

Regurgitation:



Passage of refluxed gastric contents into the pharynx or mouth

No reason to stop breastfeeding

It is a common problem, affecting more than

50% of all babies (3-4 months of age)

The peak occurs around **4 months of age**



No indication for drug treatment in "happy spiters" or infants with troublesome regurgitation

Probiotic *L. reuteri* DSM 17938 has been shown to accelerate gastric emptying and decrease frequency of regurgitation

Partially hydrolyzed protein has faster gastric emptying (vs intact protein) and may also decrease regurgitation

How to manage infants with regurgitation



Adapted from Vandenplas et al, 2016

References:

Vandenplas Y et al. Acta Paediatrica 2016;105:244-252. Vandenplas Y, et al. J Pediatr Gastroenterol Nutr 2016;19(3):153-161. Benninga MA et al. Gastroenterology 2016;150:1443-1455. Nelson SP et al. Arch Pediatr Adolesc Med; 1997;151(6):669-72. Indrio F et al. Euro J Clin Invest 2011;41(4): 417-22. Indrio F et al. Nutrients. 2017 Oct 28;9(11).

*CoMiSS: awareness tool for cow's milk related symptoms (Vandenplas et al. PLoS One. 2018 Jul 18;13(7):e0200603)

AR-formula: anti-regurgitation formula; BF: breastfed; FF: formula fed; eHF: extensively hydrolysed formula