

Management Tips



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- Feed your baby while they are upright. Keep their body straight with their head higher than their stomach.
- Avoid placing your infant flat on their back immediately following a feed.
- Avoid exposure to tobacco smoke.
- Try to keep your baby upright for at least 30 minutes after a feed. Try to avoid the upright seated position during this time as this position can increase pressure in the abdomen and trigger reflux.
- Avoid overfeeding – if your baby vomits, wait until the next feeding rather than feeding them again. (Check with the doctor or Child Health Nurse that their intake is appropriate)
- Consider offering your baby a dummy (or your clean finger) if you are comfortable with the idea; the swallowing action may help your baby to settle. Talk to your child health nurse if you have any concerns.
- Avoid rough handling or bouncing your baby (you may need to remind family and friends of this).
- Use products to help keep baby upright or help calm them, such as an automatic baby swing, bouncer and/or baby hammock as suitable. (**Important:** Never leave them unattended or let them fall asleep unsupervised in these devices as they are not designed as sleeping products.)
- If possible, change your baby's nappy before a feed rather than after, as reflux is more likely to occur with a full tummy. Take care to avoid lifting baby's legs too high to change a nappy; try rolling your baby to the side instead.
- Avoid any tight clothing around their waist such as tight nappies or elastic waistbands.
- Thickened feeds (AR formulas or infant formulas thickened with commercial thickening agents) may be effective for some reflux babies, especially those who vomit. Discuss this option with your child's doctor first.
- If a food allergy or intolerance is suspected, a two week trial of hypoallergenic formula can be helpful if your baby is formula-fed. If you are breastfeeding, you may choose to eliminate specific foods e.g. cow's milk and soy from your diet (with medical supervision). Consider the possibility of food allergy or intolerance in older children as well. Seek medical advice regarding this. Do not change your child's diet before seeking medical advice. Talk to a dietitian.
- Burp baby frequently during the feeds (as tolerated) e.g. after finishing each side in a breastfed baby, and after every 30-60ml in a bottle-fed baby.
- Try feeding smaller amounts slightly more frequently (unless this upsets baby). Frequent large feeds can trigger reflux.
- Massage can be soothing to babies and children, and it can also aid digestion. Learn how to massage your baby/child so they get the most out of it.
- Minimise foods and drinks if they cause irritation or increase the risk of reflux. Examples of these may be spicy foods, citrus fruits, tomatoes and other acidic food, fatty foods and caffeine
- If your baby is under 12 months of age, elevating the head of the bed to treat reflux is not supported by evidence from research studies. It may be helpful in reducing episodes of reflux in a child who is over the age of 12 months.
- For children over the age of 2 years, adapt the management strategies to suit e.g. avoid lying down for several hours after meals, eat smaller meals more often etc. You may also like to encourage them to avoid large meals before exercise or stressful events such as exams; and avoid or minimise caffeine.
- Encourage older children to find a comfortable sleeping position. Sleeping on the tummy or left side may be helpful.
- Older children/teenagers may consider using sugar-free chewing gum after meals, as it may reduce acid reflux and help clear acid from the oesophagus.

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References available at <http://www.reflux.org.au/management-tips/>