

# Why Does Your Baby Spit Up?



Gastroesophageal reflux, frequently referred to as “spitting up”, is defined as the passage of stomach contents into the esophagus, often times coming out of the mouth. Reflux is a normal process that is common in healthy infants. A large cross sectional study reported that two-thirds of 4-month-old infants spit up on a daily basis. This dramatically improves around 6 to 7 months of age, at which time 20% of infants are having daily episodes of spit up. Some of this improvement seems related to infants starting to eat solid foods and spending more time sitting up, along with normal growth and maturation. Infants with ongoing reflux tend to further improve as they get older, and by one year of age, only 5% of infants continue to spit up on a daily basis.

Infants with reflux generally present with effortless non-projectile spitting up, though some may have more forceful vomiting. Reflux most often occurs after a feed, though some infants may also spit up in between feeds as well. Many infants with reflux are described as “happy spitters”, and will be thriving and well appearing despite having frequent spit ups. When reflux causes more troublesome symptoms or complications, for example feeding refusal, poor weight gain, extreme fussiness, or respiratory problems like pneumonia or apnea, it is referred to as Gastroesophageal Reflux Disease (GERD).

A medical provider is often able to diagnose reflux based on the infant’s history and physical exam. The medical provider will determine if there are any warning signals like vomiting blood or bile, consistently forceful vomiting, lethargy, abnormal exam findings, etc. that could be concerning for an alternative diagnosis. Testing is not routinely needed for the diagnosis of reflux, but may be considered for select infants. Some studies that may be considered include upper gastrointestinal X-ray, abdominal ultrasound, impedance pH study, or endoscopy.

Treatment of reflux should start with conservative measures, including keeping the infant calm and in an upright position after a feed, avoiding overfeeding, and avoiding exposure to tobacco smoke. A medical provider may recommend thickening the formula with baby cereal or a commercial brand thickener, or trying a formula specifically designed for infants with reflux. Medications to decrease acid production may also

be recommended, for example H2 blockers or Proton Pump Inhibitors. And on occasion, a 2 week trial of a special milk free formula may be considered, because milk protein intolerance could present with symptoms similar to reflux.

In the majority of infants, reflux is a self limited condition that will improve on its own with time.

As long as the infant does not have any life threatening complications related to reflux, conservative +/- medical treatment is recommended, with anti-reflux surgery being reserved for infants who have significant life-threatening complications proven secondary to reflux. Parents are encouraged to discuss any questions or concerns with their child’s medical provider.



**TONYA  
ADAMIAK, MD**

Pediatric Gastroenterologist  
Sanford Children's  
Specialty Clinic

(605) 312-1000