



REFLUX

POSITIONING & PLAY FOR A "SPEWY" BABY

Nicole Pates, Paediatric Physio

Erin Butler, Physiotherapist

Western Kids Health

 @Nicole_kidsphysio

 @Erin_babyphysio

 @westernkidshealth



INTRODUCTION

This positioning and play guide has been developed by paediatric physiotherapists to assist parents of babies with reflux, or spewy babies, engage in purposeful play.

Having a baby with reflux is difficult and at times it can be distressing. Often parents avoid tummy time or play activities due to reflux, instead using bouncers and swings to let a feed settle. This guide is designed to help parents explore other positions and equipment that allow your baby to engage with, and explore their environment. This is by no means saying, do not use a swing or bouncer. You will find what works best for you and your baby, our job is to support you in this process.

These activities are a guide only and are not intended to replace medical or health professional advice. It is also not a conclusive list and importantly, your baby may still spew or spit up during these activities.

It is important that your baby still have unrestricted play on their back and tummy to allow their muscles to stretch out and strengthen.

FOR SUCCESSFUL PLAY, GET TO KNOW YOUR BABY

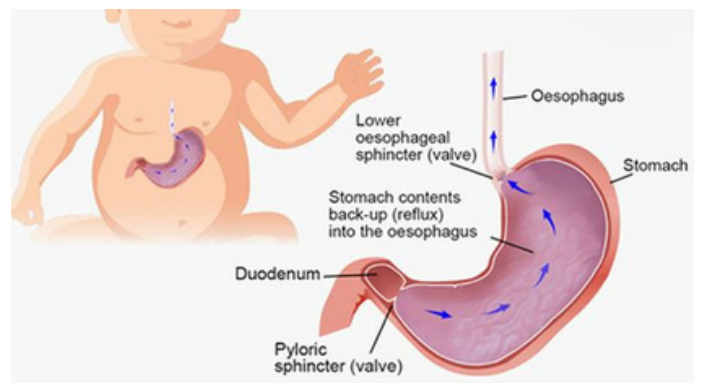


REFLUX

Reflux is when the contents of the stomach are brought back up either up the oesophagus (food tube) or into the mouth. The medical term for reflux is gastro-oesophageal reflux, or GOR. Most reflux is swallowed back into the stomach, but your baby may spew or spit up.

It can be distressing for parents whose babies have reflux, however it is very common, happening in ~40% of babies. It appears before 8 weeks of age, peaks around 4 months and settles by ~1 year in most babies.

In babies, it's common for the valve at the top of the stomach (Lower Oesophageal Sphincter) to be quite loose, allowing stomach contents to travel backwards up the oesophagus.



As your baby grows older, its supporting systems are getting stronger, and they will be spending less time on their back. The reflux will most likely get better on its own by the time your child is one year old. In most cases, reflux will not harm your baby, and does not need any medical treatment. It is unlikely to cause problems later on in life.

WHEN TO SEE YOUR DOCTOR

When baby:

- has breathing and swallowing problems (e.g. gagging, choking, wheezing or coughing a lot)
- has blood or bile (a yellow fluid) in their vomit
- has a fever
- suddenly starts to regurgitate or vomit when they never have before
- won't feed
- is not gaining weight
- is making you worried for any other reason



COLIC

Colic is not reflux. Colic is crying and fussing that happens a lot, or lasts for a long time. It might start when your baby is a few days or a few weeks old. It is confusing and concerning to be told your baby "has colic" because it sounds like it is an illness or a condition that is abnormal, when in fact, the baby is going through a very normal developmental phase.

The Period of PURPLE Crying is a new way to help parents understand this time in their baby's life, which is a normal part of every infant's development.

Here are some fabulous resources to help if you feel your baby has "Colic" or "PURPLE Crying" - as this guide is not intended for babies with colic. Please click on the images below to be directed to the websites.

» Colic Myths

» Cued Care for fussy babies

» Role of feeds for fussy babies



wholehearted
FAMILY HEALTH

Andrea Fallon, WKH Child Health Nurse
Neuroprotective Developmental Care
Practitioner

Support for infant sleep, feeding and fussing concerns



The Letters in **PURPLE** Stand for

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

<http://purplecrying.info/>

HOW CAN PHYSIO HELP?

Physiotherapists can teach you how to position your baby for feeding, burping, carrying and playing to minimise the effects of reflux.

