

What is reflux or GER?

Reflux (or gastroesophageal reflux, GER) is when your baby's stomach contents rise from their stomach into their throat, mouth, and/or nose. Reflux is normal and not harmful in healthy babies. Up to 70% of babies have reflux. For most babies, reflux goes away by 12 – 18 months of age.

Common symptoms of reflux or GER include:

- Spitting up, wet burping
- Regurgitation, vomit
- Bad breath, hiccupping
- Irritability, frequent crying

If your baby spits up a lot, but is happy and growing well, there is no need to worry!



What is gastroesophageal reflux disease or GERD?

GERD is when babies have severe reflux that causes problems or significant symptoms such as:

- Feeding and growth:
 - Poor feeding, refusing to feed
 - Wanting to feed frequently
 - Poor growth, weight loss
- Breathing and Digestion
 - Wheezing or breathing problems
 - Coughing, gagging
 - Trouble swallowing
 - Vomiting forcefully
- Behaviour and Sleep:
 - Disrupted sleep
 - Excessive crying or irritability
 - Arching of the back, often during or right after feeding



Things you can do if you're concerned about your baby's reflux:

- Smaller more frequent feeds may decrease reflux. Feed your baby following your baby's hunger cues. Watch for signs of fullness and avoid overfeeding. Discuss your baby's feeding patterns and growth with your doctor, midwife, public health nurse, or dietitian.
- Keep your baby's body upright and straight as often as possible, especially during feeding and for 20-30 minutes after feeding.
- Burp your baby twice during a feed. Talk with a public health nurse about burping methods or see [Burping a Baby | HealthLink BC](#).
- When diapering and changing clothes, roll your baby from side to side, rather than lifting both legs in the air. Try to change baby's diaper before feeding when your baby's stomach is empty.
- When sleeping, lay your baby flat on their back. Ask your public health nurse about body positions that may help reduce reflux while feeding, when in a car seat, and during other common activities.
- If breastfeeding/ chestfeeding, continue. Breastfed/ Chestfed babies tend to have less reflux than babies fed (human milk or formula) with a bottle. See a public health nurse if you have questions about breastfeeding/ chestfeeding.
- Avoid tight diapers and tight or elastic waistbands. These can put pressure on your baby's tummy.
- Avoid exposure to tobacco and other smoke, which can make reflux worse.
- After your baby spits up, wipe your baby's mouth with a warm wet washcloth. If your baby has teeth, brush twice daily with a smear of fluoride toothpaste the size of a grain of rice.

Diet and reflux

- If these tips do not improve your baby's reflux, talk with a health professional about a possible milk protein allergy.
- If you are breastfeeding/ chestfeeding, consider a 2-week trial of dairy-free and soy-free diet for the breastfeeding/chestfeeding parent. If you are avoiding dairy for more than 2 weeks, talk with a dietitian about getting enough calcium and vitamin D.
- If your baby is formula fed, consider a 2- to 4-week trial of a hypoallergenic formula such as Alimentum or Nutramigen.
- If formula feeding, consider thickened formula only if your doctor recommends it.



If your baby's reflux does not improve with these tips, contact:

- Your Doctor or Midwife
- The Public Health Nurse at [your local health unit](#)
- Ask your Doctor, Midwife, or Nurse to refer you to an [outpatient pediatric dietitian](#) (a free service).