

# GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD) •

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### INTRODUCTION

- [Gastro-oesophageal reflux \(GOR\) is a normal physiological process](#)
- [GORD occurs when the effect of GOR leads to symptoms severe enough to merit medical treatment](#)
- There is very little evidence to support a causal relationship between GORD and its assumed consequences e.g. apnoeas, respiratory distress and failure to thrive, especially in preterm babies
- There is also limited evidence for use of anti-reflux medications, which should therefore be avoided. There is evidence for the association of GORD with cow's milk protein sensitisation

### RECOGNITION AND ASSESSMENT

#### Symptoms which could suggest GORD:

- Frequent vomiting after feeds in an otherwise healthy baby
- Recurrent desaturation and/or apnoea
- Recurrent desaturations in ventilated babies [exclude bronchopulmonary dysplasia (BPD) spells]
- Chronic lung disease of prematurity may be worsened by recurrent aspiration caused by GORD

#### Risk factors

- Immaturity of the lower oesophageal sphincter
- Chronic relaxation of the sphincter
- Increased abdominal pressure
- Gastric distension
- Hiatus hernia
- Malrotation
- Oesophageal dysmotility
- Neurodevelopmental abnormalities

#### Differential diagnosis

- Suspect cow's milk protein intolerance (CMPI) in babies who are formula milk fed or have fortifier added to maternal breast milk, and have recurrent vomiting/irritability/apnoeas despite appropriate management of GORD

### INVESTIGATIONS

- 24 hr pH monitoring is of limited value in preterm babies. Consider in cases where repeated apnoea/bradycardia is resistant to other measures
- Following investigations to be considered after discussion with consultant:
  - if repeated apnoea/bradycardia, consider 24 hr pulse oximetry recordings to assess extent of problem and relationship to feeding
  - if apnoeas/bradycardia persist at term-equivalent, consider video fluoroscopic assessment of sucking-swallowing co-ordination and GORD
  - [in severe cases, referral to gastroenterology may be appropriate for consideration of upper GI endoscopy or barium swallow investigation](#)

### MANAGEMENT

#### Position

- Head upwards, at an angle of 30°
- Nurse baby prone or in left lateral position, if they are monitored
- [Consider involvement of occupational therapy and/or developmental care team to ensure appropriate responses to stress and behavioural cues are not misinterpreted](#)

#### Feeding

- [For formula fed babies, try](#) frequent low volume or continuous feeds
- Babies ≥34 weeks: consider Instant Carobel® [according to manufacturer's instructions](#) (take care that thickened liquid does not block fine bore NGT)
- Babies >34 weeks' gestation: if no improvement with feed thickener, consider [an alginate](#) (Gaviscon Infant®) [according to manufacturer's instructions](#) (1 dose = half dual sachet)
- [Review every 14 days](#)

***Do not give Gaviscon Infant® and Carobel® together as this will cause the milk to become too thick***  
***Caution: Gaviscon Infant® contains 0.92 mmol of sodium per dose***

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### Other measures

- If symptoms persist, consider other measures after discussion with consultant.
- dairy free diet for a breastfeeding mother or trial of cow's milk protein-free formula (in artificially fed babies). If trial commenced, continue for ≥2 weeks with careful symptom monitoring
- assessment by **speech and language therapy team** if ongoing or unusual symptoms such as:
  - poor co-ordination of suck and swallow
  - longer than expected time to transition to oral feeding
  - aspiration
- Babies requiring specialist formulas should be supported by local dietetic services

***There is no evidence to support use of drugs in GORD***

***H2 receptor antagonists e.g. ranitidine may increase risk of sepsis, perforation or necrotising enterocolitis***

***Erythromycin may facilitate bacterial resistance and has been associated with pyloric stenosis, and is not recommended***

### PARENT INFORMATION

- GORD in preterm babies is common and parents can be reassured of the normality of GOR (supported by Bliss parent information <https://www.bliss.org.uk/parents/about-your-baby/medical-conditions/reflux>)