

Reflux

Why does my baby have reflux?

Reflux is where milk escapes from the stomach and flows up through the oesophagus (or food pipe) and back into your baby's mouth, often bringing stomach acids with it. This is common in babies as they have an immature or weak valve (also known as sphincter) between their stomach and oesophagus.⁵ This allows the stomach contents to leak back up. Reflux usually happens following a feed.

Is my baby in pain?

Some babies with reflux do not seem upset by it. Enough milk is usually kept down so that your baby is not hungry and grows normally. It may simply be a messy business where you feel there is no end to washing clothes – baby's and yours! However, stomach contents are acidic and can escape into the oesophagus causing pain and irritation in many babies.



What can I do to prevent reflux?

Breast-feeding is the most compatible nutrition for babies and you should continue feeding as normal. If you are already bottle feeding and your baby has reflux, talk with your healthcare professional about specialist reflux formulas.

These thickened formulas tend to stay in the stomach and not escape so easily back up into the oesophagus. Some thicken in the bottle and can cause air to be ingested while feeding. A reflux formula that remains liquid in the bottle, but thickens in the stomach may be preferred.

Will my baby grow out of reflux?

As the valve (also known as sphincter) linking the stomach and oesophagus matures, the signs of reflux lessen. By the time your baby is 12-18 month of age, symptoms have usually resolved all together.⁵

Is there anything else I can do?

- Avoid clothing and nappies that are too tight
- Don't put your baby to bed immediately after feeding
- Try giving smaller feeds at more frequent intervals
- After a feed, put your baby in an upright position and 'burp' your baby if possible

Colic

Does my baby have colic?

Colic usually appears at around 2 to 4 weeks of age and no one knows exactly why it happens. What is clear is that babies with colic cry excessively for long periods of time (Excessive crying is defined as crying that lasts at least three hours a day, for three days a week, for at least three weeks⁹) and appear to be uncomfortable or in pain.

They may pull their legs up to their stomach, become red in the face, clench their hands, pass gas, refuse to eat or become fussy soon after eating. Symptoms tend to worsen in the evening and your baby may find it difficult to fall and stay asleep.

Is colic serious?

Colic is not usually serious and babies continue to eat and gain weight normally.⁹ In between bouts of crying, they may seem perfectly happy. Being unable to pacify an inconsolable baby though can be exhausting and constant crying can create stress and anxiety for families.



What can I do to prevent colic?

Breast milk is the most compatible nutrition for your baby and you should continue to feed as normal. The good news is that colic usually resolves without any form of treatment by 4 months of age.⁶

If you are already bottle feeding, talk to your healthcare professional about trying an easily digestible colic formula which is designed to help reduce wind and abdominal discomfort.

By lowering the lactose content of the feed it may help resolve your baby's 'colicky' symptoms.

How else can I keep my baby calm?

- If your baby seems to have a lot of gas, burp him or her frequently
- Wrap your baby snugly & walk around or take your baby for a walk in the stroller
- Give your baby a rub on the back or a gentle massage on the tummy
- Keep your baby moving in a baby swing or rock chair
- Try a different teat on the feeding bottle

Hungry

Why does my baby wake so often?

To obtain sufficient nutrients and energy from milk alone (either breast or formula), babies need to feed at frequent intervals through the day.

For many babies, feeding every four hours or more leaves them feeling satisfied until the next meal. They sleep well and wake rested for their next feed.

Other infants, however, start to feel hungry much sooner and either find it hard to settle or wake frequently, sleeping only for brief periods.

Understandably, tired, hungry babies feel grumpy and tend to cry much of the time.



What can I do to help my baby sleep for longer?

Breast-feeding is the most compatible nutrition for babies and you should continue feeding as normal. It is difficult to overfeed a breast-fed baby.

If you are already bottle feeding, ask your healthcare professional about changing to a specialist infant formula designed for hungry babies.

This way, your baby can feel satisfied for longer, without the risk of overfeeding. Don't be tempted to introduce solids or add cereal to a feed too early, as your baby's digestive system has not yet matured. Solids may be introduced around 6 months.