It is important to realise that these positions may not prevent the spew, spit up or reflux. They are only suggestions for more helpful positions to reduce the reflux and to help your baby feel more comfortable.

Timing is important - keeping your baby inclined or upright for some time after a feed will assist in digestion and help reduce reflux. Some suggest 20 minutes however we find that this time may vary for your baby (and sometimes day to day also!) As the Lower Oesophageal Sphincter is floppier there are certain positions that may aggravate reflux - either by putting direct pressure on the stomach or by squashing the stomach up.

LESS HELPFUL POSITIONS



Sling carriers with baby to the side are not recommended for both reflux and hip dysplasia



With a softer, looser Lower Oesophageal Sphincter lying flat on the back doesn't allow gravity to keep milk down... in fact it can pour straight out, especially with lifting the legs compressing the stomach



Burping baby over your lap compresses the stomach



Tummy time on the floor puts direct pressure on the stomach, compressing it



SUGGESTED PLAY ROUTINE

This guide follows the principals of "**more helpful positions**" to assist with digestion and keeping milk down. It does not guarantee there will be no reflux, spew or spitting up. In awake periods the timing of positions may be helpful to make play more enjoyable.

PRE-FEED



Prior to feeding if baby wakes happy, purposeful play in traditional tummy time or flat on baby's back is encouraged.



SUGGESTED PLAY ROUTINE

POST-FEED



Start with incline (>10-30 degrees) or upright positions



Move to incline play - on tummy or back



Then move to floor play in unrestricted positions

SOME DAYS YOU WILL BE ABLE TO PUT BABY STRAIGHT ON THEIR TUMMY. SOME DAYS YOU MAY NOT MAKE YOUR WAY THROUGH THE ENTIRE PLAY CYCLE, AND JUST STAY IN INCLINE POSITIONS - THAT IS TOTALLY OK! JUST REMEMBER TO MIX IT UP WHEN YOU CAN.



FEEDING



Our "reflux doll" is being fed firstly with legs flexed up towards tummy and also completely flat. Try instead to feed on an incline; lean back in your chair with bub upright against your chest, body straight.



Or use a feeding cushion to support bub side-lying, with their body straight (no legs tucked up) and head higher than bottom.



BURPING



Traditional burping positions can put pressure on sensitive tummies.

Rather than sitting your baby and leaning them forward to burp, try upright over your shoulder to lengthen the stomach.



If burping over your lap keep your legs a little apart to make a gap for the tummy and prevent pressure. It will help again to keep that slight incline, one leg higher than the other, to bring baby's head higher than their bottom.



CARRYING



You can see Erin holding our "reflux doll" under its bottom with its knees tucked up, compressing bubs tummy. This can be less helpful as it places pressure on the stomach and its contents.

It may be more helpful to opt for the way Nicole is holding bub, in a more stretched out and upright position with legs down. Your baby could be facing in or out, with support at the bottom and shoulders, skipping pressure directly on that tummy.



CARRYING



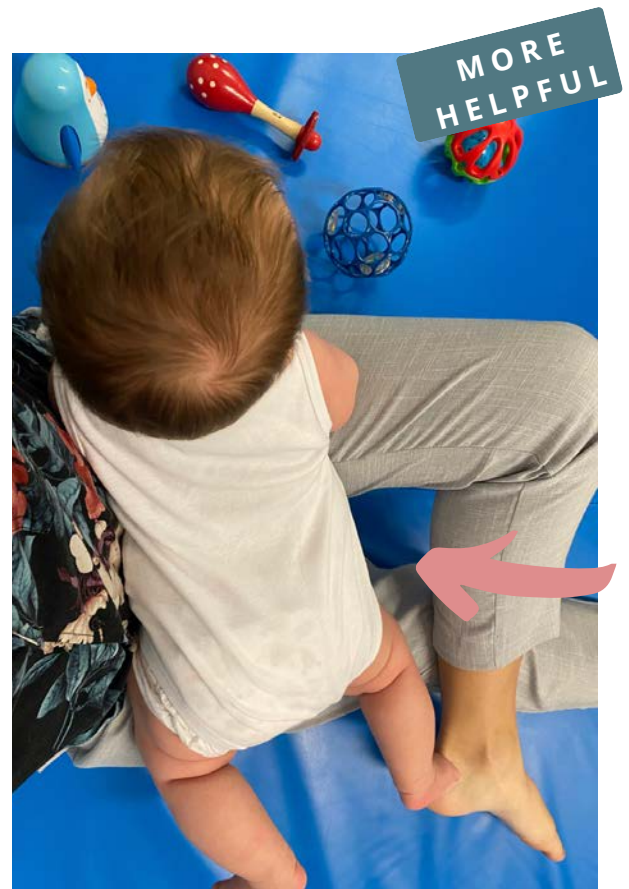
If carrying baby over your arm, placing direct pressure on the tummy and keeping baby flatter (your traditional tummy time carry that Erin is demonstrating) can be less helpful. Turning bub on its side, as demonstrated by Nicole, so bubs spine is flat against your stomach than supporting from the shoulder and the hip, stretching out bubs trunk, can be a lovely, relieving position as bub also remains inclined.



