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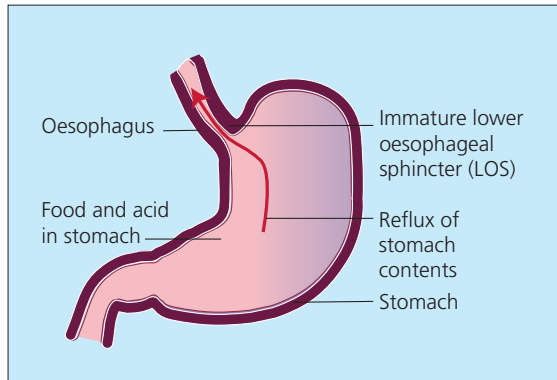
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Possetting: a common problem in babies

Possetting is a common problem in babies. It is the repeated effortless regurgitation or reflux of some or all of their milk into the mouth after a feed. Figures suggest that approximately 50% of infants regurgitate more than twice a day.

The condition is caused primarily by an immature or weak lower oesophageal sphincter (LOS) at the junction of the oesophagus and the stomach, which makes it easier for food to be regurgitated.



Secondary factors include the baby's posture when feeding and the fact that babies are mainly fed on milk. In most babies, the symptoms peak between 1 and 4 months and resolve within a year, as the LOS strengthens naturally and the baby eats more solids and spends more time in an upright position.

In most cases possetting causes no pain or discomfort, and is no cause for concern if the baby is happy, feeds well and gains weight. However, possetting can result in significant distress for the baby and feelings of anxiety and inadequacy in the parents, who may be changing theirs and their baby's clothes several times a day and wondering what they are doing wrong.

Although possetting is typically self-resolving, rarely requiring detailed investigation, it should be treated: 10% of babies may go on to develop more serious complications such as dehydration and oesophagitis.

Managing possetting

First, reassure parents that they are doing nothing wrong. Possetting is a treatable condition that, if



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managed appropriately, should not cause the baby or parent undue distress.

Simple practical measures, such as careful handling and posturing, feeding and dietary measures, and using anti-reflux agents, are likely to help mild-to-moderate possetting without GP consultation. These measures are outlined in Table 1, overleaf.

Handling and posturing

The baby should always be handled gently, especially when winding after a feed. Vigorous patting, rocking or bouncing the baby is not necessary and may aggravate possetting.

Posturing involves a number of techniques and positions aimed to either aid the flow of food by gravity, or to cause the stomach to fall in such a way that it allows the LOS to close. The baby should be kept in a sitting position, during, and for at least 45 minutes after every feed.

Babies should be handled gently when winding after a feed

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Dietary and feeding strategies

Giving the baby smaller, more frequent, feeds (in theory making it easier for the stomach to digest the food) may help prevent possetting. Care should be taken not to over-feed the baby.

Feeding the baby about an hour before settling them to sleep at night may also help, and since possetting tends to be worse when the baby is lying flat, raising the head of the baby's cot gently can be useful. Changing the baby's nappy before feeds also makes possetting less likely than nappy-changes undertaken when their stomach is full.

Table 1: Simple measures to prevent possetting

- Give smaller, more frequent, feeds
- Don't over-feed
- Don't let the baby swallow a lot of air with feeds
- Support the baby in a sitting position for at least 45 minutes after feeding, to bring up wind
- Handle the baby very gently after feeding – avoid sudden movements
- Never let anyone smoke near the baby

Specific treatments

If simple measures in Table 1 don't result in an improvement, milk thickeners, anti-reflux milks or anti-reflux agents can be tried.

Milk feed thickeners (e.g. Carobel) and anti-reflux milks (e.g. Enfamil AR), which contain thickeners, can be considered in babies with persistent possetting. They are available over the counter and some are available on prescription. Anti-reflux milks already have the thickener built in to their formulation, whereas separate thickeners need to be measured and added to milks. Separate thickeners can also be used in breastfed babies – the manufacturer's advice should be followed.

In general the use of these products is based on the proven theory that by thickening the feed (usually by adding a thickening agent, such as corn starch), the feed is heavier, and is less likely to be regurgitated, thus helping to reduce reflux. However, some separate thickeners can make the feed in the

bottle very thick before feeding, and difficult to feed successfully through a normal teat. Complete anti-reflux milks are designed to thicken in the acid conditions of stomach, and thus do not have this issue.

Studies indicate that milk thickeners reduce the incidence and severity of regurgitation in infants, but the effects of thickened feeds on the incidence of reflux and acid exposure are inconsistent¹.

Anti-reflux agents, such as paediatric alginate preparations (eg. Gaviscon Infant) have been specially formulated to treat possetting and can be used in both breast- and bottle-fed infants. The naturally-derived sodium alginate in the formulation produces a gel when it reacts with acid in the baby's stomach, thickening the food and making it more difficult to regurgitate. In bottle-fed infants it is added to infant formula. In breast-fed babies, it can be added to expressed milk or mixed with a little cooled, boiled water and be given by bottle or spoon.

Paediatric alginates have been shown to reduce the incidence of possetting, decreasing the number of times a baby regurgitates and reducing its severity too². These products are available over the counter from most chemists and have the additional advantage over milk thickeners of allowing precise dosing and providing assurance of sterility.

When to seek medical help?

Possetting in an infant who is otherwise healthy and gaining weight is no cause for concern. However, if the above measures or specific treatments don't resolve the condition, medical review is recommended. A GP should always be consulted if the following symptoms are present:

- Breathing difficulties, coughing, wheezing, breath holding or chest infections
- Difficulty swallowing
- Signs of dehydration (listlessness, dark circles around the eyes, refusal to feed, dry nappies)
- Poor or no weight gain
- Blood in regurgitated food
- If the baby is persistently unsettled, irritable, crying or fighting feeds.

If in doubt, always seek medical advice.



Paediatric alginate preparations are suitable for use in breast-fed as well as bottle-fed infants

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2. Miller S. Comparison of the efficacy and safety of a new aluminium-free paediatric alginate preparation and placebo in infants with recurrent gastro-oesophageal reflux. *Curr Med Res Opin* 1999; 15: 160–168.

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