

INFANT SPIT UP and ACID REFLUX: TEST, TREAT or WAIT?

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Three month old Adam is brought by his mother to the pediatric clinic. Adam spits up often. Mother is concerned the spit ups are frequent and large, almost every time he is fed. This has been worsening. Is it possible that he has acid or gastroesophageal reflux? Does he require any testing?

At least half the infants spit up in the first 6 months of life and the majority of these do not experience complications from reflux. Troublesome or complicated reflux is called GastroEsophageal Reflux Disease or GERD. How do we distinguish uncomplicated reflux from GERD? Should every infant who spits up undergo testing?

Infants such as Adam will not typically require medications. The spit up may appear large enough to cause parental anxiety, however, weight gain is rarely affected. These “happy spitters” benefit from simple measures that include keeping the baby in upright posture after feeds and thickening feeds with rice cereal.

Some infants with acid reflux may have difficulty with feeds and fussiness. This is likely related to acid irritation, the equivalent of heartburn in the adult with acid reflux. This may in some instances be associated with esophagitis (inflammation of the esophagus). Not all fussiness in infants is related to reflux. Other reasons could include infant colic, formula intolerance or painful bowel movements.

Infants with esophagitis or heartburn may exhibit arching of back, or choking with feeds. This can lead to feeding difficulties or refusal to feed. Reflux of acid contents may cause breath holding spells with the infant appearing pale or blue with struggling to breathe. Other considerations for these symptoms may include inadequate or poor coordination of sucking, swallowing and breathing. This may be related to neurological immaturity, a learning curve especially for premature babies or those with low birth weight. Fussy infants or those with feeding difficulties may be candidates for further medical evaluation. Occurrence of breath holding or apneic spells as well as a concern for aspiration may also require a more thorough evaluation including observation in the hospital. Episodes of aspiration, choking, recurrent wheezing or pneumonia demand more detailed investigation or more involved therapy.

Presence of bile (green or yellow fluid) or blood in the vomit or vomit which leads to dehydration in an infant may require further tests to rule out a bowel obstruction. Inadequate weight gain demands a careful evaluation for other causes. Onset of vomiting after six months of age usually is not attributable to acid reflux.

Prematurity or low birth weight infants may be more prone to feeding difficulties and aspiration from acid reflux. Infants with neuromuscular conditions, such as cerebral palsy, may have a more severe form of acid reflux including esophagitis, or aspiration. Infants who have undergone surgery on the esophagus or upper airway are likely to experience more severe reflux.

In summary, infant spit ups are common and usually do not result in any serious consequences. When growing well and thriving, these infants do not benefit from further tests or medications. Infants who experience feeding difficulty or refusal to feed, aspiration episodes or blue spells demand prompt attention. It is prudent to remember that vomiting with bile or blood and leading to dehydration are unlikely to be gastroesophageal reflux. Certain groups of infants are more prone to severe or prolonged acid reflux and more often need testing or treatment.

Exciting News: In addition to the conventional therapies most often offered to infants with reflux and fussiness it is now clear that integrating complementary alternative therapies can play an beneficial role. For example, the use of probiotics has been shown to be effective for infantile colic. Supplements such as camomile or other interventions such as infant massage have also proven effectiveness in infants with fussiness.

We are fortunate at Elliot Pediatric Gastroenterology to work closely with Dr. Matthew Hand who is the division director of pediatric integrative medicine. This collaboration has allowed us to offer many different approaches to the care of our children. Please call our office at 663-3222 for more information.



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