



## Happy Spitters

By Dr. Rodbell

### The Rule, Not the Exception

For infants, reflux is essentially a normal state of being. Spitting-up typically peaks in the second month of life, a time when babies are more awake, engaged, and animated, and increasingly in-motion. Most babies qualify as "happy spitters." This term describes infants who spit-up but remain comfortable when it happens. As messy and *uncomfortable* as reflux is for caregivers, happy spitters don't seem especially bothered by it. They smile curiously as you clean your shirt (along with your hair, skirt, shoes, floor, sofa, etc.). They continue to gain weight normally, and most of them outgrow it in a matter of months. To put things in perspective, more than 50% of one-month olds spit up on a regular basis; by one year, the number is closer to 10%. If your baby is a happy spitter, you don't need to worry about his or her health. Just make sure you have a good laundromat.

### What Causes Reflux?

Three main factors contribute to reflux.

1. *The fullness of the stomach* – Closer to capacity favors spitting-up
2. *Pressure on the stomach* – When squeezed, the contents will probably come out.
3. *Gravity* – Best illustrated with a few examples.

Baby held on parent's shoulder →	Head is higher than stomach →	Gravity helps <i>prevent</i> reflux.
Baby asleep in a standard crib →	Head and stomach are equal →	Gravity is neutral.
Squirmy baby who ends up backward, on an <i>inclined bassinet</i> →	Head is lower than stomach →	Gravity actually <i>promotes</i> reflux.

It's no wonder that babies often spit up when they're being changed: After a feeding, the stomach is at full capacity. Lifting the bottom half for wiping inadvertently has the effect of scrunching the stomach while holding it well above the head. Try rolling your baby to the side, instead of lifting. You can usually accomplish the goal of wiping, while avoiding reflux.

### When Reflux Becomes a Problem

Occasionally, a baby will seem very *unhappy* as a result of reflux. For the infant with more severe symptoms, medicines do play a role, but only if simple, basic strategies don't work. Overfeeding, which leaves the stomach close to, or over, capacity is a major cause of reflux-related problems. This is easy enough to fix, and in most cases, the first step is try giving smaller amounts at a time. If you simply feed more *often*, your baby will get the same number of calories, and reflux usually improves.

### Feed Less at a Time

With bottles, it's is easy to measure how much a baby is taking, but with breastfeeding, how can you gauge? The good news is that you don't really need to. Simply feed more frequently than you did before.

“But,” you may ask, “How do you get a growing baby to start taking *less* food than before?” In truth, this part is rather simple. Catch your baby when he or she is *willing* to eat, but *not yet so hungry*. Start feeding at this *earlier* time, every time, and your baby will naturally be satisfied with less. After a few repetitions, your baby's expectations will begin to adjust, as well, and it will become their new normal. The more challenging part for a parent is adjusting *your* schedule.

It's easy to fall back into old habits, and when reflux gets better and then worse again, the first step is to revisit the feeding schedule.

### **Burp Often**

Another crucial step is to insure frequent burping throughout feedings. If air isn't released by burping, it moves on to the intestines and cause bloating, and a bloated abdomen puts pressure on the stomach. Frequent burping also slows things down, and gives the some of the milk a chance to move on from the stomach to the intestines. Less air in the abdomen + less milk in the stomach = less reflux.

### **Burp Early**

Babies swallow the most air in the early part of a feeding. When reflux is a concern, bottle-fed infants should be burped *during the first ounce*, and then *after every ounce*. Breastfed infants should be burped after 3 - 4 minutes of nursing, and then every 5 minutes. The first burping may seem *too early* in a feeding, but many babies with reflux keep feeding, even after they've swallowed a lot of air. By the time they stop on their own, it may be too late to get them to burp. Also keep in mind that you're starting *before* hunger fully sets in, and they're probably not as hungry as they would have been before.

Once reflux is under control, you can try burping later or less often, but when reflux goes from better to worse, this is the *second* factor that we revisit!

### **When Conservative Measures Aren't Enough**

If these pointers don't seem to help, it's time to sit down with us in the office. Together, we will review the feeding routine; monitor growth; and assess for food intolerances. In a select group of babies, we may recommend a change in formula, rice cereal, or acid blockers.

### **A Word About Rice Cereal**

For bottle-fed babies, adding rice cereal seems like the obvious solution to the problem, but I recommend meeting with us before you try it. Rice cereal is not a panacea. While solving one problem, it may also cause others (constipation; obesity; and, rarely, allergic reactions, to name a few), and in most cases, rice cereal is not really necessary.

This information is meant to serve as a guide and reference, not as a replacement for medical advice delivered to you by a qualified healthcare professional.

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