during or after feeding	Refusal to feed
Occasional fussiness with feeds	Arching back and/or persistent crying during feeds
	Blood or greenish color in the spit-up
	Spit up becoming more and more forceful
	Belly is swollen or distended or feels hard
	Wheezing and coughing
	Poor weight gain

## Why does this happen?

In infants, reflux is expected when your baby's stomach is full or his or her position is changed abruptly. The stomach contents—food mixed with stomach acid—press against the valve at the top of the stomach (the *lower esophageal sphincter*). This ring of muscle normally relaxes to let food pass from the esophagus into the stomach and then tightens again to keep the food there. When it is not fully developed or it opens at the wrong time, the stomach contents move back or “reflux” into the esophagus.



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### How we evaluate

Because we expect all infants to have GER symptoms from time to time, and it is not harmful, we typically recommend feeding changes initially (described below). Though this is the case for most infants, some do present with true GERD. To assess for this, we will review your child's symptoms, feeding patterns, and track your child's growth on his/her growth chart. Even when true GERD is suspected, first line therapy is still feeding changes. When those changes are insufficient, your provider will discuss additional treatment options such as medication and/or referral to a gastroenterologist.

### Treatment and what to expect

#### 1. Feeding specifics:

- Burp more frequently at natural pauses in feeding
- If formula-fed:
  - Discuss formula options with your provider. Though uncommon, some infants can develop cow's milk protein intolerance and switching to a different formula may be recommended.
  - Discuss with your provider if thickening formula with a very small amount of oatmeal is recommended
- If breast fed:
  - Discuss your diet with your provider. Though uncommon, some infants can develop cow's milk protein intolerance and removing these proteins from your diet can improve GERD symptoms.
  - Discuss with your provider if thickening breast milk with a very small amount of oatmeal is recommended

#### 2. Smaller, more frequent feeds:

Consider offering the same quantity of milk, but in smaller, more frequent feedings

#### 3. Upright position:

Try keeping your infant upright for at least 30 minutes after feeding

### Additional Resources: click or scan

1. [Healthy Children: Why Babies Spit Up](#)



2. [Video: Reflux in babies - Spit up? GERD? When is it a problem?](#)