Baby carriers also work a treat. Head to babywearerswa.com.au for guidance around carriers.



TUMMY TIME



Tummy time across your lap is a fabulous play option, by crossing your legs, heel on top of knee, you create a natural incline and space for the tummy, taking away the direct pressure.

Keeping elbows under shoulders will assist bub in maintaining tummy time with control.



TUMMY TIME

LESS
HELPFUL



MORE
HELPFUL



MORE
HELPFUL

Tummy time over your legs, facing away from you is a lovely position for refluxy babies as it creates an incline. You can improve the position further, as Jasmine is doing, by slightly moving your knees apart to create a space for bubs stomach, removing the direct pressure.

Use your hands to scoop the shoulders and upper arms providing top support. Adding a mirror in front of bub will allow you to maintain a connection with bub and ensure they are enjoying the activity.



TUMMY TIME



Tummy time over your legs, with baby facing towards you is just as effective.

Keeping your legs slightly apart and their elbows on your thigh. Use your inner arms to support bub maintaining the elbows under shoulders position.

Scoop their bottom with your hands to help them control the position.

OTHER HELPFUL POSITIONS



Left side lying can aid digestion as the lower oesophageal sphincter is facing upright (it faces towards the right).



EQUIPMENT

Using equipment to create an **incline** and/or take **direct pressure off** the stomach, such as a feeding pillow, pregnancy wedge, dockatot or foldable play mat can assist in providing more tolerable play positioning for bub.



EQUIPMENT

LINKS TO EQUIPMENT



CODE: NKP15



HANDY TIPS

- Change baby's nappy PRIOR to feeding, as lifting the legs after feeding can compress the stomach and aggravate reflux. Instead of lifting their legs, another option is to roll them to the side for nappy changing. A pillow or wedge could be used to raise the head up and prevent your baby lying flat
- Avoid tight clothing that compresses the stomach (ie. tight waisted leggings)
- A dummy or pacifier may help as the sucking soothes the reflux
- Baby massage may help digestion
- Overfeeding can be a contributor. For example, you feed your baby, they vomit and so then you feed again. If your baby is regularly spewing please discuss with your GP, lactation consultant or child health nurse to create individual strategies.

WHEN TO BE CONCERNED

As mentioned previously, reflux is quite common. However there are some situations where seeking the opinion of a health professional, such as your GP or paediatrician, is warranted.

- you are concerned / your instinct is telling you something is not right
- has breathing and swallowing problems (e.g. gagging, choking, wheezing or coughing a lot).
- has blood or bile (a yellow fluid) in their vomit
- has a fever
- suddenly starts to regurgitate or vomit when they never have before
- won't feed
- is not gaining weight



ABOUT WESTERN KIDS HEALTH

As a paediatric physiotherapist and mother, Western Kids Health founder Nicole Pates knew there was a better way to deliver private health care to the children of Western Australia. Nicole envisions a community where health professionals work together, where children enjoy therapy in a space that grows with their needs. Western Kids Health is a health community with a dynamic, collaborative and custom environment designed specifically for babies, children, teens and families.



USE CODE "REFLUX" FOR 10% OFF ANY
FACE TO FACE OR VIRTUAL SESSION

HOW CAN WE HELP

Are you concerned about your baby's sleep, feeding / diet or development? We can help! We offer:

- face to face consults for you and your baby
- face to face mothers group sessions
- virtual mothers group sessions
- virtual milestone checks

To make an appointment, get in touch with our team at info@westernkidshealth.com or book online via our website.

