What is reflux?
The medical name is gastroesophageal reflux. Gastro means “stomach,” and esophageal means “esophagus,” which is the tube that connects the mouth to the stomach. Milk goes down this tube when a baby swallows. Reflux means the liquid goes down but also comes back up. Adults with reflux call it heartburn. Reflux usually goes away by the time the baby is 1 year old.

Why do babies have reflux?
There is a ring of muscle where the esophagus ends at the stomach. This ring closes and keeps food in the stomach. In babies, this muscle is soft, so food can sometimes go back up the esophagus.

How do you know if your baby has reflux?
Spitting up is the most common sign. It happens a lot. Baby may spit up one or more times at each feeding. Baby may stop in the middle of a feeding, spit up, and then go back to breastfeeding. Or, baby may spit up when put down for a diaper change or to sleep. You might not see the spit-up until you pick the baby up again. The spit-up is usually small, just a dribble or a mouthful. Sometimes it is more or comes out with a lot of force.

Babies can also have “silent reflux.” The signs are not easy to see, because the babies may not spit up a lot. Instead, they make gurgling sounds like they are trying to spit up. They might be very wiggly and restless during breastfeeding. Other babies cough when reflux happens. Babies with silent reflux might fuss, cry, and arch their backs. They do not calm down after feedings. Instead, they make grunting noises while trying to rest.

What are the signs of reflux?
- Spitting up, with or without a burp
- Coughing
- Pulling away or arching during feeding
- Crying or fussing during feeding
- Grunting or gurgling
- Not calming after feeding

What problems can reflux cause?
A little spit-up is not a big problem as long as your baby is happy and gaining weight well. Some babies feel pain when reflux happens, especially when the tummy is full. A baby may choose to eat small amounts but eat more often. If babies do not get enough to eat, or spit up too much, their weight gain can slow down. Talk with baby’s health care provider if you have concerns about your baby’s weight gain.

What will make feedings easy and comfortable for baby?
- Give short feedings, more often (possibly every 1-2 hours).
- Let baby feed at his or her own pace and stop to rest or burp during the feeding.
- Let baby suck on a clean finger or pacifier when baby pauses during feeding or right after feeding. The sucking motions help food stay in the stomach.
- Keep baby’s head higher than his or her tummy during the feeding.
- Wait a few minutes after feeding before you rub or gently pat the back to burp and help settle baby.
Hold baby upright at your shoulder 20 to 30 minutes after feedings, or wear baby upright in a snug wrap-type carrier.

Put baby on a slanted surface or bouncer seat so baby’s head is higher than the belly, but baby’s legs are not pressed up toward baby’s belly.

Avoid putting baby into a car seat right after feeding. Use a car seat only in the car.

If you need to change the diaper, roll baby on his or her side to clean. Be careful not to press the legs into the tummy.

What else can be done?
If these comfort measures do not seem to help, medicine may be needed. Not every medicine works for every baby. If the medicine is not helping, ask your health care provider what other choices you have.

Is adding cereal to thicken mother’s milk a good idea?
Some parents are told that “thicker” milk is harder to spit up. It is not always true, and it is a lot of work. You have to express the milk, put it in a bottle, and add cereal. Cereal does not keep breast milk thick. And babies should not eat cereal until after they are 6 months old. Bottle-feeding milk with cereal might make reflux worse.

If you are thinking about making your milk thicker, get help from your health care provider and lactation consultant. There are other ways to thicken milk that might work better. They can tell you what signs will show you if the thickener is helping.

What else might be going on?
Some babies have other problems that make reflux worse:

- A baby could have a food sensitivity or allergy. These also may give the baby skin problems or rashes and make the stools look or smell odd or contain blood.
- You might have more milk than your baby needs or it might be coming out too fast for baby.

Talk with your health care provider and lactation consultant to see whether your baby has more than reflux.

How do you know if your baby is doing well?
Here are some ways to know that any baby is breastfeeding well:

- Baby has at least 3 to 4 yellow stools and 6 to 8 heavy wet diapers during each 24 hours (after baby is at least 5 days old and during the first 2 months after birth).
- Baby is gaining weight well. In the first month, baby should gain about 5 to 10 ounces each week. During months 2 and 3, baby should gain 4 to 8 ounces each week.
- Baby is mostly comfortable and happy.
- Baby sleeps an hour or more between feedings.
- Baby eats 8 or more times in each 24 hours.
- Feedings are nice for both you and your baby.

How to get help with breastfeeding
Talk with a health care provider if you have any of these concerns:

- You are not sure breastfeeding is going well.
- You think your baby has reflux or pain with feedings.
- You think you are not making the right amount of milk for your baby.
- You have concerns about your baby’s feedings and wet or dirty diapers.

A lactation consultant is trained to work with breastfeeding mothers and babies. To find an International Board Certified Lactation Consultant (IBCLC) in your area, go to www.ILCA.org. Look under “Find a Lactation Consultant.”

If your baby is a “happy spitter” with good weight gain, you do not have to do anything special except lots of laundry!