

# What is Gastroesophageal Reflux Disease

**GER occurs when one's stomach contents flow up past the lower esophageal sphincter into the esophagus.** A visual way to conceptualize GER is to use an analogy of a hot water bottle with a loose cap. If you fill this bottle (the stomach) and lay it down flat, the contents will flow out past the cap. If the bottle is vertical and you squeeze it, fluid will also spill over the top. How much fluid is lost depends on how full the "bottle" is, the angle the "bottle" is positioned, how much compression is occurring and how loose the "cap" is.

## Why is GER a problem

Typically, both children and adults reflux approximately five times after each meal. However, most of us do not notice or are not bothered by this refluxing. In fact, most stomach contents are cleared from the esophagus in two dry swallows. **Problems with GER arise when the frequency of refluxing is great enough to cause esophageal burning, if vomiting of the stomach contents is extensive enough to create a high calories loss, or if the contents are refluxed up into the back of the throat and then aspirated into the lungs.** From a behavior standpoint, the major issue created by GER is that instead of learning eating is pleasurable and satisfying, the child with GER learns that eating is uncomfortable.

## Why is GER a problem

Breastfeeding positioning with a child who has GER can be quite problematic, especially since many of these children have tone issues and/or oral motor difficulties which make it difficult for the baby to feed smoothly through higher milk flow times. We recommend feeding the child in a position that is as upright as possible, so that the child is almost sitting in your lap.

The goal of feeding a baby with GER is to keep a medium amount of food in their stomach as much of the time as possible. GER babies who shut down because of discomfort or appetite suppression and go hours without eating, often times are overly disorganized when they do try to eat because of hunger. GER babies who "binge" eat because they've gone long enough without eating to let their throats heal and now feel okay to eat, will usually fill their stomachs to the rim and start their refluxing excessively all over again. Therefore, we recommend that mothers try to control when and how much the GER baby eats. This is not an easy task, but it can be achieved through a combination of scheduling when the baby is put to breast, controlling how long the baby is on the breast, and using before and after weights if possible.



## Positioning Recommendations

- Keep your child in an upright position for at least 20 minutes after a feeding, with no stomach compressions, swinging or bouncing
- Feed your child in a semi-upright position, with elongated and supported trunk, no compression on the left side of the body especially
- Avoid stomach compression at all times while handling. Use a hand under the child's left armpit when holding and shifting positions to assure that the left side of the body remains elongated and not compressed
- Be mindful to have slow and gradual position changes post feeds, especially the first 20 minutes post-feed

The following information was created based on the work of: Toomey, K. (2010). *Consequences of gastroesophageal reflux and breastfeeding. The Sequential Oral Sensory (SOS) Feeding Approach.*