



Reflux

Reflux is a relatively common condition that many babies, both full term and prem, may suffer from. It can range from mild to severe. But any parent who has watched their child struggle with the pain and suffering caused by reflux knows that it can be an ongoing and overwhelming condition to control. Left untreated reflux may lead to sleeping problems or eating issues.

Reflux occurs when the muscle at the top of the stomach is weak or under-developed and lets the stomach contents rise back up the oesophagus. Signs of reflux can include frequent vomiting, an unsettled baby, and lots of crying. Babies with reflux can vomit entire feeds (heartbreaking when you have struggled to get them to eat in the first place), or just spit up seemingly endless smaller amounts. The acidic contents of the stomach are also brought up, which irritates the oesophagus and causes the pain and discomfort. Some babies with reflux do not vomit but the contents of their stomach is brought up and then

swallowed again; this is sometimes referred to as "silent reflux".

The most conclusive test for reflux is a pH probe. A probe is inserted down the oesophagus and just into the stomach below the sphincter muscle at the end of the oesophagus. The probe measures the acidity and the number of times acid rises, usually over a 24 hour period. Parents or nurses make notes of when the baby is handled and fed, so that the probe results can be looked at in relation to these events.

Reflux needs to be controlled as there may be long term health implications if it is not. Babies with reflux can aspirate (breathe in to their lungs) the vomit which can lead to respiratory problems. A baby suffering from reflux may begin to associate eating with pain, and can start refusing feeds, which in turn means the baby can stop putting on weight and is not getting the vital nutrition that it needs.

Methods of controlling reflux can include positioning the baby correctly, medications, or, in more severe cases, surgery. Babies who are kept more or less upright for at least half an hour after a meal may be less inclined to vomit. Elevating the end of the bassinette or cot about 30 degrees may also help (a foam wedge or even a couple of phone books under the mattress might do the trick). Some children respond well to smaller, frequent feedings rather than larger ones, and those on formula sometimes find thickened formula easier to tolerate. Medications for reflux are usually either antacid type or motility drugs. Antacid medications attempt to

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Ruby in hospital - See "Caroline writes about Ruby", page 3

Reflux (cont.)

control the acidity of the stomach contents so that when refluxed they do not irritate the oesophagus to the same extent. Motility drugs usually work by increasing the rate at which the stomach empties.

For many children the symptoms of reflux will lessen over time. Some children have fewer problems once they start sitting up and then walking, as they are spending more time upright. However the implications of severe or untreated reflux, especially in terms of eating difficulties can last well beyond the reflux problem itself, so action does need to be taken to control the problem early on.

If you suspect your child may have a reflux problem, please check with your child health nurse, GP or paediatrician to have it checked out and investigated. Always check with a health professional before intervening with your child's feeds, to make sure that the change is suitable for your baby.

Kirsten Burkitt

References for this article are on page 5, "Website Reviews".

Reflux is the short term for the condition officially known as Gastro-Oesophageal Reflux (GOR, or in the US, GER for Gastro-Esophageal Reflux), sometimes "Disease" is added to the end of the name making the abbreviation GORD or GERD



Starting Solids

The question of when to begin feeding your baby solid food is even more difficult when you have a premature baby. Six months is the suggested age, but do you use actual or corrected age? Some health professionals say to go by actual age, as the baby has been digesting food for all that time anyway; some say to go by corrected age.

There is no easy answer. Babies with reflux might be introduced to cereal a little sooner, in the hope

that this will help to control the reflux. Mostly it will depend on how your baby is doing and whether they are ready for solid food or not. Check with your child health nurse, GP or paediatrician if you are not sure whether your child is ready for solid foods. Solid foods should not replace breast milk or formula for the first year - solids are just an introduction to different tastes and textures.

Austprem Inc.

Official Notice is given of the

Annual General Meeting

to be held on

Sunday 29th August 2004

at 8:30pm AEST / 6:30pm AWST

in the Austprem Chat Room

(if you are not a member of the Austprem group on mc2, you will need to join before the meeting to access the Chat Room there)

Nominations for the positions listed must be made on the Nomination Form and will be accepted until **5:00pm, Sunday 22nd August 2004**.

A person may only be nominated for one position prior to the meeting.

All nominees for positions, as well as those wishing to nominate someone or to vote in any election, must be registered members of Austprem Inc.

To register, please complete the form at

<http://www.austprem.org.au/about/membershipform.html>

This must be done by **5:00pm, Sunday 22nd August 2004**

Positions

President, Vice President, Treasurer, Secretary,
Media/Promotional Liaison Officer, Chat Host Coordinator,
Newsletter Editor, State Representatives

(for further details, including the Nomination Form and Position Descriptions, please see *AGM_notice.doc* and *Position_Descriptions.doc* in the Shared Files area of Austprem and Austprem - Pregnancy Support Group or email leanne@austprem.org.au or kirsten@austprem.org.au)

Your Story - Caroline writes about Ruby



On 18 May 2004 we welcomed our little girl, Ruby Elisabeth into the world. She was a little too eager to meet us, making her entrance nine weeks early weighing in at 1650 grams due to Premature Rupture of Membranes.

