Flow Chart for managing GASTRO-OESOPHAGEAL REFLUX (GOR)

Infant presents with Gastro-oesophageal reflux

Are Red flag symptoms present?

- NO
  - Is infant showing mark distress?
    - NO
    - Reassure:
      - GOR very common
      - Usually begins before 8 weeks
      - May be frequent
      - Usually becomes less frequent with time
      - Does not usually need further investigation or treatment
    - YES
      - Investigate or refer to secondary care using clinical judgement

- YES
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Breastfed

Breastfeeding assessment by trained professional

Formula fed

1. Review feeding history, making up of formula, positioning...
2. Reduce feed volumes if excessive for infant’s weight (>150mls/kg/day)
3. Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)
4. Advise parent to purchase pre-thickened formula (need large hole/fast flow teat):
   - Cow&Gate Anti-reflux® (carob bean gum)
   - Aptamil Anti-reflux® (carob bean gum)
   - Or Thickening agent to add to usual formula (e.g. Instant Carobel®)
   - Or thickening formula (Needs to be made up with cool water)
     - SMA Stay Down® (corn starch)
     - Or Enfamil AR® (rice starch)

If not successful after 2 weeks

If using, STOP pre-thickened / thickening formulae or thickener
2 weeks trial of Alginate therapy, e.g. Infant Gaviscon®

Bottle fed: 1-2 doses* into 115mls (4oz) of feed
Breast fed: 1-2 doses* mixed up into a liquid and given with a spoon

If successful after 2 weeks
Try stopping it at regular interval for recovery assessment as GOR usually resolves spontaneously

If not successful after 2 weeks
Refer to paediatrician for further investigation
Initiate PPI/H2RA if >1y old

Red Flags:
- Bile-stained vomit: Same day referral
- Frequent forceful (projectile) vomiting
- Blood in vomit or stool
- Faltering growth
- Abdominal distention / chronic diarrhoea
- Unwell child / fever / altered responsiveness
- Bulging fontanelle / rapidly increasing head circumference
- Late onset (after 6 months)

Infant Gaviscon®:
*1 dose = ½ a dual sachet
If<4.5kg, 1x½ a dual sachet
If>4.5kg, 2x½ a dual sachet
- Prescribe with directions in terms of ‘dose’ to avoid errors
- Maximum 6 times a day
- Omit if fever or diarrhoea

PPI /H2RA can be initiated in primary care if alginate therapy is not working but it is best reserved if overt regurgitation AND Unexplained feeding difficulties or distressed behaviour or faltering growth
GOR and GORD additional notes

Full NICE guidance: www.nice.org.uk/guidance/ng1

Background
- Passive regurgitation of stomach contents into the oesophagus is a normal finding in infancy. Most is swallowed back into the stomach but occasionally it appears in the mouth or comes out as non forceful regurgitation. At least 40% of infants will have symptoms of reflux at some time.
- Reflux will often improve by 6-8 months but it is not unusual for an otherwise well child to continue to have intermittent effortless regurgitation up to 18 months.
- Parents/carers should seek urgent medical attention if:
  - regurgitation becomes persistently projectile
  - There is bile-stained (green or yellow-green) or blood in vomit
  - There are new concerns (marked distressed, feeding difficulties, faltering growth)
- Possible complications of GOR are:
  - Reflux oesophagitis
  - Recurrent aspiration pneumonia
  - Frequent otitis media

GORD (Gastro-oesophageal reflux disease) is a diagnosis reserved for those infants who present with significant symptoms and/or failure to thrive.
- Prematurity, neurodisability, family history of heartburn, hiatus hernia, congenital oesophageal atresia are associated with an increased prevalence of GORD.
- Forceful vomiting should not be ascribed to reflux without closer review of the child’s symptoms. Bilious (green) vomiting is always pathological and warrant urgent same day medical attention.
- GORD can sometimes be a sign of CMPA. The presence of eczema, a family history of allergy / atopy and additional gastrointestinal symptoms should prompt consideration of a cow’s milk protein allergy. CMPA can occur in breast fed infants (see advice on CMPA).
- Consider UTI especially if faltering growth or late onset, or frequent regurgitation + marked distress.

