**Management of Gastroesophageal Reflux (GOR) in infants up to 6 months**

**Clinically suspect GOR?**

**c***Are there any red flags?*

**Top Tips**

* Most babies do not need medicines
* Assess psychosocial situation - all babies need Health Visitor support
* If baby falters in growth, s/he needs referral
* In a crying baby, with no vomiting, GOR is unlikely

GOR is unlikely if the baby is irritable with NO vomiting.

Think about other diagnoses eg Cow’s Milk Protein Allergy (CMPA)

For further information please refer to the full NASPGHAN & ESPGHAN joint clinical practice guideline:

*J Ped Gastro &Nutr* 2009; **49**:498-547

**REFER**

Discuss with paediatrician or consider referral for further assessment

No improvement

NO

YES

Are there any of:

* feeding difficulties
* feed aversion
* unsettled/crying
* poor weight gain

**Improvement**

Stop medications every 2 months to assess

**Complicated GOR**

Discuss non pharmaceutical factors

* Small, frequent feeds.
* Upright after feeding

**This may be all that is needed**

**Consider**

* 2 week trial of Gaviscon infant –

1 sachet with each feed, max 6 sachets/day

**Or**

* 2 week trial of ranitidine 1- 3mg/kg tds

OR if suspect secondary to CMPA:

* 2 week trial of hydrolysed infant formula or elemental infant formula if faltering growth.

OR elimination of dairy from maternal diet if breastfeeding

**These babies need referral to Paediatrics and Dieticians**

**REVIEW**

**Uncomplicated GOR**

1. Reassure - explain natural history – 50% of infants have GOR and almost all get better by 6 months
2. Ensure not overfeeding
3. Non pharmaceutical factors
* Small, frequent feeds
* Upright after feeding

**Medication not needed**

**Health Visitor support**

**REFER**

Discuss with paediatrician or consider referral for further assessment

Consider another diagnosis or severe GOR

YES

**RED FLAGS**

* Vomiting –
	+ bilious
	+ bloodstained
	+ very forceful
	+ onset > 6m
* Respiratory symptoms
* Diarrhoea/constipation
* Lethargy
* Fever
* Hepatosplenomegaly
* Seizures
* Abnormal abdominal examination
* Neurodevelopmental problems

NO

NO

YES

Are there any **red flags?**

History and examination

Is there recurrent vomiting or regurgitation?