

GER AND GERD IN A BABY

What is the difference between GER and GERD?

GER (gastroesophageal reflux) is when the contents of the stomach pass up into the esophagus (food pipe). This can happen because the muscle that connects the esophagus to the stomach doesn't work properly. GER can result in frequent spitting up or vomiting.

GERD (gastroesophageal reflux disease) is when the symptoms of GER are more troublesome or severe or cause problems. Symptoms of GERD include vomiting or spitting up along with: severe crankiness, refusing to eat, poor weight gain, arching of the back during feedings, difficulty swallowing or coughing/wheezing.

By asking questions about your baby's symptoms and doing a physical examination, your doctor can usually determine if your baby has GER or GERD, and will be able to rule out anything more serious. In most cases, other testing is not needed.

How are GER and GERD treated?

In most babies, GER does not need medical treatment. Although you may feel anxious about your baby's symptoms, keep in mind that in healthy babies 12 months of age and younger, spitting up:

- Is normal and common.
- May be frequent – some babies spit up six or more times each day.
- Usually begins before eight weeks of age and gets better over time – only 5 to 10% of babies are still spitting up by 12 months of age.

For both GER and GERD, the following measures may help:

	Diet	Baby Position
If you breastfeed	<ul style="list-style-type: none">• Ask your doctor about a breastfeeding assessment (if available).	Avoid placing your baby in an infant carrier or seat during feedings. A completely upright position may be helpful.
If you formula feed	<ul style="list-style-type: none">• Ask your health care provider if the amount you are feeding your baby is right for his/her weight.• Try smaller, more frequent feeding.• Use thickened feedings – either by adding up to one tablespoon of dry rice cereal per one ounce of formula.	Place your baby on his/her back during sleep.

Medication for GERD

Medication should not be given to babies who have regurgitation only. Your care provider may consider a short trial of medication if your baby has other more severe symptoms of GERD along with regurgitation (see symptoms listed above).

Sources: **1)** Lightdale JR, Gremse DA. Gastroesophageal reflux: management guidance for the pediatrician. *Pediatrics*. 2013;131(5):e1684-1695.; **2)** National Institute for Health and Clinical Excellence (NICE). Gastro-oesophageal reflux disease in children and young people: diagnosis and management. 2015.; **3)** Vandenplas Y. Management of paediatric GERD. *Nature reviews. Gastroenterology & Hepatology*. 2014;11(3):147-157.

