

Coping When Your Baby Has Reflux Or GERD

YOU ARE NOT ALONE



CDHNF

CHILDREN'S DIGESTIVE
HEALTH & NUTRITION
FOUNDATION

NASPGHAN

NORTH AMERICAN SOCIETY FOR
PEDIATRIC GASTROENTEROLOGY,
HEPATOLOGY AND NUTRITION

American Academy of Pediatrics 
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Supporting the healthy
development and well-
being of infants, toddlers
and their families.

www.KidsAcidReflux.org
www.CDHNF.org
www.AAP.org
www.NASPGHAN.org
www.zerotothree.org

CDHNF National Office
P.O. Box 6, Flourtown, PA 19031
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YOUR SOURCE FOR PEDIATRIC
REFLUX AND GERD INFORMATION

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Most new parents feel anxious about their ability to soothe and comfort their baby and to make him or her feel content. When there is the additional challenge of reflux, parenting can feel very stressful at times. That is why we created this brochure, so you would know you are not alone as there are thousands of parents out there who are struggling with this same challenge; and to offer some support and strategies to help you cope during this time. In addition to these strategies, there is a list of resources at the end of this brochure that will provide more in-depth information on many of the issues addressed here.

Gastroesophageal Reflux occurs when an infant's muscular sphincter—where the esophagus enters the stomach—allows acidic, gastric (stomach) fluids to reflux, or flow backwards up into the esophagus and sometimes reach as high as the mouth or nose. For most infants this is a normal part of maturation and development that gets better during the first year of life. Some babies may spit up a lot and do not seem to be bothered. In other babies this process may cause a burning sensation which naturally feels uncomfortable to the baby.

However, families faced with cleaning up after children who vomit all time can find the situation unpleasant and stressful. Clothing becomes stained and smells like sour formula. Family members are never sure what will happen when they pick up and hold a child with reflux.

Reflux is a condition that is normal and temporary for the vast majority of babies. Spitting up tends to peak at 4 months and most infants stop spitting up by 12 months of age. If your baby is spitting up without discomfort and is making appropriate weight gains, then your baby is probably a normal “spitter”. When spitting up is severe or persistent and causes other problems for your baby, such as interfering with weight gain, pneumonia or vomiting blood, it is considered a condition called Gastroesophageal Reflux Disease or GERD. For the purposes of this brochure, we will use the term “reflux” to refer to your baby's condition.

Coping Strategies for Parents:

Holding a child who spits up while held may become an unpleasant experience for many parents. Some may feel guilty about how they feel, but these feelings are normal. Understanding that almost all children who spit up will improve with time may be intellectually reassuring, but hardly emotionally satisfying at the

moment when one is wiping vomit off the rug or changing one's clothing again. Parents who are living these experiences need to find ways to cope.

► **Some babies with reflux are irritable and fussy.** Remind yourself that all babies cry, and that your baby's crying is not always due to reflux. The average 6-week-old fusses or cries more than an hour a day. A full 25% cry more than two hours. By three months most babies cry less than one hour a day. Seeking help from your physician may be reassuring that the crying is not being caused by some other problem.

► **Establish good feeding habits early on.** Feeding can be a major source of stress for all new parents. For those parents dealing with reflux, the issue can become extremely exhausting. The following strategies can be very helpful:

► **Provide smaller feedings.**

► **Burp more frequently.**

► **Stick to a regular feeding schedule.** To avoid “grazing,” space feedings at least 2-2 ½ hours from the beginning of one feeding to the beginning of the next. If your baby is bottle fed, talk with your baby's health care provider about adding a small amount of rice cereal to either the breast milk or infant formula. Your physician may offer some different formula suggestions. You should always keep a record of what you have tried.

► **Keep the baby away from smoke and tight diapers and waistbands to help reduce spitting up.**

► **Get as much sleep as you can!** Sleep deprivation can make everything harder. So take getting the sleep you need very seriously. Nap when your baby naps. And when another caregiver can watch your baby, go to sleep. Grocery shopping, housecleaning, and emails are less important right now.

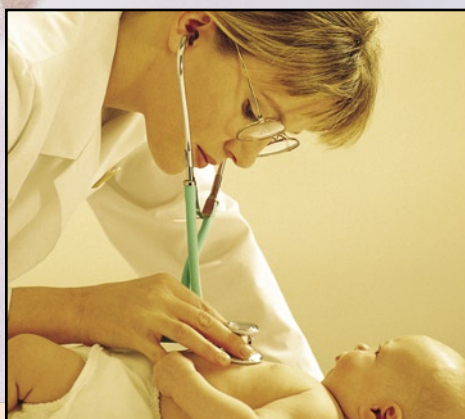
► **Help your baby become a good sleeper.** Almost all parents struggle with sleep issues at some point in their parenting journey. Figuring

out **why** your baby is not sleeping and then **how** to help your baby fall asleep and stay asleep will enable you to get more sleep, decreasing your irritability from your own lack of sleep! For parents of some babies with reflux, the whole sleep issue may be especially difficult because of the worry that the baby is uncomfortable due to the reflux. You can certainly try the same kinds of sleep strategies you hear or read about in the multitude of books on sleep, even though they are not necessarily written about babies with reflux, such as:

► **Limit interaction during nighttime feedings.** Keep the light off and feed, burp and put the baby down. Talking, singing, even making eye contact are all wonderful and important ways to interact during the daytime. But this kind of stimulation at nighttime can arouse your baby and make it harder to fall back to sleep. The goal is to help your baby learn that nighttime is for sleep, while the daytime is for play and socializing.