How else can I help my baby sleep?

- There are various settling techniques that can be used to encourage sleep. Your early childhood nurse can advise you or refer you to a specialised organization
- A warm bath before bedtime, followed by a gentle massage
- Soft music in the baby's room

Allergies

Could my baby develop allergies?

Infants are prone to allergies because their digestive and immune systems have not yet fully matured. Your baby has a greater risk of developing allergies if parents or siblings have a history of allergy.⁷

Allergies include asthma, eczema, food allergy and hayfever.

What can I do to prevent allergies?

The following steps can lessen the chances of your baby developing allergies:

- Do not smoke during pregnancy or around your child
- Where possible breast-feed for at least the first 6 months - not only does breast-feeding provide the most compatible and balanced nutrition, it may prevent the development of allergic diseases



Should I use a hypoallergenic formula for my baby?

If you have decided to bottle feed and your baby has been identified as being at risk of allergy, then a partially hydrolyzed (hypoallergenic) formula could be an option for you. It contains proteins that are broken down into smaller segments, which are less likely to cause an allergic reaction in infants who are prone to allergies. It should be given as your baby's first and only formula following breast-feeding.

Hypoallergenic formulas are not, as some would believe, necessarily easier to digest or better for fussy eaters or babies with reflux. Standard formula for these babies (or a different specialist formula such as reflux variety) is usually the best choice, providing the full range of nutrients and energy for healthy growth.

What about cow's milk allergy?

If your baby has an established cow's milk allergy that has been identified by a healthcare professional and you have chosen to bottle feed, you will need an **extensively** hydrolyzed formula prescribed by your GP or Paediatrician.

Common feeding problems

www.infanurture.com.au

Growing

Constipation

Diarrhoea

Reflux

Colic

Hungry

Allergies

Freecall Aust

1800 023 884

Lines are open 9am to 5pm
Eastern Standard Time

Why my baby?

It's not just your baby! Up to 58% of infants have feeding issues of one sort or other.¹ Their young digestive systems may have not fully matured and this can affect the feeding process.

The symptoms of some feeding problems (such as constipation or reflux for example) might be obvious. But often the signs are more general. Babies may seem to cry constantly, have difficulty settling and sleep for only short periods.

This can be exhausting, not just for baby, but for you too!

**How can we help?**

The common feeding problems infants can experience include colic, reflux, constipation and constant waking due to hunger.

This guide will help to explain these conditions and provide some solutions for managing them.

If you're worried about your baby, always talk to a healthcare professional. You can also call our **Advisory Line 1800 023 884** or visit the infa-nurture website **www.infanurture.com.au** for more information.

Formula-fed baby 0-5 months

What can I do for my formula-fed baby?

The age from birth to 5 months is generally a time of a solely milk-based diet. The digestive system is not fully mature in infants.

Adequate nutrient intake, appropriate for the infant's age, is vital for growth and brain development. A formula is available that has been designed to closely match the nutritional profile of breast milk, to offer infants optimal growth and development from ages 0 to 5 months.

What else should I know?

Breast-feeding is the most compatible nutrition for babies, before you choose to bottle feed speak to your child's healthcare professional. If you're already bottle feeding it is good to know that a formula is available that is **easily digested and palatable**. This is why infants can easily switch from specialised formulas to a standard formula.



Formula-fed baby 6-12 months

What can I do for my formula-fed baby?

A formula is available containing all the energy and nutrients infants need for optimal growth from 6 months on, when it's time to introduce solid foods.

What else can help my formula-fed baby?

Breast milk or infant formula should be your baby's main source of nutrition for the first year. At around 6 months, new foods can be gradually introduced, exposing your baby to new tastes and textures and to encourage the development of their jaws and teeth.

Your baby will usually start to show you that they are ready for solids. They may begin to watch you eat with interest, open their mouths as if imitating you as you eat or make sounds and gestures that indicate they would like to sample your food.

