

# Gastroesophageal Reflux in Infants

## What is Gastroesophageal Reflux?

Most infants occasionally “spit up” or “throw up” after they eat. Some infants spit up or throw up so frequently that they are said to have GER (gastroesophageal reflux---also known as GERD—gastroesophageal reflux disease). This term describes splashing or pushing of stomach contents backwards up into the esophagus (the tube where food goes down—between the mouth and stomach), and sometimes, out the mouth or nose. All of us have some reflux every day. Most of the time, reflux causes no problems or discomfort, and often, we are not even aware when it happens.

When a baby throws up after nearly every feeding and numerous times between feedings, parents often become concerned and they seek medical advice. They may be worried that there is something seriously wrong with their baby’s stomach or intestinal tract. They may be concerned that

- there is an area of blockage or narrowing in their baby’s intestinal tract
- the baby is not keeping enough food down to grow
- the baby has an ulcer
- the baby is allergic to milk

Fortunately, in the vast majority of cases, none of these are true. Most of the time, reflux in infants and children is due to incoordination of the upper intestinal tract rather than to any distinct anatomic abnormality and as a result, **almost all babies with gastroesophageal reflux will ultimately outgrow this problem!**

Children with developmental or neurological disabilities are more likely to suffer from gastroesophageal reflux than are children who are neurologically normal, and the symptoms of reflux in children with developmental disabilities are often more severe and/or persistent. Often, parents of children with disabilities become worried that the frequent vomiting associated with GER may limit their child’s growth and development, or cause the child to aspirate and develop pneumonia or other respiratory symptoms.

If your child’s GER is severe enough, they may have tests while still in the hospital. They may have a special x-ray taken while they drink a substance that the doctors can see on the x-ray. The x-ray doctor (radiologist) can see if your baby brings the solution back up the esophagus, or if it stays in the stomach, where it should be.

Another test that can be done is a pH test. A small flexible tube is passed from the nose into the esophagus. This is usually kept in place about 24 hours. This test will show if your baby is refluxing.

There are things that can be done with your baby if the doctors *do* diagnose GER.

--sometimes thickening their milk with rice cereal may help

--some babies may be placed on special medication like prilosec

--if the GER is severe enough and is causing or may cause your child harm, a special operation called ‘fundoplication’ may be performed. In simple terms, the surgery doesn’t allow for milk to come back up the esophagus. If your baby needs this, the doctors will explain it, in depth, to you.