Onward referrals

<table>
<thead>
<tr>
<th>Referrals</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Same day to Secondary Care</strong></td>
<td>Worsening or forceful vomiting in infant &lt;2months Unexplained bile-stained vomiting</td>
</tr>
<tr>
<td></td>
<td>Haematemesis or Maleana or Dysphagia</td>
</tr>
<tr>
<td><strong>Secondary Care</strong></td>
<td>No improvement in regurgitation &gt;1year old</td>
</tr>
<tr>
<td></td>
<td>Persistent falling growth secondary to regurgitation, Feeding aversion + regurgitation, Suspected recurrent aspiration pneumonia, Frequent otitis media, Suspected Sandifer’s syndrome</td>
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<tr>
<td></td>
<td>Unexplained apnoea, Unexplained non-epileptic seizure-like events, Unexplained upper airway inflammation</td>
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<tr>
<td></td>
<td>If thought necessary to ensure acid suppression</td>
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</tbody>
</table>
Management of GOR

- Do not use positional management in sleeping infants. They should be placed on their back.
- Starch-based thickeners (Thick&Easy®, Nutilis®, Resource thicken up®...) are not suitable for children under 1 year (unless faltering growth/recommended by Paediatric specialist).
- Pro motility agents such as domperidone should not be initiated in primary care. There is no evidence of benefit when treating infantile GOR. They can cause paradoxical vomiting and have been associated with a risk of cardiac side effects.

Formulae available

<table>
<thead>
<tr>
<th>OVER THE COUNTER formula thickener</th>
<th>Not to be used with thickening formula or Infant Gaviscon®</th>
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</thead>
<tbody>
<tr>
<td>Instant Carobel® (add to expressed breastmilk or formula)</td>
<td>From birth</td>
</tr>
<tr>
<td>OVER THE COUNTER pre-thickened formulae</td>
<td>Not to be used with thickener or Infant Gaviscon®</td>
</tr>
<tr>
<td>Cow &amp; Gate® Anti-reflux (Cow &amp;Gate)</td>
<td>Birth to 1 year</td>
</tr>
<tr>
<td>Aptamil® Anti-reflux (Milupa)</td>
<td>Birth to 1 year</td>
</tr>
<tr>
<td>OVER THE COUNTER thickening formulae</td>
<td>Not to be used with thickener or Infant Gaviscon®</td>
</tr>
<tr>
<td>SMA Stay Down® (SMA )</td>
<td>Birth to 18 months</td>
</tr>
<tr>
<td>Enfamil AR® (Mead Johnson)</td>
<td>Birth to 18 months</td>
</tr>
</tbody>
</table>

- Over the counter thickeners / thickened formulae contain carob gum. This produces a thickened formula and will require the use of a large hole (fast-flow) teat.
- Thickening formulae react with stomach acids, thickening in the stomach rather than the bottle so there is no need to use a large hole (fast-flow) teat. However thickening formula need to be prepared with cooled pre-boiled water, which is against recommendation of using boiled water cooled to 70°C. There is therefore an increased risk of bacteria being present in the milk. This risk should be assessed by a medical practitioner.
- Thickening formulae should not be used in conjunction with separate thickeners or with medication such as Infant Gaviscon®, antacids (e.g. Ranitidine), or with proton pump inhibitors.

Gaviscon

Alginate therapy may cause a change in the baby’s stool, and in some instance constipation.

Resources for parents and health professionals

- NICE guidelines NG1: GORD in children and young people. January 2015
- Living with reflux website: www.livingwithreflux.org/ includes a Facebook support page

- For breast feeding and bottle feeding advice, visit the UNICEF baby friendly pages:
  - www.unicef.org.uk/BabyFriendly/
  - Bottle feeding leaflet www.unicef.org.uk/BabyFriendly/Parents/Resources/Resources-for-parents/Department-of-Health-bottle-feeding-leaflet/
  - Breast feeding counsellors directory provided by the NCT, or Southern Health NHS Foundation Trust: www.nct.org.uk/branches or www.southernhealth.nhs.uk/services/childrens-services/breastfeeding-service/