

KEY TAKE-OUTS: MANAGEMENT OF INFANT REGURGITATION

Adapted from Salvatore S, et al. Acta Paediatr. 107: 1512-20, 2018

PARENTAL EDUCATION AND REASSURANCE AS THE FIRST LINE OF MANAGEMENT

PROVIDE PARENTS INFORMATION ON:

- Natural history of regurgitation
- Correct preparation of formula (in formula-fed infants)
- Impact of overfeeding
- Only supine position (during sleeping) is recommended due to the risk of sudden infant death syndrome

NUTRITIONAL MANAGEMENT

- Continue breastfeeding
- Seek professional feeding assessments and advice, if necessary
- Review and adjust feeding frequency and volume according to infant age and weight
- Consider thickened anti-regurgitation infant formula to help reduce regurgitation in non-breastfed infants
- Alginates, extensively hydrolysed protein or amino acid formulas are not indicated for uncomplicated infantile regurgitation

PHARMACOLOGICAL THERAPY

- No pharmacological recommendation for the treatment of symptoms in otherwise healthy infants
- Pharmacological treatment should be prescribed only with a clear diagnosis and with the lowest dose and shortest treatment period possible

REFERENCES:

Vanderplas Y, et al. Acta Paediatr, 105: 244-52, 2016 [Expert group review]
Vanderplas Y, et al. J Pediatr Gastroenterol Nutr, 49: 498-547, 2009 [Expert group review]
National Institute for health and care excellence. London: NICE, 2015. [NICE]
Rosen R, et al. J Pediatr Gastroenterol Nutr, 66: 516-54, 2018 [NASPGHAN/ESPGHAN]
Salvatore S, et al. Ital J Pediatr, 42: 68, 2016

KEY TAKE-OUTS: MANAGEMENT OF INFANTILE COLIC

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PROVIDE PARENTS INFORMATION ON:

- Signs of pain, hunger and fatigue in infants
- The transitory nature of the infantile colic
- Soothing strategies e.g. holding the crying infant

NUTRITIONAL MANAGEMENT

- Continue breastfeeding
- In some breastfed infants, specific strain of probiotics (*L. reuteri* DSM 17938) may decrease infantile colic
- Some formula-fed infants could benefit from a partial hydrolysate with prebiotics and beta-palmitate or a synbiotic formula with reduced lactose and partially hydrolysed protein.
- Encourage parents to seek support when needed

PHARMACOLOGICAL THERAPY

- Pharmacological therapy may cause serious adverse reactions, and is not recommended.

REFERENCES:

Vandenplas, Y, et al. Acta Paediatr, 105: 244-52, 2016 [Expert group review]
National Institute for health and care excellence. London: NICE, 2017 [NICE]
Salvatore S, et al. Ital J Pediatr, 42: 68, 2016

KEY TAKE-OUTS: MANAGEMENT OF FUNCTIONAL CONSTIPATION

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PARENTAL EDUCATION AND REASSURANCE AS THE FIRST LINE OF MANAGEMENT

PROVIDE PARENTS INFORMATION ON:

- Normal infant defecation patterns

NUTRITIONAL MANAGEMENT

- Continue breastfeeding
- Proper formula preparation (for formula-fed infants)
- Some formula-fed infants with hard and infrequent stools could benefit from a formula with a partial whey hydrolysate, a formula containing a mixture of prebiotics and a high level of beta-palmitate
- Provide a balanced diet and appropriate fluid intake (for infants older than 6 months)

PHARMACOLOGICAL THERAPY

- Lactulose and polyethylene glycol maybe considered for functional constipation for infants over six months of age
- Rectal treatment with glycerine suppository should be restricted to provide acute relief
- Consider specialist referral and investigations in case of inappropriate growth, other warning signs or non response to treatment

REFERENCES:

Vandenplas Y, et al. Acta Paediatr, 105: 244-52, 2016 [Expert group review]
Tabbers MM, et al. J Pediatr Gastroenterol Nutr, 58: 258-74, 2014 [NASPGHAN/ESPGHAN]
National Institute for health and care excellence. London: NICE, 2010. [NICE]
Salvatore S, et al. Ital J Pediatr, 42: 68, 2016