

Pediatric Acid Reflux 101:

What is Reflux?

Acid Reflux, also known as Gastroesophageal Reflux (GER) is a medical term that literally means stomach-esophagus-backwash. Very simply it means your child's food comes back up and brings some stomach acid with it in the form of a wet burp or a little spit up.

Typical patterns of Pediatric Acid Reflux

Normal Reflux

Almost everybody refluxes occasionally. It is very common for babies to spit up, or have a wet burp after meals. As long as the spitting up is only causing a mess or a little fussiness, you don't need to worry about these "happy spitters." It is not a medical problem. Talk to your baby's doctor about the symptoms you are seeing at home and follow your doctor's advice about home care techniques. Most babies stop spitting up at about 6 months.

Gastroesophageal Reflux (GER)

Infants and children with frequent or daily reflux episodes need to be watched to make sure they don't develop complications. At PAGER, we call it "Wait and Watch Reflux." While many infants and children with GER feel better in a few months, some babies need home care techniques and even medication. Your child's doctor will need to monitor your child closely for problems such as pain/discomfort, sleep disturbance, picky eating or slow weight gain.

Gastroesophageal Reflux Disease (GERD)

A child is said to have *GERD* when the acid reflux causes significant medical problems such as asthma, sinus or ear infections, apnea, unacceptably low weight gain or esophagitis. GERD may also be diagnosed when the child is so miserable that their quality of life is significantly affected. They require medical treatment in addition to special home care.

Diagnosis

There are many symptoms that point to a diagnosis of Acid Reflux and testing is not always necessary. Your doctor may prefer to start treatment without any tests. If your child's symptoms are vague, confusing, or don't respond quickly to medication, testing may be needed. There are several tests to confirm reflux and several that are used to rule out conditions like esophageal malformations, allergies and food absorption problems that look similar to GERD. Testing doesn't always give clear answers and it can be expensive.

Typical Tests may include one or more of the following:

- Upper GI
- pH Probe
- Endoscopy
- Milk Scan

Treatment

Pediatric Acid Reflux is usually treated by a primary care physician such as a pediatrician or family practitioner. Infants and children with reflux who do not respond to treatment may need to be seen by a specialist such as a Pediatric Gastroenterologist, Pulmonologist, ENT (Ears, Nose and Throat), Speech Therapist or Allergist.

Your doctor may recommend home care techniques and diet modifications to help reduce reflux episodes or minimize pain and discomfort. **Always consult your child's doctor before starting.**

Diet-Infant/Toddler

- Breast milk is best for babies with reflux. (PAGER and La Leche League have info on breastfeeding babies with reflux.) If food allergies are suspected, mother may need to avoid dairy, wheat, eggs. Some babies are sensitive to high acid foods, caffeine and spicy foods in the mother's diet. Diet supervision is required.
- Babies on formula may need a special diet (milk-free, soy-free or hypoallergenic formula). Amino acid based formulas are available by prescription for milk soy protein intolerance.
- Liquids often reflux more than solids. Your doctor may recommend thickening with 1 Tablespoon (3 teaspoons) of cereal or calorie free thickener per ounce of formula. It will be as thick as tomato sauce so special cross-cut nipples will be needed.
- Offer new foods cautiously. Green vegetables and fruits may aggravate reflux. Remember to offer solids and finger foods at the appropriate time to encourage proper chewing and swallowing skills.

Home Care/Positioning-Infant/Toddler

- Feed your infant slowly, offer small frequent meals instead of large ones and burp frequently.
- Keep your baby upright after meals.
- Consult with your doctor about sleep positioning-elevating the head of the crib, use of a wedge, side or back sleeping positions.

Diet-Child

- Modify the diet to decrease symptoms of acid reflux. Your child may need to restrict intake of: carbonated beverages such as soda, caffeine (soda, coffee, chocolate) and spicy foods. High acid foods include: citrus (oranges) and tomatoes. Fried food and high fat foods may digest slowly and cause discomfort.

Home Care/Positioning-Child

- Keep your child upright and calm for 30 minutes after meals.
- Avoid tight clothes that put pressure on the stomach.
- Avoid exposure to tobacco smoke.
- Consult with your doctor about elevating the bed with a wedge or positioning device.

Medication

Your doctor may recommend medication for the treatment of Acid Reflux. Never use medicine without the doctor's approval. There are 5 common types of medication:

- Antacids - neutralize acid
- Acid suppressors - reduce acid production
- Barriers– coat the esophagus or form a foam in the stomach
- Motility Medications - help food move through the digestive tract

Surgery

Surgery may be indicated if the child does not respond to medical treatment or if there are significant medical complications from reflux such as aspiration. The most common surgical procedure for acid reflux in the United States is called a Fundoplication.

Will my child get better?

Yes! Most infants outgrow reflux in the first year or two. There are no guarantees when your child will feel better. It is best to take one day at a time and work with your doctor to develop a plan of action that reduces pain and discomfort.

Some older children and adolescents continue to have reflux after infancy. Older children may not exhibit the

waking/restless sleeping, picky eating, bad breath, tooth damage, coughing, and behavioral issues such as low frustration tolerance due to chronic pain or sleep interruption.

Coping with Pediatric Acid Reflux

Taking care of a baby or child with reflux can overwhelm the most seasoned parent. We call it Intensive Care Parenting™. Endless cleaning and caretaking, doctor's appointments and sleep deprivation may lead to frustration and despair. Most parents need some help coping.

- Join PAGER Association and receive up to date information and electronic newsletters via email.
- Contact PAGER Association with your questions and concerns.
- Request a link to a trained Parent Volunteer. They are available to talk about your questions and concerns.
- The PAGER website has an active discussion board where parents find others across the US and the world. Go to www.reflux.org.
- Educate yourself. Understanding GERD fully can help you keep your child healthier and help you work with the doctors as a team member.
- Take one day at a time.
- Let others help with household tasks and childcare.
- Never take your frustration out on your baby. Call for help before you reach the end of your rope or just walk away for a little while.
- Take a break - you deserve it!

common signs of reflux such as vomiting and crying. Parents need to be on the alert to symptoms such as burping, night

About PAGER Association:

The Pediatric Adolescent Gastroesophageal Reflux Association is a national non profit patient support organization. Founded in 1992, the organization provides information and support to families of infants to teens with acid reflux. Information about the disease, downloadable information sheets and an active discussion board are available on the PAGER website at www.reflux.org. A national network of trained parent volunteers is available to link with individual parents via phone or email.

Contact Us:

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Donate:

Donations are vital to our organization. Please consider sending a contribution to support our efforts. On line donations can be made on our website. Checks may be mailed to the association mailing address.

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