Regurgitation:

Passage of refluxed gastric contents into the pharynx or mouth

No indication for drug treatment in “happy spitters” or infants with troublesome regurgitation

No reason to stop breastfeeding

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

It is a common problem, affecting more than 50% of all babies (3-4 months of age)

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

The peak occurs around 4 months of age

How to manage infants with regurgitation

Breastfeeding

Yes

Continue BF (reassurance, frequency, volume, technique) cow’s milk free diet if CMPA is suspected

No

Age of onset > 1 week or < 6 months

No

≥ 4 episodes, daily for ≥ 1 week

No

Feeding frequency/volume/technique check and correct if needed

Yes

Feeding frequency/volume/technique check and correct if needed

Is there also
• Vomiting?
• Irritability/crying
• Fussiness?
• Feeding problems?
• Atopic dermatitis? Eczema?
• Constipation? Diarrhea?
• Sleeping problems?
• Elevated CoM ISS?

No

Refer

≥ 4 episodes, daily for ≥ 1 week

Yes

Is there also
• Failure to thrive?
• Hematemesis
• Back arching / Sandifer?
• Neurological abnormalities?
• Nertodevelopmental delay?

No

Refer patient to speciality consultation

Yes

Consider CMPA
• (thickened) eHF 2–4 weeks in FF

Improvement?

No

Follow-up

Yes

Consider CMPA
• (thickened) eHF 2–4 weeks in FF

Improvement?

No

Follow-up

Yes

Challenge and follow-up according to CMPA

No

Follow-up

Yes

Refer patient to speciality consultation

• Consider GERD, eosinophilic esophagitis, anatomical anomalies

No

Follow-up

Yes

Refer patient to speciality consultation

• Consider GERD, eosinophilic esophagitis, anatomical anomalies

Adapted from Vandenplas et al, 2016

References:


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