

RECOGNISING INFANT FEEDING PROBLEMS

Functional gastrointestinal disorders (FGIDs) are a cause of anxiety for parents, often leading them to seek medical help and support. Parents consider pharmacists an important source of information for their children.

However, a challenge for pharmacists is distinguishing between FGIDs and conditions such as lactose intolerance and cow's milk allergy (CMA).

Though they all fall under the umbrella of infant feeding problems, they require specific approaches to their management.

This tool is designed to differentiate between common infant feeding problems.

Tick all the WHITE boxes for each symptom that applies. Assess which column has the most ticks to identify the overall feeding problem.



SYMPTOMS OF COMMON FEEDING PROBLEMS

BEHAVIOURAL SYMPTOMS

Difficulty sleeping

Poor appetite and lack of energy

Drawing knees to chest

Repeated episodes of excessive and inconsolable crying

Arching of the neck and back during or after feeding

Refusing food

GASTROINTESTINAL SYMPTOMS

Gastrointestinal cramps

Abnormally delayed or infrequent passage of stools

Excessive flatulence (wind)

Pain and/or strain when passing stools

Vomiting/regurgitation

Diarrhoea

Abdominal pain

Gastrointestinal bloating

Foul-smelling wind and stools

Frequent hiccups

SKIN SYMPTOMS

Flushed face

Eczema

Reddening skin/itchy rash

Hives

Swelling

RESPIRATORY SYMPTOMS

Wheezing

Rhinitis (runny nose, stuffiness)

Anaphylaxis (emergency treatment and admission required)

	Colic	Constipation	Reflux	CMA	Lactose intolerance
BEHAVIOURAL SYMPTOMS					
Difficulty sleeping					
Poor appetite and lack of energy					
Drawing knees to chest					
Repeated episodes of excessive and inconsolable crying					
Arching of the neck and back during or after feeding					
Refusing food					
GASTROINTESTINAL SYMPTOMS					
Gastrointestinal cramps					
Abnormally delayed or infrequent passage of stools					
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Gastrointestinal bloating					
Foul-smelling wind and stools					
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SKIN SYMPTOMS					
Flushed face					
Eczema					
Reddening skin/itchy rash					
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RESPIRATORY SYMPTOMS					
Wheezing					
Rhinitis (runny nose, stuffiness)					
Anaphylaxis (emergency treatment and admission required)					

PHARMACIST COUNSELLING ON MANAGEMENT OF FGIDs

Pharmacists can help parents accept non-pharmacological approaches to manage most FGIDs. This helps achieve a circle of symptom free infants, settled and confident parents, and reduced healthcare system costs.

COLIC

Once medical causes are excluded:

- Engage in a partnership with the parents.
- Provide education and reassurance on:
 - signs of hunger and fatigue
 - family structure and regularity
 - the self-limiting nature of the condition (usually starts a few weeks after birth, peaks at about 4–6 weeks, steadily diminishes by 12 weeks)
 - soothing strategies.
- Explain normal crying and sleep patterns, encouraging parents to use a sleep/cry diary and to recognise signs of tiredness.
- Give parents tools to help their infant deal with discomfort and distress, including infant sleep and calming strategies.
- Refer to a doctor if there are concerns about the mother-baby relationship.¹

If formula feeding:

- Although more investigation is needed, research suggests so-called 'anti-colic' vented teats could have a positive effect on gastric distress.²
- Some research suggests using a specialised infant formula designed for colic (containing partially hydrolysed whey protein, prebiotic oligosaccharides, reduced lactose, structured vegetable oil and added starch) can help reduce symptoms.^{3,4}

REFLUX AND REGURGITATION

- Give advice to parents on⁵:
 - the natural history of regurgitation (even in breastfed infants)
 - correct formula preparation (in formula-fed infants)
 - the impact of overfeeding on symptoms
 - no position other than supine is recommended for infants due to the risk of SIDS.
- Advise parents to go to a doctor or emergency department if:
 - the regurgitation becomes persistently projectile
 - there is bile-stained vomiting or haematemesis
 - there are new concerns, such as signs of marked distress, feeding difficulties or faltering growth

- there is persistent, frequent regurgitation beyond the first year of life.⁶

If formula feeding:

- Review the feeding history.
- Ensure correct preparation according to formula instructions.
- Reduce the feed volumes (only if excessive for the infant's weight).
- Recommend a trial of smaller, more frequent feeds while maintaining an appropriate total daily amount of milk (unless the feeds are already small and frequent).
- Recommend a thickened infant formula containing carob bean gum, for example, which resists digestion in the mouth and maintains thickness in the stomach.

CONSTIPATION

- Provide parental education and reassurance on normal infant defecation patterns (stool consistency is more important than frequency).
- Provide parents with techniques to help relieve constipation, such as gently moving the baby's legs in a cycling motion or perform a gentle belly massage.
- Assess fluid intake.

If formula feeding:

- Give additional cooled, boiled water between normal feeds.
- Make sure bottles are made up according to the manufacturer's instructions.

This reference tool is brought to you by:



IMPORTANT STATEMENT

Breastfeeding is best for babies. It has benefits for the infant, such as reducing infection risk, and for the mother. It is important to have a healthy balanced diet in preparation for, and during breastfeeding. Infant formula is designed to replace breast milk when an infant is not breastfed. Breastfeeding can be negatively affected by introducing partial bottle-feeding, and reversing a decision not to breastfeed is difficult.

Infant formula must be prepared and used as directed. Unnecessary or improper use of infant formula, such as not properly boiling water or sterilising feeding equipment, may make your baby ill. Social and financial implications, including preparation time and the cost of formula, should be considered when selecting a method of infant feeding.

REFERENCES

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3. Savino F et al. Reduction of crying episodes owing to infantile colic: a randomized controlled study on the efficacy of a new infant formula. *Eur J Clin Nutr* 2006; 60: 1304–1310.
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