



Emergency Department

**Gastro-Oesophageal Reflux (GORD)**

Information for Parents/ Carers

**What is Gastro-oesophageal Reflux?**

Reflux is very common in babies.

It is when the contents of the stomach are brought back up into the food pipe (oesophagus), and sometimes into the mouth as regurgitation or vomiting (being sick).

It is normal for healthy infants to have reflux after eating because:

- Their stomachs are small in comparison to the large amount of milk they drink.
- They feed on liquids, which are easier to bring up than solids.
- There is a ring of muscle (sphincter) at the bottom of the food pipe, which normally stops stomach contents from going back into the food pipe. This ring is weak in babies, which means that feeds can pass quite easily from the full stomach, back into the food pipe and the mouth.

The milk they bring up is mixed with the stomach acids, which can irritate the food pipe, making your baby unsettled and cry.

**What are the signs of Reflux?**

The main sign of gastro-oesophageal reflux is frequent spitting up or vomiting after feeds.

There may be uncontrolled crying, drawing the legs up towards the tummy and pain in the tummy after feeding.

Some older babies may refuse feeds, as they associate feeds with pain on swallowing.

**How is Reflux treated?**

Many babies or children with reflux do not need any specific treatment, if they are otherwise well. Reflux usually improves with time without any treatment. In 90% of infants the reflux goes away before they are 1 year old.

Your child's feeds and feeding pattern may be changed to see if the symptoms improve.

For instance:

- Feeding your child smaller amounts more frequently
- Changing their feeding position, such as sitting them in a more upright position during feeds and up to half an hour afterwards.
- Raising the head of their cot by placing the legs on wooden blocks do not use pillows to raise your child's head as this can increase the risk of cot death it is safer to tilt the entire cot.
- Changing the feed formula to another type less likely to cause reflux
- Adding thickening agents to feeds so they are less likely to flow back up the food pipe.

**Are there medications for Reflux?**

The vast majority of children do not need any medicines for their reflux. There is no strong research to support that medications work for babies with reflux.

However certain medications can be tried to see if they help.

Gaviscon® (sodium alginate) works by making the contents of the stomach thicker so it's more likely to stay in the stomach. It also forms a protective coating over the lower part of the food pipe.

Other medications available, such as Ranitidine and Omeprazole, work by reducing the amount of acid produced in the stomach. Because stomach acid is also important for killing bacteria and reducing the risk of infections, these medications are usually only prescribed by a specialist. They do not work immediately and take up to a week to start having an effect.

### What to do if the symptoms continue

You should see your GP if you think the symptoms are not settling.

Keep your child's red book handy as doctors may want to check your child is gaining weight.

Seek urgent advice if your child develops:

- Frequent, forceful (projectile) vomiting
- Bile stained (green) vomits
- Blood in their poo
- Not taking at least half of their usual feeds over 24 hours

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

Alder Hey Children's NHS Foundation Trust  
Alder Hey  
Eaton Road  
Liverpool  
L12 2AP

Tel: 0151 228 4811  
[www.alderhey.nhs.uk](http://www.alderhey.nhs.uk)

© Alder Hey

Review Date: February 2027

PIAG: 536

