



#1
PEDIATRICIAN
RECOMMENDED
BRAND

Frequent spit-up? Reflux? GER?

Learn the facts
and find out how
to help your baby

**Let's fuel
the wonder.™**



Q

How does a thickened formula like Enfamil A.R.™ work?

A

While Enfamil A.R. may not seem thicker in the bottle, it thickens further inside the stomach which is important. The thicker consistency helps reduce spit-up and helps babies keep their formula down.

Q

Why is a thickened formula recommended over adding rice cereal to regular formula?

A

Here's why a thickened formula like Enfamil A.R. is recommended:

- balanced nutrition is maintained without changing the carbohydrate or calorie content
- it passes easily through the nipple because it thickens further inside the stomach
- there's less mess and fewer steps so it's easier to prepare

Q

Can I use a thickened formula if I'm supplementing?

A

Thickened formulas are suitable for babies who are exclusively formula-fed or for those who are being supplemented with formula, even if it's occasional.

Q

If Enfamil A.R. helps my baby, should she stay on it?

A

When babies are more comfortable, life is so much more enjoyable. That's why many moms who switch to Enfamil A.R. continue using it throughout the first year. It's good to know that Enfamil A.R. has complete nutrition like a routine Enfamil® formula, as well as brain-nourishing DHA.

If you're concerned about frequent spit-up, this information is for you.

Surely you want to enjoy feeding and nurturing your new baby. But when common feeding issues like frequent spit-up occur, it can be a source of

frustration. And if your baby's doctor identifies this as common reflux or gastroesophageal reflux (GER), you might be wondering what to do next.



It can be comforting to know that about 2/3 of otherwise healthy babies may experience frequent spit-up during their first 3 months, with about 50% spitting up every day. Although it's common, it can be uncomfortable, so it's important to learn how you can help. While your baby's doctor is the authority, this Q&A has some answers that can help turn feeding times into happier times.



Q *Why does my baby spit up?*



Spit-up is usually caused by immaturity of the lower esophageal sphincter (LES) that prevents backflow from the stomach to the esophagus. In young babies, this muscle is still developing so it sometimes doesn't close all the way. This allows food from the stomach to travel back up the esophagus and into the baby's mouth. As a baby gets older, the LES becomes more mature and better able to do what it should do—keep the food down.

Q

Is frequent spit-up/GER a cause for concern?

A

Since about 2/3 of otherwise healthy babies may experience frequent spit-up, this issue is quite common. As long as your baby is growing and seems content, there's usually no need to worry that spit-up is a serious medical issue. Yet, if she seems uncomfortable and irritable, it's a good idea to consult your baby's doctor and make some adjustments that can help your baby keep her food down—and feel more comfortable.

**Q**

Is frequent spit-up the same as common reflux and GER?

A

Frequent spit-up is one of the indicators of gastroesophageal reflux, also known as GER or common reflux. Other indicators may include irritability during or after feeding, which can include crying. Frequent spit-up, GER, and common reflux are terms that are often used interchangeably.

Q

I've also heard of GERD. How is that different from GER?

A

While GER is common, GERD (gastroesophageal reflux disease) is a less common but more serious issue in which gastric acid flows back into the esophagus, which can cause complications that may require a doctor's intervention. Babies with GERD display multiple complications such as refusing to eat, poor growth, colic, gagging, and/or difficulty swallowing. If you notice these issues, see your doctor.



Does frequent spit-up/GER require reflux medication?



When easing GER, The American Academy of Pediatrics (AAP) recommends “lifestyle changes, which can include feeding and or position changes as first-line management options.” Thickened formulas such as Enfamil A.R.™ are specifically designed for babies with frequent spit-up.



Why isn't reflux medication recommended as a first-line option for easing frequent spit-up/GER in babies?



Because many of these medications are intended to reduce stomach acid, which plays important roles for your baby, they are explicitly recommended only for babies with GERD. Lifestyle changes are recommended as a first-line option for easing uncomplicated spit-up/GER. Reflux medicines should only be used under a doctor's direction.



How can I help my baby with frequent spit-up/GER?



Since the AAP recommends a change in feeding and position, you can try more frequent burping, feeding smaller amounts, or keeping your baby upright for 30 minutes after each feeding. In addition, if you are formula-feeding, incorporate a thickened formula designed to reduce frequent spit-up. Enfamil A.R. is clinically proven to reduce spit up by over 50%,* while still providing complete nutrition for your baby's first year.

* Based on a clinical study of Enfamil A.R. with infants who spit up frequently (5 or more spit-ups per day) comparing frequency and volume of spit-up after feeding Enfamil A.R. to the same infants at the beginning of the study.

Q

Will my baby outgrow frequent spit-up/GER?

A

This issue usually reaches its peak at around 3 months of age but can last until 12–14 months. By then, the muscle that connects the stomach and esophagus has grown stronger and is better able to do its job. Since it's hard to know how long frequent spit-up/GER will last, try and find a way to help your baby feel more comfortable. That way, you can soon enjoy calmer, happier times together.



Enfamil A.R.™

From the #1 pediatrician-recommended brand of infant formula

For more information, visit [enfamil-ar.com](https://www.enfamil-ar.com)

* Based on a clinical study of Enfamil A.R. with infants who spit up frequently (5 or more spit-ups per day) comparing frequency and volume of spit-up after feeding Enfamil A.R. to the same infants at the beginning of the study.