For her first few weeks things went relatively smoothly, we truly considered ourselves extremely lucky to be blessed with such a healthy baby. Since birth she had breathed on her own and her only real health issue was jaundice which was easily treated with a few days under lights. We had heard of the rollercoaster ride we could expect to endure after having a premature baby, but we seemed to have avoided that, or so we thought.

As she was born so early she was fed for her first weeks via a Nasal Gastric Feeding tube, starting off with a tiny 2mls every 2 hours. It is funny looking back now, as at the time I thought that was such a huge amount. From the start she tolerated her feeds quite well, and they were regularly increased in quantity and spread further apart.

When Ruby reached about 34 weeks suck feeds were introduced. Ruby was really ready for this, she was showing signs of having a great suck reflex for a long time and when given a dummy to suck on she would go to town on it!

This went well, she was a natural at taking feeds. It was exciting as I knew once she got this mastered home time would not be too far away. Her weight gains were always excellent, feeding was the last hurdle we had to overcome.

... just thrilled with her progress. Then we got the phone call...

Jason and I were just thrilled with her progress.

Then we got 'the phone call'. Early one Thursday morning I answered an early call at home from a resident at the hospital. Straight away my heart dropped into my stomach. The hospital had never called us before, this could not be good. Ruby had had a 'bad night'. Soon after a feed she had a very large vomit, bringing up about 20 mls. This in turn saw her stop breathing, with the doctors also worried with what they thought were signs of fitting.

Luckily she did not require any assistance and resumed breathing on her own. Her pallor changed dramatically though, and the doctors continued to see small signs of fitting from her.

Feeds were put on hold immediately, an IV was inserted so she could receive fluids intravenously and she was also administered a very

large dose of anti seizure medication. It was hard making the trek in, knowing what had happened, not knowing why, and wondering about where to from here. It was hard seeing her that morning, she looked so different, she was bloated from the medications and very lethargic.

A number of tests were administered to try and deduce what had happened. She was given a Chest X-Ray, a scan was done on her head, blood tests were done and she endured a spinal tap to check for Meningitis and other viral infections. Every single one of these tests came back clear, which was a relief, but we were still anxious to have an answer to prevent this happening again.

The doctors told us Reflux might be the cause, that in some instances it could produce such a big reaction in a baby. I was kind of surprised. I knew babies could have Reflux, but never would I have imagined the effect it could have. It was a relief knowing what it was though, how easy it would be to fix!

Feeds were soon re-introduced, with the nurses adding half strength Infant Gaviscon to every second feed, to help settle them in her delicate stomach. She was also put on Zantac to assist in managing the pain and discomfort that Reflux can cause.

We went home that day shaken, but confident all was well – we could get back on

Your Story - Caroline writes about Ruby (cont.)

track now. It wasn't to be.

Five days later, on Monday morning, I got yet another phone call. It had happened again, this time it was worse. She had required assistance to start breathing again, the nurses had to 'bag' her for a number of minutes this time. Feeds were stopped again and an IV was re-introduced.

Why us? Why Ruby?

I headed in, feeling somewhat emotionless, it just felt surreal – how could this be happening again? Why us? Why Ruby?

There was concern there may be some other underlying reason for Ruby having these episodes and the hospital wanted her to undergo testing that was not available there, so that morning a ride to the Royal Children's Hospital was organised.

Ruby settled in nicely and we familiarised ourselves with the Hospital. The next day she was given another Chest X-Ray, another head ultrasound, more blood tests, she was visited by an Ear, Nose and Throat Specialist. All of these were yet again clear. There was a concern there was perhaps a problem with her windpipe and gullet, perhaps there was some small connection between the two that was allowing food to leak in, thereby causing her to aspirate and stop breathing. A Barium Swallow was performed, it was this simple procedure that once and for all gave us a definitive answer to Ruby's problem – Reflux. Within two minutes of drinking the Barium mixture Ruby Refluxed, it was clearly evident on the imaging machine used in

this procedure. Her windpipe and gullet were completely separate, a wonderful sign.

We felt such a rush of relief that it was nothing more serious, there is nothing more worrying than the thought of your tiny child facing the prospect of surgery. But then we felt immense fear. Reflux seemed to be such a run on the mill ailment to us, but here we were with a baby who had stopped breathing twice because of it. Where to from here? How could we ever take her home if she continued to do this after some feeds?

