

IF YOUR CHILD HAS REFLUX....

▪ Does Your Child...

Have a hiatal hernia, a heart condition, or a neurological (brain) problem? Some of these kinds of diagnoses can cause reflux. Reflux may improve after the basic diagnoses improve or are medically treated. Does your child have chronic or frequent constipation? Constipation can cause reflux. Constipation can also be a sign of a food intolerance or food allergy.

▪ Try different milk or formula.

Reflux can sometimes be a sign of a food intolerance or food allergy. For infants, try the Good Start formulas, the "AR" (acid reflux) formulas, or the semi-elemental (partially broken down) formulas. For children 1 year and older, try soy milk, rice milk, and goat's milk instead of cow's milk. Try one milk at a time for a few days in a row if possible, and see if reflux symptoms change or improve. Rice milk and goat's milk do not have the same vitamins and minerals that are found in cow's milk and in fortified soymilk. If your child tolerates rice or goat milk, consult a registered dietitian for ways to provide the missing nutrients.

▪ Try probiotics.

Probiotics are beneficial bacteria that live in our digestive tracts. Children may have less of these bacteria for a variety of reasons. Probiotics may improve reflux, intestinal transit time, and bowel movements in some cases. Probiotics can be found in certain brands of yogurt or in capsule form. Consult a registered dietitian for more information.

▪ Test for food allergies:

The most common allergens are milk, soy, wheat, egg, peanut, tree nuts, fish, and shellfish. If your child is allergic to these or any other foods, consult a registered dietitian for assistance in dietary planning.

▪ Consider medications/ stronger medications/ more medications.

If reflux is severe enough to cause noticeable symptoms such as coughing, gagging, vomiting, weight loss, or poor appetite, medication may be necessary. Some reflux medications are much stronger than others. If the first medication does not work, don't give up! Ask your child's physician if it would be okay to increase dosage, change medications, or add additional medications.

▪ For children with chronic reflux, choose a good diet:

- For infants, thickening formula or breast milk may help in some cases. Commercially thickened formulas, such as the "Enfamil AR formulas, are one option. Or start with 2 teaspoons of dry infant cereal in 6 ounces of formula. If thicker formula is needed, the nipple hole will have to be enlarged.
- For children 12 months and older, good foods for reflux include bland foods, such as: cooked fruits like apple sauce, cooked vegetables, plain but well cooked meats, cooked cereals, milk and

milkshakes, based on whatever kind of milk your child tolerates best (cow's milk, soymilk, rice milk, goat's milk, etc).

- Avoid acidic, spicy, greasy and very salty foods. Also avoid citrus fruits (oranges, grapefruits, lemons), tomatoes and tomato products, bacon, lunch meats, French fries.
- Offer small, frequent meals rather than large ones. Children with feeding tubes may benefit from continuous drip feedings rather than bolus feedings.
- Keep infants and children upright for at least 30-45 minutes after meals. For older children, allow at least 2 hours after meals before bedtime. Try to avoid sending children to bed with full stomachs. This can cause nighttime reflux.

- **Establish positive mealtime routines:**

Because reflux may cause your child to dislike eating, it is important to do as much as possible to make eating a pleasant experience. To create a positive mealtime experience:

- Establish regular mealtimes. Even if your child eats very little, we still want him to get used to the routine of having regular meals. In the future, when the reflux has improved, he will be used to mealtimes and will hopefully start eating more food.
- Give your child plenty of opportunities to play with food. Put your young child in his high chair while you eat your meals and allow him to play with food while you eat. Give your child many opportunities to play with food without having to eat it.

Offer your older child nutritious foods or beverages that he can tolerate. Let him decide how much he will eat. Put no pressure on him to eat when he is uncomfortable.

- Stay calm and positive when you feed your child. Make mealtimes enjoyable! Tell stories to young children, have pleasant conversations with older children. Make meals pleasant and relaxed so your child will look forward to mealtimes whether he eats or not.

- **For children stuck on liquids:**

Children with severe reflux often continue to strongly prefer formula, milk, or liquids long after the age at which they are supposed to transition to solid foods. Use the guidelines above, in the section, "Establish Positive Mealtimes" to introduce solid food to your child. But be patient! Many children with severe reflux do not make a complete transition to solid foods until their reflux has significantly improved.

- **For children stuck on smooth, pureed, or stage 2 baby foods:**

Choose 1-2 new foods that have slightly more texture. Mix a very small amount of the new food (1/8 teaspoon) into 2-3 ounces of a food your child eats. Offer this mixture for a few days. When your child can eat this mixture without difficulty, increase to a 1/4 teaspoon of new food in 2-3 ounces of food your child eats. Offer that mixture for a few days. Continue to increase the amount of new food in the mixture a little bit at a time

- **For children who cough and gag on food:**

Coughing and gagging can be signs of active reflux, but they can also be signs of oral-motor problems and other kinds of feeding problems. When it is clear that no other kinds of feeding problem is present, these symptoms are usually signs of active reflux and indicate that medication is needed, or that the current medication is not working well enough.

For children who continue to cough, gag, or avoid foods AFTER the reflux is gone:

Sometimes, when children have had reflux for a long time, their reactions to food become habits. In these cases, the habits remain even after the reflux is gone. In these cases, children may continue to gag or vomit, or avoid eating even though they no longer have reflux. A Feeding Clinic may be able to help reduce these behaviors.

It may not be possible to completely eliminate reflux symptoms in all children. If you have tried all the strategies in this handout and have been to a Feeding Clinic, and your child continues to have reflux symptoms and feeding problems, continue to use the steps listed in the section, "Establish Positive Mealtimes," and be patient! Reflux does improve in most children over time. In cases, where reflux continues to be severe, a surgical procedure, called a Nissen fundoplication may be considered.

- **Other measures:**

Elevate the head of the bed about 45 degrees. Foam wedges are available for this purpose. Put infants on their backs and not on their stomachs. For older children, remember to allow at least 2 hours between the last meal and bedtime, so that children do not go to bed with full stomachs.

Did You Know...

Reflux can sometimes cause chronic congestion, upper respiratory infections, pneumonia, and chronic ear infections. Treating your child's reflux may help prevent or decrease these other problems.

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