



“Spit Happens”: What’s normal, what’s not

Spitting up in babies: What’s normal, what’s not

Spitting up is a rite of passage for many babies. Here’s what to do about it—and when spitting up might signal a more serious problem.

Does your baby spit up after every feeding? Although it’s messy, you probably don’t need to worry. Spitting up rarely signifies a serious problem. As long as your baby seems comfortable and is gaining weight, there’s little cause for concern.

What’s happening?

If you keep a burp cloth within reach at all times, you’re in good company. About half of all babies experience infant acid reflux—or gastroesophageal reflux—during the first three months after birth.

Normally, a valve (lower esophageal sphincter) between the esophagus and the stomach keeps stomach contents where they belong. Until this valve has time to mature, spitting up may be an issue—especially if your baby eats too much or too quickly.

Minimal spitting up doesn’t hurt. It isn’t likely to cause coughing, choking or discomfort—even during sleep. Chances are your baby won’t even notice the fluid dripping out of his or her mouth.

Spitting up tends to peak at age 4 months with 50% of babies stopping by age 6 months and the other 50% by age 12 months.

What you can do about it

To reduce spitting up, consider these tips:

- Keep your baby upright. Feed your baby in an upright position. Follow each feeding with 15 to 30 minutes in a sitting position. Hold your baby in your arms, or try a front pack, backpack or infant seat. Avoid active play and infant swings while the food is settling.
- Try smaller, more frequent feedings. Feeding your baby too much can contribute to spitting up. If you're breast-feeding, limit the length of each nursing session. If you're bottle-feeding, offer your baby slightly less than usual.
- Take time to burp your baby. Frequent burps during and after each feeding can keep air from building up in your baby's stomach. Sit your baby upright, supporting your baby's head with one hand while patting his or her back with your other hand.
- Check the nipple. If you're using a bottle, make sure the hole in the nipple is the right size. If it's too large, the milk will flow too fast. If it's too small, your baby might get frustrated and gulp air. A nipple that's the right size will allow a few drops of milk to fall out when you hold the bottle upside down.
- Thicken the formula or breast milk. If your baby's doctor approves, add a small amount of rice cereal (about one teaspoon per ounce of formula) to your baby's formula or expressed breast milk. You might need to enlarge the hole in the nipple to make sure your baby can drink the thickened liquid.
- Experiment with your own diet. If you're breast-feeding, your baby's doctor might suggest you eliminate dairy products and gassy vegetables such as cabbage, broccoli and onions or certain other foods from your diet.

Also pay attention to your baby's sleeping position. To reduce the risk of sudden infant death syndrome (SIDS), it's important to place your baby to sleep on his or her back. If this seems to aggravate the reflux, it might help to slightly elevate the head of your baby's crib by placing a blanket or pillow under the crib mattress, not the baby—although this can be difficult to maintain if your baby moves around in his or her sleep. Placing a baby to sleep on his or her tummy is rarely recommended to prevent spitting up.

When it's something more serious

Normal spitting up doesn't interfere with a baby's growth or well-being. Contact your baby's doctor if your baby:

- Isn't gaining weight
- Spits up so forcefully that stomach contents shoot out of his or her mouth
- Spits up green or yellow fluid
- Spits up blood or a material that looks like coffee grounds

- Resists feedings
- Has blood in his or her stool
- Has other signs of illness, such as fever, diarrhea or difficulty breathing

These signs and symptoms might indicate an underlying condition or something more serious than run-of-the-mill spitting up. Treatment depends on what's causing the problem. Special feeding techniques are often helpful. In other cases, the doctor might prescribe medication to treat reflux.