

KEY TAKE-OUTS: MANAGEMENT OF INFANT REGURGITATION

Adapted from Salvatore S, et al. Acta Paediatr. 107: 1512-20, 2018

PARENTAL EDUCATION AND REASSURANCE AS THE FIRST LINE OF MANAGEMENT

PROVIDE PARENTS INFORMATION ON:

- Natural history of regurgitation
- Correct preparation of formula (in formula-fed infants)
- Impact of overfeeding
- Only supine position (during sleeping) is recommended due to the risk of sudden infant death syndrome

NUTRITIONAL MANAGEMENT

- Continue breastfeeding
- Seek professional feeding assessments and advice, if necessary
- Review and adjust feeding frequency and volume according to infant age and weight
- Consider thickened anti-regurgitation infant formula to help reduce regurgitation in non-breastfed infants
- Alginates, extensively hydrolysed protein or amino acid formulas are not indicated for uncomplicated infantile regurgitation

PHARMACOLOGICAL THERAPY

- No pharmacological recommendation for the treatment of symptoms in otherwise healthy infants
- Pharmacological treatment should be prescribed only with a clear diagnosis and with the lowest dose and shortest treatment period possible

FOR HEALTHCARE PROFESSIONALS ONLY.

Breastmilk is best for babies. Good maternal nutrition is important for breastfeeding. Partial bottle feeding could negatively affect breastfeeding. Reversing a decision not to breastfeed may be difficult. Improper use of infant formula may affect the health of the baby. Social and financial implications should be considered.

REFERENCES

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