

WHATCOM COUNTY CHILD HEALTH NOTES

Whatcom County Child Health Notes is distributed by Whatcom County Health and Human Services / Children with Special Health Care Needs. This newsletter is intended to provide physicians and nurse practitioners with current information regarding identification and management of special needs conditions. Contributing agencies and programs include: Washington State Department of Health - Children With Special Health Care Needs Program (Contract #N08400), University of Washington - Center on Human Development and Disability, Whatcom County Medical Home Training and Resource Project, the Whatcom County Interagency Coordinating Council, and the Whatcom County Parent to Parent Support Group. Additional Child Health Notes are available at <http://depts.washington.edu/medhome>



Infants with GERD benefit from prone position for sleep.

- the American Academy of Pediatrics exempts Infants with GERD from recommendations against prone positioning.
- **Cautions about avoiding soft bedding materials must be given with any recommendations for prone positioning.**

Feeding Suggestions:

Encourage breast feeding or breast milk

Give small, more frequent feedings, allow extra time to burp as needed

Try thickening milk/formula (1 T. infant rice cereal to 2 oz milk / formula); be aware that some studies show that thickening may make complicated GERD worse

Introduce solids when developmentally appropriate.

Gastroesophageal Reflux

Gastroesophageal reflux (GE Reflux or GER) is the return of gastric contents into the esophagus. Mild / physiologic reflux is common, occurring in 40% of healthy infants. Mild regurgitation does not interfere with weight gain, is not accompanied by irritability and is not associated with respiratory symptoms. GER typically begins after the first few weeks of life, peaks at about 4 months of age, and resolves by 8 to 12 months of age.

Gastroesophageal reflux Disease (GERD) is symptomatic reflux and may occur without regurgitation. Consider GERD when there is:

- Frequent emesis with poor weight gain
- Fussy behavior 1-2 hours after feeding, or frequently throughout the day
- Discontinuous feeding or fussing while feeding.
- Sleep difficulties including restlessness or sudden awakenings
- Recurrent or chronic respiratory symptoms

Severe GERD can lead to aspiration, reactive airway disease, and/or feeding aversion.

Primary care management includes parent education regarding dietary modifications, avoidance of smoke exposure and of unnecessary seated and supine positioning. It may be useful to observe a feeding of an infant in order to offer focused assistance with feeding and/or positioning. If symptoms are not relieved with improved feeding and positioning, consider a 2-week trial of an elemental formula to assess possible cow milk intolerance. Breastfeeding mothers may try eliminating cow milk protein from her diet for a similar period.

Medical treatment of GERD includes acid blockers to decrease gastric acidity and motility agents to speed up gastric emptying time. Consider testing to confirm GER and to rule out obstruction before initiating motility agents.

Consider consultation / referral for further evaluation if:

- Symptoms fail to resolve with conservative management
- Evaluation for GERD beyond barium radiography is required
- If symptoms attributed to reflux persists beyond 1 year of age

A comprehensive review of GER, including current guidelines on diagnosis and treatment, is available on the University of Washington Gaining and Growing Web Site at: staff.washington.edu/growing/Feed/GER.htm

For a recent review of Primary Carmanagement of Gastroesophageal reflux, see Consult with the Specialist: Gastroesophageal Reflux by Susan R. Orenstein, MD; Pediatrics in Review 1999;20:24-28

Additional pediatric nutrition resources are listed on the reverse side

Children's Nutrition Resources in Whatcom County Include:

Women, Infants and Children (WIC)

Supplemental food and nutritional services for pregnant women, breast feeding mother, infants and children up to age 5

- Whatcom County Health and Human Services: (360)738-2505 or 384-1633
- Lummi Indian Health Clinic: (360) 384-0464
- Nooksack Indian Health Clinic: (360) 966-2106
- SeaMar Family Health Center / Bellingham: (360) 671-3225

WCHHS Children With Special Health Care Needs: (360) 738-2522 or 384-0574

Nutritional evaluation and recommendations are available for children enrolled in CSHCN services

Whatcom County Feeding Team: Contact Kelly Molaski, RD (360)738-2505 or 384-1633
Interdisciplinary assessment of children with known or suspected feeding disorders/growth failure

Regional Children's Nutrition Resources Include:

Seattle Children's Hospital and Regional Medical Center

- Gastroenterology Clinic: (206) 526-2534
- Nutrition Clinic: (206) 526-2095

University of Washington Center on Human Development and Disability

- Feeding Team: (206) 685-1242

Internet Children's Nutrition Resources Include:

- Gaining and Growing: staff.washington.edu/growing/
- Gastroesophageal Reflux in Infants; Children's Medical Center of the University of Virginia: <http://www.med.virginia.edu/medicine/clinical/pediatrics/CMC/tutorials/reflux/>
- Pediatric Nutrition Consultation On-line: depts.washington.edu/nutrpeds
- Pediatric/Adolescent GER Association: www.reflux.org

Where to Start: Links to local, regional and internet resources

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