

# Spitting Up vs. Reflux in the Breastfed Baby

Spitting up, sometimes called physiological or uncomplicated reflux, is common in babies and is usually (but not always) normal. Most young babies spit up sometimes, since their digestive systems are immature, making it easier for the stomach contents to flow back up into the esophagus (the tube connecting mouth to stomach).

Babies often spit up when they get too much milk too fast. This may happen when baby feeds very quickly or aggressively, or when mom's breasts are overfull. The amount of spit up typically appears to be much more than it really is. If baby is very distractible (pulling off the breast to look around) or fussy at the breast, he may swallow air and spit up more often.

A few statistics (for all babies, not just breastfed babies):

- Spitting up usually occurs right after baby eats, but it may also occur 1-2 hours after a feeding.
- Half of all 0-3 month old babies spit up at least once per day.
- Spitting up usually peaks at 2-4 months.
- Many babies outgrow spitting up by 7-8 months.
- Most babies have stopped spitting up by 12 months.

If your baby is a 'Happy Spitter' –gaining weight well, spitting up without discomfort and content most of the time — spitting up is a laundry & social problem rather than a medical issue.

## *Some causes of excessive spitting up*

- Breastmilk oversupply or forceful let-down (milk ejection reflex) can cause reflux-like symptoms, and usually can be remedied with simple measures.
- Food sensitivities can cause excessive spitting. The most likely offender is cow's milk products (in baby's or mom's diet).
- Babies with Gastroesophageal Reflux Disease (GERD) usually spit up a lot (see below).

# Gastroesophageal Reflux Disease (GERD)

A small percentage of babies experience discomfort and other complications due to reflux – this is called Gastroesophageal Reflux Disease. Reflux in adults causes heartburn. Symptoms of reflux in infants may include sudden, inconsolable crying; refusing to nurse, or wanting to nurse ‘constantly’ (because sucking keeps the stomach contents down in the stomach); difficulty swallowing; vomiting hours after eating; frequent sore or irritated throat; cough; breathing difficulties, such as wheezing, disruption of sleep patterns, or slow weight gain. GERD usually improves by 12-24 months.

Current information on reflux indicates that testing or treatment for reflux in babies younger than 12 months should be considered only if spitting up is accompanied by poor weight gain or weight loss, severe choking, lung disease or other complications.

## *Breastfeeding Tips*

- Aim for frequent breastfeeding, whenever baby cues to feed. These smaller, more frequent feedings can be easier to digest.
- Try positioning baby in a semi-upright or sitting position when breastfeeding, or recline back so that baby is above and tummy-to-tummy with mom.
- Ensure good latch to minimize air swallowing.
- Allow baby to completely finish one breast (by waiting until baby pulls off or goes to sleep) before you offer the other. Switching sides too soon or too often can cause excessive spitting
- Avoid rough or fast movement or unnecessary jostling or handling of your baby right after feeding. Baby may be more comfortable when held upright much of the time. It is often helpful to burp often.
- Elevate the mattress by placing a wedge underneath it to 35-45 degree angle or if the baby is under 3 months of age they may sleep in a Rock & Play.
- The more relaxed your infant is, the less the reflux.
- Eliminate all environmental tobacco smoke exposure, as this is a significant contributing factor to reflux.
- Reduce or eliminate caffeine. Excessive caffeine in mom’s diet can contribute to reflux.

(Adapted Reference: kellymom.com)