

Gastroesophageal Reflux Regurgitation in the Infant Population



Teresa D. Ferguson, DNP, RN, CNE^{a,b,*}

KEYWORDS

- Gastroesophageal reflux • Gastroesophageal reflux disease • Infants
- Growth failure • Treatment

KEY POINTS

- Gastroesophageal reflux (GER) is common disorder in infants.
- This condition can become acute with infants developing symptoms of gastroesophageal reflux disease (GERD), which includes poor weight gain, continued irritability, abnormal posturing, and respiratory complications.
- Infants presenting with symptoms of GERD should be immediately referred to a pediatric specialist to treat and prevent further complications.

Gastroesophageal reflux (GER) is common disorder in infants through 12 months of age.¹ This condition can become acute with infants developing symptoms of gastroesophageal reflux disease (GERD), which includes poor weight gain, continued irritability, abnormal posturing, and respiratory complications. Infants presenting with these symptoms should be immediately referred to a pediatric specialist to treat and prevent further complications.

GASTROESOPHAGEAL REFLUX

Definition

GER is the natural movement of gastric contents from the stomach into the esophagus or mouth, which may be swallowed or regurgitated.^{2,3} Regurgitation may occur after feedings more than 6 times per day in some infants.⁴

Occurrence in the Infant Population

Many infants experience several episodes of GER during a 24-hour period without any adverse effects over the first few months of life.² GER is present in over three-fourths

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^a Department of Nursing, Morehead State University, 201M Center for Health, Education and Research, 316 West Second Street, Morehead, KY 40351, USA; ^b Woman's Care Unit, St. Claire HealthCare, 222 Medical Circle, Morehead, KY 40351, USA

* Department of Nursing, Morehead State University, 201M Center for Health, Education and Research, 316 West Second Street, Morehead, KY 40351.

E-mail address: t.ferguson@moreheadstate.edu

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of the infant population and appears in boys approximately 2 times more often than girls.⁵ Infants may begin having GER before 2 months of age.⁴

Clinical Features/Symptoms

The most common clinical feature of GER in infants is postprandial regurgitation, which will often go away around 12 months of age without any treatment.^{2,3} The episodes of reflux will often decrease in occurrence as the infant approaches 1 year of age.⁴ Usually the infant will have no apparent symptoms other than uncomplicated spitting up and will appear comfortable and show adequate weight gain.⁶

Treatment of Gastroesophageal Reflux

The American Academy of Pediatrics recommends that providers follow the Pediatric Gastroesophageal Reflux Clinical Practice Guidelines, which are joint recommendations of the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESPGHAN) in evaluation and management GER and GERD.⁷ These guidelines include

- Evidence-based clinical pathways that practitioners may use as a guide with infants and children who present with GER
- Diagnostic process of GER/GERD including performing the history and physical examination
- Diagnostic studies used to identify reflux and/or complications
- Treatment including lifestyle modifications (adjustments to feeding and positioning), use of medication, and surgical procedures with GERD³

The newborn period is sometimes a stressful time for new parents who are trying to adjust to parenthood and meet the needs of their newborn babies. Nurses may alleviate some stress of the parents by educating them about regurgitation prior to their infant's discharge from the hospital. They will need to be taught about breastfeeding or how to properly prepare formula, how much and how often to feed the baby and oropharyngeal suctioning with a bulb syringe. It is important to instruct parents on what to do if their infant has episodes of regurgitation after hospital discharge and when to call their health care provider or return to the hospital for problems. It is also important to teach parents how to position their babies after eating and while sleeping.

Parents often seek medical help or inquire about regurgitation during follow-up visits with their health care provider. Approximately 25% of pediatric appointments are associated with complaints of GER during the first 6 months after birth.⁸ Health care providers reinforce that this is a normal occurrence up to 1 year of age and should provide continual reassurance to new parents.

If parents seek medical advice regarding excessive regurgitation or spitting up, health care providers need to be aware of evidence-based clinical practice guidelines related to the diagnosis and treatment of GER/GERD. The joint recommendations of the NASPGHAN and ESPGHAN include clinical pathways for health care providers to use as a guide for diagnosis and treatment of recurrent regurgitation and vomiting (**Fig. 1**).³ The health care provider will need to obtain an accurate history and perform a physical examination of the infant, observing for clinical manifestations related to GER. If there are not any warning signs (**Box 1**) that may indicate any other type of diagnosis or signs of complicated GERD, the health care provider may conclude that uncomplicated GER is the issue, and no further testing is necessary.³

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