

FACTSHEET

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Reflux

What is reflux?

Gastro-oesophageal reflux (GOR) happens when stomach contents are brought back up into the oesophagus (the food pipe leading from the mouth to the stomach). Reflux happens when the muscle in the lower part of the oesophagus (called the lower oesophageal sphincter) relaxes. All children experience reflux at some time, particularly after meals.

Regurgitation happens when stomach contents come all the way up to the mouth. Unlike vomiting it is effortless. Regurgitation is very common in babies and usually stops by about 12 - 18 months of age.

Common symptoms of GOR disease

Most infants and children with reflux are very well and continue to grow and develop normally even though it may seem that they regurgitate a lot. The reflux doesn't affect them.

Gastroesophageal reflux disease (GORD) occurs when reflux results in troublesome symptoms and/or complications. Only a small number of children with reflux develop complications including inflammation of the oesophagus called oesophagitis. Symptoms of oesophagitis can include:

- Vomiting of blood-stained or dark material that looks like "coffee grounds".
- Poor weight gain (failure to thrive) due to vomiting and/or poor feeding.

- Feeding difficulties especially in younger children and infants.
- Irritability and unsettled behaviour during or after feeds in infants.
- Heartburn in older children.
- Tummy pain especially after meals in older children.
- Passing black, tarry stools (poo).

GOR and colic in infants

Babies younger than three months who cry a lot and cannot be easily comforted are said to have "colic". Colicky infants are otherwise healthy infants who are thriving (gaining weight) and who do not have symptoms of reflux disease.

Reflux does not cause colic.

Diagnosis

Your doctor can generally tell if your child has reflux disease from your child's health history and by examining your child. If regurgitation is the only symptom of reflux and your child is otherwise healthy, then further tests are not necessary. Special tests such as x-rays (barium swallow), oesophageal pH or impedance study, or endoscopy may be needed if your doctor thinks there might be complications from your child's reflux.

Treatment

If otherwise healthy, your child does not need any special treatment. In fact, most remedies prescribed for presumed reflux in infants do not work and may have side effects. Uncomplicated regurgitation in babies usually resolves itself by 12 - 18 months of age.

If your child has complications of reflux, such as oesophagitis, your doctor may prescribe medication or advise on a change in diet.

Remember

See your doctor if your baby:

- Is vomiting large amounts or also has diarrhoea.
- Is vomiting blood or bile (dark green fluid).
- Also has blood in the bowel motions or is passing black tarry stools.
- Has poor weight gain.
- Has persistent regurgitation after 18 months of age.