First foods include baby rice cereal, mixed with breast milk or formula and finely mashed fruit and vegetables such as banana, avocado, stewed apple, pear and pumpkin. Your child healthcare professional can advise you on introducing solids.

Constipation

How do I know my baby is constipated?

Your baby might pass stools less frequently than other babies you know, but don't be too quick to think they have a problem of constipation, as infants vary in terms of how many stools they pass a day.

What is more important is whether the bowel movements have changed in consistency or have become less frequent than usual.

There may be pain when it happens, as the stools can be larger than normal, or hard like pebbles. Your infant's stomach can become bloated with crampy pain.

**What can I do to prevent constipation?**

Breast milk is the most compatible nutrition for your baby and constipation is not often a problem for breast-fed infants.

If you're already bottle feeding, ask a healthcare professional about trying a specialist constipation formula which may help improve the situation.

The levels of certain ingredients are slightly adjusted in a constipation formula to increase the movement through the baby's digestive system, resulting in softer, more frequent stools.

If constipation becomes stubborn, don't hesitate to ask your healthcare professional for more advice.

What else can help?

- Cooled boiled water can be given in moderation, especially in hot weather
- Perform a gentle bicycling exercise with your baby's legs
- Don't resort to laxatives except under professional advice

Diarrhoea

Has my baby got diarrhoea?

If the stools are very frequent, loose and watery, then your baby may have diarrhoea. A lot of water plus valuable electrolytes (that's salts such as sodium and potassium) are lost through diarrhoea and therefore infants can quickly become dehydrated.

What has caused my baby's diarrhoea?

Usually, diarrhoea is a temporary problem, caused by a bacterial or viral infection.² However, sometimes diarrhoea can be the result of taking certain medicines and occasionally of sensitivity to food.³

What can I do for my baby?

Whatever the cause of the diarrhoea, the dehydration must be treated promptly to avoid more serious health problems. However, as well as fluid, the body also needs electrolytes to function properly, so a solution containing electrolytes can help to rehydrate even more effectively.⁴

You may find your baby's appetite is reduced & this can be the greatest challenge in preventing dehydration. Try to feed fluid as often as your baby will take it.

What fluid should I give my baby?

Always follow the advice of your healthcare professional, as dehydration can be dangerous if not treated properly. In general, breast-feeding should be allowed for as often and as long as the infant wants it. It helps to protect the newborn infant as the immune system matures.

If you are already bottle feeding your baby, ask your healthcare professional or pharmacist about a specialist 'rehydrating' formula. This is designed to help rehydrate babies with diarrhoea, until their condition improves.

Is there anything else I can do?

- Feeding little and often may suit your baby better.
- If you are already bottle feeding, consider changing your baby's regular formula if diarrhoea occurs frequently.
- Always seek a doctor's advice immediately if the stools contain blood or are very dark, or there is no improvement after 24 hours. Also check for fever and signs of dehydration (eg. baby is not urinating).



Breast milk is best for babies.

Infant formula is intended to replace breast milk when mothers do not breast-feed. Good maternal nutrition is important for preparation and maintenance of breast-feeding. Introducing partial bottle feeding could negatively affect breast-feeding and reversing a decision not to breast-feed is difficult. Infant formula should be prepared and used as directed.

Unnecessary or improper use of infant formula may present a health hazard. Social & financial implications should be considered when selecting a method of feeding. Professional advice should be considered when selecting a method of feeding. Professional advice should be followed.

References: 1. The Leading Edge, Quantitative & Qualitative Research June 2005. 2. Klein EJ et al. Clin Infect Dis 2006; 43(7): 814-6. 3. Vanderhoof JA. Curr Opin Clin Nutr Metab Care 1998; 1(5):419-22. 4. Sullivan PB. Nutrition 1998; 14: 758-62. 5. Vandenplas Y et al. Acta Paediatr 1998; 87: 462-68. 6. Wade S, and Kilgour T. BMJ. 323: 437-440. 7. Tang MLK. AFP 37(4); 204-208.

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