Ruby stayed at the RCH for 5 days in total, being monitored closely during and after a feed to watch for any changes. That first night she did have an Apnoeic episode, not a major one though. Her main issue now was desaturations. During some feeds her oxygen levels would drop, they would usually go back up on their own within a few seconds although sometimes it felt like hours. We came to learn to look at her colour, a desat would see her turn a dusky colour. We could tell when she was coming out of a desat as her colour would improve dramatically.

After five days she returned to our local hospital. She was back on Infant Gaviscon, this time at every feed, at full strength. Zantac was also resumed.



It seemed to do the trick. Over the coming days she improved greatly, she still had occasional desats, mainly when she drank too fast or choked on her milk. She self recovered from these episodes quickly and although they were scary for us to watch at the time, we became used to them and we knew they were not of great concern.

After a few days they stopped all electronic monitoring of Ruby, getting her ready to come home finally. It was scary, we were so used to her being strapped to monitors for so long that they had become a great comfort to us. It was good though, it actually relaxed us when it came to feeding her. We no longer watched the Oxygen Saturation monitor intently when feeding her, we watched Ruby. I never realised just how focused we were on that piece of machinery. It felt liberating to let it go. Feed times suddenly became enjoyable again.

On Friday 9 July 2004 Ruby finally came home, 52 days after being born.

We continue to give her Infant Gaviscon at each feed as well as Zantac twice a day. Eventually she will be weaned off these, as most babies outgrow Reflux in time.

She is doing really well, weighing in at close to 5kg and she has grown about 15 centimetres in length. She is the light of our lives and we are so thankful she is here with us today.

Caroline Little

Website Reviews

Gastroesophageal Reflux in Premature Infants

<http://www.childrensdisabilities.info/feeding/reflux-maroney.html>

Dianne L. Maroney

A great website. Information on reflux includes a list of symptoms, information on tests and treatment options. Dianne Maroney is the author of the book "Your premature baby and child : helpful answers and advice for parents".

Gastroesophageal Reflux

<http://depts.washington.edu/growing/Feed/GER.htm>

Gaining and Growing : assuring nutritional care of preterm infants

This page gives a definition of reflux, as well as background information and looking at diagnosis and treatment. It is aimed more at professionals than parents, it is fairly easy to read and very informative.

The Gaining and Growing Homepage may be of interest too, providing links to topics such as "Nourishing the Very Low Birthweight Infant After Discharge", "What Parents Say About Feeding Preterm Infants" and "Nutrition Assessment". You can find it at:

<http://depts.washington.edu/growing/>

Gastroesophageal Reflux in Infants and Children

http://www.findarticles.com/p/articles/mi_m3225/is_11_64/ai_80813356

American Family Physician by Andrew D. Jung

Contains a list of differential diagnoses, and looks at the difference between GER and GERD.



Spitting Up, Reflux and Breastfeeding

<http://www.kellymom.com/babyconcerns/reflux.html>

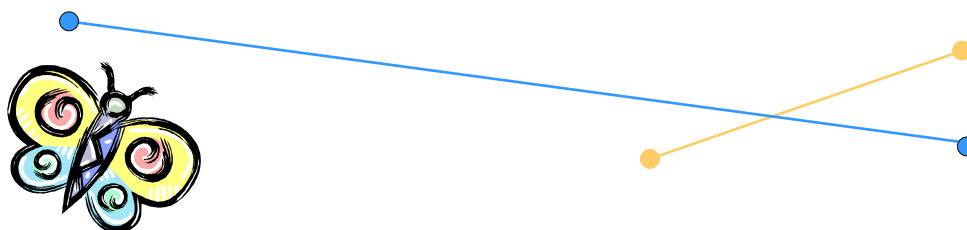
The webpage is written by a mother and gives practical suggestions about reflux, breastfeeding and ways of minimising spitting up. The additional information at the end has some great looking links too.

Teaching files : Management of Gastro-Esophageal Reflux (GER) in Newborns

<http://www.neonatology.org/syllabus/ger.html>

Neonatology on the Web

Aimed more to professionals, this online reference details the incidence and pathophysiology of reflux as well as different diagnostic tests and suggestions for management.



Prematurity in the Press

This is a new Austprem group - an online forum where summaries/ abstracts of articles in journals, print/online media and book reviews etc that feature issues about prematurity will be posted. Where possible links to the full text of the article will also be included, but this depends on the availability of the article and Copyright. This group will be a semi-public group, non-members will be able to read forum, but only members can post articles to the group and join in any subsequent discussions.

For information on joining see <http://www.austprem.org.au/pip.html>

Chats

Chats are a great way to get to know other members better. They are usually held on Thursdays and Sunday nights from about 9pm (EST). A reminder is posted to the Austprem Forum the day before a chat, so check there for the exact time. The chats are held in the Austprem Chat Room on the mc2 site, so only Austprem members are able to attend.

