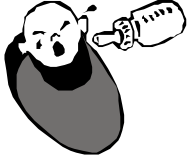


ADAMS COUNTY CHILD HEALTH NOTES

Adams County Child Health Notes is distributed by Adams County Interagency Coordinating Council (ICC) and Adams County Health District. This newsletter provides primary health care providers with current information regarding identification and management of special health issues for children. Contributing agencies and programs include: Adams County ICC – Adams County Health District - State of Washington Department of Health and University of Washington - Center on Human Development and Disability. More information is available at http://depts.washington.edu/medhome/CHN/CHN_home.htm



GASTROESOPHAGEAL REFLUX (GE REFLUX or GER)

Our baby screamed at home 18 hours/day, but was always fine when we took her to her doctor. It took me 2 months to figure out that I had to take her in when she was screaming, and when I did, he made a referral right away. It wasn't until they did an endoscopy that they realized how bad her GER was. I wish that we'd helped her sooner, because now she still doesn't like to eat.

-Parent of a child with severe GER

What is GER?

GE reflux is the return of gastric contents into the esophagus. Gastric acid can irritate the esophagus, leading to fussiness and/or poor weight gain. If the GER is severe enough or left untreated, it can lead to reactive airway disease, aspiration, and/or feeding aversion. GER is more common in infants born prematurely than in full-term infants.

WHAT PARENTAL CONCERNS SHOULD MAKE YOU CONSIDER GER?

- ✍ **Frequent emesis** that leads to **poor weight gain**
- ✍ **Signs of “silent” GER** (without emesis) such as repeated swallowing, facial reddening, eye tearing between feedings, trouble breathing/apnea, coughing
- ✍ **Fussy behavior** 1-2 hours after feeding, or frequently throughout the day
- ✍ **Discontinuous feeding or fussing while feeding.** A baby with GER may act hungry but then stop feeding and fuss after a few swallows, preferring to suck on a pacifier rather than on a bottle or breast.
- ✍ **Sleep difficulties** including restlessness or sudden awakenings. A baby with GER may sleep comfortably on a parent's shoulder, but wake up when put to bed.

WHAT MIGHT YOU DO IN YOUR OFFICE PRACTICE?

- ✍ **Reassure parents** that symptoms of GER get better with time and usually disappear by 1 year. There are steps they can take to relieve symptoms until maturation occurs.
- ✍ **Consider tests to confirm GER:**
 - ? pH Probe (requires hospitalization)--only measures acid reflux
 - ? Barium Swallow (done on outpatient basis)--may miss GER episodes because is done for short time period
 - ? Technetium Scan--provides measurement of gastric emptying, acid and alkaline reflux
- ✍ **Give positioning/handling recommendations that decrease the potential for GER:**
 - ? Hold in an upright position during feeding and after feeds
 - ? When held or positioned, trunk should be straight without slouching or excessive pressure on the abdomen. Supports may need to be added to carseats to achieve this.
 - ? Diaper before feeds, instead of after feeds, whenever possible
 - ? Position on a wedge at a 30 degree angle when not held, as recommended by some experts.
- ✍ **Give feeding recommendations:**
 - ? Encourage breast feeding or breast milk for its ease of digestibility
 - ? Suggest small, more frequent feedings, giving time to burp as needed
 - ? Try thickening milk (1 T. infant rice cereal to 2 oz milk). Monitor behavioral responses and weight gain frequently since some studies show that thickening may make complicated GER worse. Monitor intake to insure sufficient hydration.
 - ? Introduce solids when developmentally appropriate.
- ✍ **Consider medical treatments:**
 - ? Acid blockers like Ranitidine (Zantac®) to decrease gastric acidity
 - ? Motility agents to speed up gastric emptying time

Local Resources

Adams Co.

Callie Moore, PHN
Adams County Health District
Ritzville, WA
509-659-3317
Fax: 509-659-4109
moore_c@co.adams.wa.us

Benton-Franklin Co.

Linda S. Lively, FRC
Infant & Toddler Program
Kennewick, WA
509-783-4046 or 800-210-0313

REGIONAL RESOURCES

- ? Parent-to-Parent Support Programs of WA 1-800-821-5927
- ? WA State Father's Network 425-747-4004, ext. 218 www.fathersnetwork.org
- Seattle:**
- ? Children's Hospital and Regional Medical Center 206-526-2113
Occupational and Physical Therapy Infant Team (or 1-877-528-2700 if calling from outside area)
- Spokane:**
- ? Sacred Heart Medical Center 509-474-7185
Feeding and Growth Clinic

NATIONAL RESOURCES

Pediatric/Adolescent GER Association
PO Box 1153
Germantown, MD 20875

www.reflux.org

**Please note there will be a training in June titled "Meeting the Needs of Children With Feeding Tubes, families and providers together". This training will be put on by the Washington State Department of Health Children with Special Health Care Needs Program and Childrens Hospital and Regional Medical Center. The training is being held in three locations statewide, one location is Moses Lake on June 6th. It is very exciting to have this training available to us close to home. Please find a xeroxed copy of the training information included with this child health note. If you have any families with children with feeding tubes, please also share this information with them. If you have any questions or need additional information please contact Callie Moore at 659-3317.*
