



## Feeding problems in infants

Welcome to this podcast, my name is Dr Deborah Shanks and I am a consultant paediatrician in Raigmore Hospital in Inverness. This podcast has been developed as part of a parentcraft project with healthcare professionals and parents. This podcast is in addition to parentcraft education in your area and the Ready Steady Baby book that you will have received from your midwife.

This podcast aims to inform parents about feeding problems, to alleviate potential concerns and worries and help you to identify when to seek professional support.

### Introduction

Almost all babies will at some point be unsettled during a feed and there is usually nothing at all to worry about. You are learning a new skill, particularly if you are breast feeding for the first time and it can take time to get the hang of it.

Your baby will tune into how you feel. If you feel stressed and upset that your baby is not feeding they will pick up on it. Hence, the need to be kind to yourself, stay as relaxed as you can, and seek help and support when you need it.

It is not unusual for a parent to feel frustrated and even rejected if their baby is not accepting a feed. This is not personal. And your baby is not being difficult. Your baby is trying to communicate something to you just as they do when they are crying.

There are many reasons why a baby can struggle to feed such as when they are sleepy, uncomfortable, feeling unwell or have had a change in routine. It could also be that your baby is over-stimulated and there is too much going on in the room with the busyness of well-meaning well-wishers, the TV and so on. Your baby may even be picking up on a different scent from you to your normal one if you are wearing strong perfume or deodorant.

I am going to talk about common issues which can cause problems and the treatment available. This will include reflux also known as gastro-oesophageal reflux and cow's milk allergy.

## Firstly, general problems

If your baby is crying or unsettled during a feed it is worth considering:

- Are you both in a comfortable position, you will find that your baby feeds much better if you are both comfortable and relaxed. If breast feeding, is your baby latching on properly and do they have an effective suck/swallow pattern? If you are unsure about this or feel you need further support or advice on breast feeding, discuss this with your midwife or health visitor or peer support worker. You will have been given written information on support available and there is an excellent breastfeeding resource page within the NHS Highland website  
<http://www.nhshighland.scot.nhs.uk/yourhealth/pages/breastfeeding.aspx>
- If bottle feeding it is important to hold your baby close to you with their head propped on your arm for support, it is best to avoid feeding your baby whilst they are lying flat. Holding them close also helps to strengthen the emotional bond between you. You may have heard of the term attachment. This is not the same thing as loving your baby. Although it is definitely part of it, it is a special relationship that the baby forms with the people who care for them most and usually the mother is this main person. The purpose of this relationship is for the baby to have someone to help them learn to manage their emotions and feel safe when they are experiencing lots of change in their world. Parents help the baby's nervous system relax in a number of ways, including through their reassuring presence, calm voice and/or touch. The parent responds depending on what the baby needs.
- burp your baby regularly throughout feeding
- avoid overfeeding your baby – don't force them to take more milk than they want (some babies prefer to feed little and often)
- check that the hole in your baby's teat is not too big – giving milk too quickly can cause regurgitation
- If formula feeding consider whether you are using an appropriate formula feed, 1st stage whey based formulas are suitable for most babies up until 1 year old, it is not usually necessary to change to 2nd stage formulas before 6 months of age; 2nd stage formulas are casein based and can be harder for your baby to digest.
- If they are unsettled, crying and refusing feed consider whether it sounds like a sore cry or just unsettled; is it wind? Try gentle winding – e.g. gently tapping or rubbing their back while they are in the upright position. Are they needing their nappy changed?
- There are some conditions such as colic, Gastro-oesophageal reflux, and Cow's milk protein allergy which can cause disruption to feeding and distress to babies. If feeding becomes difficult and distressing; and you are finding usual calming strategies not effective you may wish to consider these and I will now discuss these.

## Gastro-oesophageal reflux

Gastro-oesophageal reflux is defined as the 'passage of gastric contents in to the oesophagus' (the oesophagus is the food canal from the baby's mouth to the stomach). It is actually quite normal for this to happen in almost all babies to some extent, it can occur several times a day in both breast fed and formula fed babies, it is usually not distressing and causes no harm. The most common symptom is small effortless vomits after feeds and this usually requires no medical treatment in a happy thriving baby. Just a bib or cloth to tidy up!

In a small number of babies the reflux is worse and this is known as Gastro-oesophageal Reflux Disease. In gastro-oesophageal reflux disease babies tend to be more unsettled and have difficulty in feeding due to inflammation in the oesophagus caused by very frequent reflux and vomiting, there are a very small number of babies who do not develop vomiting as a symptom.

Symptoms of Gastro-oesophageal reflux disease are significant vomiting which leads to poor weight gain or weight loss, excessive irritability or crying which may include refusing to feed or being upset during a feed. Babies may stop feeding and arch their back in discomfort and feeding patterns can become chaotic. Your baby may be unsettled and uncomfortable after feeds and may dislike lying flat after a feed.

Here are some simple things you can try:

First, it is worth trying propping up the head of the cot or pram so your baby is in a slightly more upright position or nursing your baby in a baby chair after feeds. If this alone doesn't help offering smaller more frequent feeds and frequent winding can help.

If no improvement is seen with these simple measures then further treatment may be required. The first step would usually be feed thickeners in both breast and formula fed babies. Pre-thickened formula feeds may be considered in formula fed babies and this should be discussed with your midwife or health visitor who may refer you to your GP or an infant feeding clinic. At this stage medication may be considered. There is no routine simple test to confirm the diagnosis and it is generally made on the symptoms and response to treatment

Symptoms of gastro-oesophageal reflux usually resolve between 6 and 12 months of age, this is because as your baby grows, their tummy muscles become stronger, the baby is more upright and beginning to take a more solid diet.

Concerns regarding Gastro-oesophageal reflux or symptoms of gastro-oesophageal reflux disease should be discussed with your GP or Health Visitor.

## Cow's milk protein allergy

Cow's milk protein allergy occurs in about 7% of formula fed or mixed-fed babies. It is less commonly seen in babies who are exclusively breast fed but still can occur in these babies. It is caused by a sensitivity to cow's milk protein.

Symptoms usually develop over a few days and sometimes weeks. Common symptoms include:

- Loose or frequent stools; this may be difficult to assess in a fully breastfed baby where stools are generally loose and frequent, discuss this with your Midwife or Health Visitor if you are unsure
- Blood or mucous in stools
- Vomiting
- Pain; which is displayed by increased crying and irritability
- Skin rashes, eczema
- Wheeze

It can also lead to poor weight gain and iron deficiency.

If you have concerns regarding cow's milk protein allergy or your baby is failing to gain weight you must discuss this with your midwife, health visitor or GP.

The Diagnosis is made by showing a response to withdrawing Cow's milk protein from the baby's diet and treatment will therefore depend on the way your baby is being fed. Treatment in breast fed babies usually involves mother excluding cow's milk protein from their own diet (by means of avoiding all dairy products). In formula fed babies a hypo-allergenic formula feed can be prescribed. Treatment should be guided by a dietician and will continue to involve exclusion of dairy at weaning and into toddler years. It is reassuring to know that most children become cow's milk tolerant by 3 years of age.

Hopefully this podcast has helped inform you of some of the conditions that can affect babies feeding. If you are worried about your baby you should discuss this further with a health professional such as your midwife, health visitor or GP.

## Resources

You can also look at this webpage <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx>

NICE (2014) *Cows' milk protein allergy in children* <http://cks.nice.org.uk/cows-milk-protein-allergy-in-children>

NICE (2015) *GORD in children* <http://cks.nice.org.uk/gord-in-children>