

Patient information from BMJ

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Reflux in very young children

Bringing up food is common in babies and very young children. You may hear this called reflux. It usually doesn't cause problems and most children grow out of it by the time they are 18 months old. But if it happens frequently or causes problems, your child may need treatment.

You can use our information to talk to your doctor and decide which treatments are right for your child.

What is reflux in children?

Reflux happens when partly digested food comes up the oesophagus (the tube that links the mouth to the stomach).

A muscle at the bottom of the oesophagus, where it joins the stomach, usually stops food from coming back up. In babies, this muscle may not work properly because their digestive system is still developing.

When food goes up into the oesophagus, it's often mixed with stomach juices, which are acidic. This can make the oesophagus sore and inflamed. When reflux is causing problems, doctors may call it **gastro-oesophageal reflux disease**, or **GORD**.

What are the symptoms?

The most obvious symptom of reflux in babies and very young children is bringing up food. This isn't usually a problem, unless they bring up a large amount of most feeds.

Children with reflux may get other symptoms, which should be checked out by a doctor. These include:

- stomach pain. This can make children irritable, and they might cry or arch their backs a lot
- projectile vomiting. If your child brings up vomit that looks like coffee grounds, talk to your doctor. This could be a sign of bleeding in the stomach or oesophagus
- children not growing and developing as they should.

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There are many possible reasons for these symptoms besides reflux. Your doctor can check if it's reflux by examining your child and asking you questions about their symptoms.

It may help if you keep a diary of how much food your child takes, and how often they bring up food.

Your doctor might also ask to observe your child feeding. You may also need to weigh your child regularly, or have them weighed at their doctor's clinic, to check whether they are gaining weight.

A few children need to see a specialist, who may do further tests.

What treatments work?

Reflux is common in babies and very young children. Most children won't need treatment, but taking simple steps may lessen their reflux. Doctors sometimes recommend:

- lying your baby on their stomach or left side after feeding. This might help reduce reflux. But you should only put your child in these positions when they are awake and being closely watched. Putting your child in an upright position after they feed might also help
- giving babies smaller, but more frequent, feeds - but only if your doctor thinks their reflux may be related to overfeeding.

If your child has more severe or frequent symptoms, the following treatments may help.

Products to add to your baby's food

Using products to thicken your baby's food may make them less likely to bring it back up. You can get products to add to formula or expressed breast milk, or use ready-thickened feeds.

Thickeners are made out of different substances, including:

- **rice cereal**
- **carob-bean gum**, and
- **carob-seed flour**.

You will probably need a bottle teat with a wider hole when using thickeners.

You may be able to get thickeners on prescription from your doctor, or from your pharmacy. It's always best to talk to your doctor before changing your baby's feed.

Babies are more likely to cough while taking thickened feeds. Also, you need to check that your child doesn't put on too much weight. Some thickened feeds have more calories.

Another thickening option are **alginates**, which can be mixed with a baby's feed or dissolved in water after their meal. Besides thickening a baby's feed, alginates stop acid and food from going back into the oesophagus.

Alginates don't normally cause side effects, but you should talk to your doctor before using this treatment. Also, you shouldn't use alginates if you're already using another type of food thickener.

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Medicines

Medicines aren't used very often for reflux in very young children. But your doctor may recommend them if your child:

- is not gaining enough weight
- is in considerable distress, or
- has difficulties feeding.

H2 blockers and **proton pump inhibitors (PPIs)** reduce the amount of acid in the stomach. They are often used to treat indigestion in adults.

You can buy some of these medicines at the pharmacy. But you should ask your doctor before giving these medicines to your child. They can sometimes cause side effects.

Other treatments

If your child isn't gaining enough weight, and other treatments for reflux haven't helped, your doctor may recommend a **feeding tube**. This delivers nutrient-rich liquid feedings directly into your child's stomach.

The tube is usually inserted into a child's nostril and threaded down their oesophagus and into their stomach.

If your child has severe problems with reflux, and other treatments haven't helped, your doctor may suggest surgery, but this is not common.

The operation strengthens the valve between the child's oesophagus and stomach. It's called **fundoplication**. Having an operation always carries a risk of problems, such as infection or blood clots.

What will happen?

Most children stop bringing up their food by the time they are 18 months old. And most children don't need treatment.

It's very rare for reflux to lead to more serious problems. But it can sometimes cause:

- bleeding in the oesophagus
- a painful oesophagus
- breathing problems, such as coughing and wheezing
- failure to grow and develop at the usual rate for a child's age.

If you have any questions or concerns about your child's reflux or other symptoms, see your doctor.

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