► **Limit daytime napping.** Infants in the first few months of life are ready for a nap after about 1 or 2 hours of wakefulness in the daytime. If they have napped for 2 1/2 consecutive hours in the day, it is reasonable to wake them up and play with them so that their longer sleep periods (and parents' longer sleep too) will happen at night.

► **Establish and stick to a bedtime routine.** For example, you could have a quiet play-



time in the baby's room followed by a bath, reading a book or singing songs quietly with the light off and the last feeding of the daytime.

► **Share your feelings.** Talk to your spouse or partner, friends and family. Look for parent or "Mommy and Me" groups. You will likely meet other parents with babies with reflux. In some communities there are child development centers and even specialized "fussy baby" clinics that provide support and guidance to parents struggling with childrearing challenges.

► **Call in the troops.** This is too hard a job to do alone. Share the responsibility of comforting your baby at night. If you are breastfeeding, you can pump and have someone else give the baby a bottle in the middle of night. (This is also a great way for both parents to feel more involved in the feeding process.) Ask friends and family for help. Arrange for a caregiver you trust to relieve you for an hour or two. Remember, by taking good care of yourself you are also taking good care of your baby.

► **Give yourself a break.**

No one is perfect and you don't have to be. Parenting is all about trial and error. When a strategy does not work, don't blame yourself, try something else. And the fact is that sometimes, after trying every strategy you can think of, you will still not be able to comfort your baby. We all have this experience, whether we have a child with or without reflux! Most babies who have reflux grow up to be normal, healthy children. So hang in there and this too shall pass.

► **Give your baby a break.** When nothing works to soothe your baby, it is a good idea to give your baby a chance to try to soothe themselves by putting your baby down for 5-10 minutes. In fact, sometimes our efforts to comfort our babies can actually over stimulate them, increasing their upset rather than decreasing it. Putting them down, much to our surprise, sometimes actually calms them. Even babies at times need a break from touching, talking and interacting. And if your baby does not calm down, no harm is done. You have gotten a few well-deserved minutes to rest and are hopefully re-energized to care for your baby.



- ▶ **Make sure to be sensitive to the needs of siblings.** It is common for other children to feel angry, resentful, and left out because the baby requires so much care and attention. Make time for your other children. Also, be sure to validate their feelings by letting them know you understand how hard it can be to have a baby around who needs a lot of attention.
- ▶ **Make time to be with your partner.** Remember, you were a couple before you were parents! It is very important that you nurture your relationship. Coping with reflux will be much easier if you are a team and feel you are in this together.
- ▶ **Nurture Yourself.** Because you are the most important person to your baby, it is critical that you take care of YOU! Your baby needs you to feel good and have the necessary emotional and physical energy to ensure proper care. Your sense of well-being is also important because babies pick up on what their parents are feeling. Your upset feelings and anxiety can be contagious. So try to spend at least 30 minutes a day on you! Exercise, have lunch with a friend, read a book, see a movie—whatever fortifies you.

Postpartum Blues:

- ▶ **Postpartum blues are common.** Having a baby who is difficult to console, as are many babies with reflux, can intensify a mother's stress and can contribute to the baby blues and postpartum depression. As many as 50-80% of new mothers experience the baby blues in the first 10 days after childbirth. Symptoms may include tearfulness, fatigue, insomnia and feelings of loss. These feelings usually subside after about 10 days.
- ▶ **Approximately 8-15% of new moms experience postpartum depression in the first year of motherhood.** Postpartum depression is a concern when symptoms last for more than 2 weeks and include: feeling down and hopeless; having little interest in activities you used to enjoy; crying more; and having little energy to care for yourself or your baby. If you are concerned that you may be experiencing post-partum depression, it is very important for you and your baby - that you seek help from your doctor or other trusted mental health professional.

- ▶ You can find out more about depression during and after pregnancy by contacting the National Women's Health Information Center (NWHIC) at **1-800-994-9662** or the following organizations.

Additional Resources:

- ▶ **For Reflux and GERD**
www.CDHF.org
www.NASPGHAN.org
www.AAP.org
- ▶ **For PostPartum Blues and Depression**
US Department of Health and Human Services
www.4woman.gov/healthpro/healtharticle/sep03.htm
National Institute of Mental Health, NIH, HHS
Phone: (301) 496-9576 www.nimh.nih.gov

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