

Patient information from BMJ

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Reflux in infants

Bringing up milk after a feed is common in infants. You may hear this being called 'reflux'.

Most babies grow out of reflux by the time they are around 12 months old. But if it happens frequently, and causes other symptoms or problems, your baby may need treatment.

What is reflux in infants?

Reflux is when your infant 'spits up' or vomits after a feed. It happens when partly digested milk comes up your baby's oesophagus (food pipe) from their stomach. It tends to start in the first few weeks of life and goes away at around 12 months.

Bringing up milk after a feed is common in babies. This is because their digestive system is still developing.

A ring of muscle at the end of the oesophagus normally stops food and liquids coming up from the stomach. It also keeps acid from the stomach in place. But in babies, this muscle may not work properly yet.

Milk and acid that comes up can irritate the oesophagus. When this happens and causes symptoms or other problems, your doctor may call this **gastro-oesophageal reflux disease** (GORD, for short).

Some babies are more likely to be diagnosed with GORD. This includes babies:

- born prematurely (i.e., early)
- who have genetic conditions like Down's syndrome
- who have neurodevelopmental conditions (these are conditions that affect the brain and nervous system).

In some infants, reflux might happen because of a specific allergy to cows' milk. Your doctor will be able to tell you the next steps if they suspect your baby has this allergy.

What are the signs or reflux?

The main sign of reflux is your infant 'spitting up' or vomiting milk. This is normal for most babies. But if your baby is spitting up frequently and has other symptoms, this could be GORD.

Signs of GORD include:

- your baby taking less feed than normal
- feeding taking longer than 30 minutes
- feeding being stressful because your baby is more irritable
- your baby appearing distressed after spitting up
- your baby not gaining weight properly
- abdominal pain. This can make babies cry or arch their backs a lot
- colic. This is when your baby is irritable or cries for more than 3 hours per day **and** for more than half the week
- constipation
- long-lasting cough, wheeze, or hoarseness.

Your doctor will want to examine your baby. This is to check their physical health, and to see if your baby's growth is on track for their age.

They will also ask questions about your feeding routine. It may help if you keep a symptom diary of how much milk your baby takes, and how often they bring it up.

Your doctor will also want to observe you feeding your baby if they think it could be GORD.

Not all baby vomit is because of reflux, or GORD. Signs of more serious problems can include:

- projectile vomiting. This is very forceful vomiting that can often go quite far.
- bilious vomiting. This is green or yellow vomit that suggests there's a block in the digestive system.
- blood in the vomit. This may be bright red or look like coffee grounds.

If you notice any of these signs, seek **immediate** medical attention for your baby.

What are the treatment options for reflux in infants?

Most infants **won't** need any treatment. Taking simple steps may lessen your baby's reflux. Your doctor may recommend steps like:

- giving your baby smaller and more frequent feeds (if their reflux could be related to overfeeding)
- feeding your baby in a more upright position
- keeping your baby in an upright position after a feed for 20-30 minutes

Reflux in infants

- lying your baby on their **left** side after a feed. You should only do this when your baby is **awake** and being **closely watched**.

You should **not** put your baby on their side when they are sleeping. Babies should always be put to sleep on their backs. This is the safest position for them.

Sometimes, reflux might happen because of an allergy to cows' milk. So your doctor might suggest removing this from your baby's diet.

- If you're formula feeding: this will mean replacing normal formula with an **extensively hydrolysed** formula. This is a special type of formula where substances from cows' milk are broken down. This allows them to be digested better.
- If you're breastfeeding: this will mean removing cow's milk products from your own diet so it doesn't enter your breastmilk.

If your baby's reflux gets significantly better within a few weeks, they likely have **cows' milk protein allergy**.

If your baby has been diagnosed with **GORD**, your doctor may suggest other treatments to help their symptoms.

Feed thickeners or anti-reflux formula

Your doctor may recommend using products to **thicken** your baby's milk if they have GORD. This may make them less likely to bring it back up. You can get products to add to formula or expressed breast milk. Or you can use ready-thickened feeds (known as anti-reflux or 'staydown' formula).

Thickeners are made out of substances like carob-bean gum and carob-seed flour. You will probably need a bottle teat with a wider hole when giving your baby thickened feeds.

Feed thickeners can lead to weight gain. So your doctor will want to monitor any changes in your baby's weight.

Another thickening option are **alginates**.

This can be mixed with a baby's formula feed or dissolved in water if you're breastfeeding. Besides thickening a baby's feed, alginates stop acid from the stomach coming up the oesophagus.

Alginates can't be used with other types of feed thickeners.

It's always best to talk to your doctor before changing your baby's feed.

Medicines

Medicines aren't used very often for reflux in infants. But your doctor may recommend them if your baby has GORD and they're:

- not gaining enough weight
- in considerable distress, or

Reflux in infants

- having difficulties feeding.

Protein pump inhibitors (PPIs) may be used. These are a type of medicine that reduces the amount of acid in the stomach. They can be used both with breastfed and formula-fed babies.

Severe reflux: feeding tube or surgery

If your baby isn't gaining enough weight, and other treatments for GORD haven't helped, your doctor may recommend a **feeding tube**. This delivers nutrient-rich feeds directly into your baby's gut. Usually the tube is inserted through the nostril and goes down the oesophagus, into the gut.

Surgery may be needed in very rare cases if tube feeding hasn't helped. This is with a procedure called **fundoplication**. It aims to strengthen the ring of muscle at the end of the oesophagus. This is to stop milk coming up from the stomach, leading to reflux.

What happens next?

Reflux is common in babies. Normally, it gets better by the time your baby is around 12 months old.

If your baby has GORD, they will need to be seen regularly by a doctor. This is to check their growth is on track for their age.

It's helpful to continue keeping a symptom diary for your baby, even if they're having treatment. You can share this with your doctor. It will help them understand whether your baby's reflux is getting better.

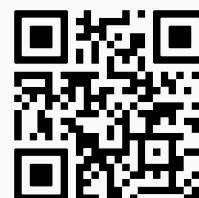
Most babies with GORD won't get any serious problems from their reflux. But not treating it can increase their chances of problems in the future. For example, GORD can make the oesophagus very sore and inflamed. It could become narrow, which can make swallowing difficult. GORD can also cause chest infections if vomit is accidentally breathed into the lungs. But, these problems are uncommon. Speak to your doctor if you're concerned about any of your baby's symptoms.

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