



**Woman, Child and Family Service - Paediatrics**  
**Tauranga Hospital**  
Cameron Road Private Bag 12024  
Tauranga NEW ZEALAND

Re: Gastroesophageal reflux

Reflux is a common problem in infants and neonates, and occurs in almost all healthy neonates to some degree. As long as the child is growing well, and it is not causing distress, it does not need to be treated. The natural course is for reflux to improve as infants grow, become stronger, start to sit up and start solids. Most reflux improves by 6-8 months of age.

Gastro-oesophageal reflux disease is the term for problematic symptoms that can occur with reflux. This is usually poor growth or pain, or both of these. The natural history of GORD is the same as reflux without problematic symptoms. It is important to remember that crying in infants is common, and does not always mean that an infant is refluxing if there is no visible reflux/spilling. Crying peaks in children at 6-8 weeks, with an average of 2-3 hours a day. Crying improves by 3-5 months of age in most children. A useful resource on colic and crying is the following website :<http://purplecrying.info/>

In general children with reflux do not need any investigations other than a history and examination with a medical practitioner. If there are any red flags present (see below), the child needs to be seen urgently in our Paediatric clinic, otherwise treatment can be started with the GP.

The mainstay of treatment is feed modification and thickening.

We suggest following a modified version of the American and European (NASPGHAN and ESPGHAN) joint guidelines protocol. Please see flow chart at the end of this letter.

#### Red flags on history

Weight loss, lethargy, fever, excessive irritability, dysuria, increasing head size, bulging fontanelle, persistent forceful or projectile vomiting, only nocturnal vomiting, haematemesis, rectal bleeding, chronic diarrhoea, abdominal mass or distension.

If there are concerns about career stress and safety then please discuss these patients with our on call paediatric team, so that we can arrange the appropriate supports.

#### What about non-pharmacologic treatments?

- Do not sleep infants prone (on the stomach). Even though this may improve reflux, this significantly increases the risk of sudden infant death syndrome.
- Placing the cot head up may help.
- Reducing feed volume and increasing the frequency of feeds may reduce spilling
- There is not enough evidence to support the recommendation of massage or osteopathy
- There is not enough evidence to support the use of prebiotics, probiotics or other supplements at this stage

Reliable information about Children's Health is available at: [www.kidshealth.org.nz](http://www.kidshealth.org.nz) developed by NZ Health Professionals. Reviewed and endorsed by the NZ Paediatric Society.

Important considerations for pharmacologic treatment.

Note that omeprazole or other proton pump inhibitors are not recommended in this guideline, other than in very complicated cases.

There is no evidence of benefit of PPI therapy in medical studies, and there are documented concerns around safety with long term use (these include increased risk of respiratory infections, worsening health, increased risk of enteric infections, effects on nutrient absorption and disruption of gut microbiome among others). We would suggest that these are not started in primary care.

Please re-refer if you have concerns.

Ngā mihi

*Yours sincerely*

Electronically checked and approved

Paediatric Grading Team