"You can turn up in your pj's and you don't need a babysitter"

Chats are very informal - you can turn up in your pj's (who's going to know?) and you don't need a babysitter. But you can still receive great support and understanding from other parents, or just have a social chat - a bonus if you have been isolated at home all day.

Pregnancy Support Group

The Austprem – Pregnancy Support Group has been set up for those who are contemplating or experiencing a pregnancy following a preterm birth, and for those at risk of giving birth prematurely.

Everyone is welcome to join Austprem – Pregnancy Support Group. You might be pregnant again, you might just be thinking about another pregnancy or you might have already completed a subsequent pregnancy and want to support someone else who is just starting on the journey. Sharing your thoughts and experiences might just help another mother, and support is what Austprem is all about.

You can find information about joining Austprem – Pregnancy Support Group at <http://www.austprem.org.au/psg.html>



Great Gift Idea!

Pass the code onto your family and friends - anyone may use it!



You Name It Labels Fundraiser

- purchase address labels, stick on and iron on name labels for clothing, bottles, snack boxes etc, and heaps of other stuff, and support Austprem too!

Order at <http://www.younameitlabels.com> using our code **aiv0603** (all lower case, no spaces).

More details from

http://www.austprem.org.au/promotion/you_name_it_fundraising.html



Your Austprem Committee

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Contacting the Committee

If you need to contact any of the Committee, please email them by clicking on their name in the Members list of the mc2 group, or send an email to

austprem@austprem.org.au

and it will be forwarded to the appropriate person.

Happy Birthday wishes to:

September

3 Connor (2)
5 Deklan (2)
6 Jack (2)
9 Patrick (5)
10 Olivia (4)
11 Tiffany (1)
13 Aiden (1)
15 Nicholas (7)
15 Ashleigh (7)
19 Danielle (14)
19 Hunter (1)
23 Casey (5)
23 Connor (2)
25 Michael (8)
25 Cameron (7)
29 Jazzmin (9)
30 Renee (5)

October

6 Vincent (10)
6 Liam (4)
15 Samuel (1)
19 Harrison (1)
23 Maddison (1)
24 Liam (6)
28 Emily (7)
28 Callum (1)

If you would like your children (full term and prem) added to the Birthdays page at <http://www.austprem.org.au/journey/superheroes/birthdays.html> or to be listed in the Newsletter, please email kirsten@austprem.org.au

Your support helps Austprem Inc. to grow and improve.

Donations

Austprem Inc. is a non-profit organization with no on-going funding.

If you would like to make a donation to Austprem Inc., please send your cheque or money order to:

Austprem Inc.
P.O. Box 2157
Sunbury VIC 3429

Please include your name and address so that a receipt can be posted to you.

Donations \$2 and over are tax deductible.

Your support is greatly appreciated.

November

5 Samuel (2)
8 Thomas (1)
8 Isaac (1)
8 Lianna (2)
9 Rebecca (6)
9 Jack (5)
11 Caitlin (1) 
11 Cassie 
12 Lewis (11)
12 Kyle (11)
13 Isabella (1)
13 Zoe (1)
15 Jordan (12)
17 Cody (2)
19 Adrian (2)
20 Jay (1)
21 Thomas (3) 
21 Jessica 
21 Finnian (1)
24 James (2)
24 Maxwell (2)
25 Alasdair (2)
26 Zachary (3)
28 Madelyn (2)



Joining Austprem

Austprem is an Internet based support group.

To join Austprem Inc., you will need to go to

<http://www.austprem.org.au/join.html>

and fill out the online membership form.

To access the online forums and chats

(where most of the Austprem "action" happens),

you will also need to follow the steps at

<http://www.austprem.org.au/forums.html>

to register with mc2 and subscribe to an

Austprem group.

Join now - it is a great opportunity to share with others who have "been there" and who can understand your experiences

Membership is FREE!

Any information provided to Austprem is held in confidence and will not be used for any other purpose or given out to any third party without your permission.



ABN 67 731 996 316

Austprem Inc.

Providing friendship,
information and support for
families of premature babies
and children.

Visit our website
www.austprem.org.au

Contact Us:

leanne@austprem.org.au
kirsten@austprem.org.au

Newsletter

Suggestions and Comments?
newsletter@austprem.org.au

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PremiePress is a publication for those who are interested in the development of premature infants and prematurely born children.

For further information and subscription details please contact:
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Copies of
Austprem Ink

may be downloaded from:

<http://www.austprem.org.au/newsletters.html>

Disclaimer

Please note that Austprem Inc. does not recommend that any interventions are made to any baby or child without the knowledge and assent of the child's doctor or other health care provider.

Austprem Inc. cannot be held liable for the actions of any person based on information that Austprem Inc. has provided.

Please check with your
doctor or health care
provider as to what
interventions are
appropriate for YOUR baby.

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