



**SPITTING UP: LAUNDRY PROBLEM
OR MEDICAL CONDITION?
A NUTRITION IN-SERVICE FOR STAFF**

“Did you know babies are nauseated
by the smell of a clean shirt?”

~ Jeff Foxworthy



This institution is an equal opportunity provider.
Washington WIC does not discriminate.

For persons with disabilities this publication is available on request in other formats. To submit a request, please call 1-800-841-1410.



A discussion about infant's digestion related to spitting up and determining if spitting up could be a more serious problem.

Who: Participants: WIC Staff, range of 2-15 participants with a varying degree of maternal, infant and child nutrition knowledge and WIC experience.

Leader: WIC RD/Nutritionist

Why: Having a baby that spits up a lot can be frustrating and/or alarming to parents. By helping parents distinguish between a normal baby that spits up a lot and a baby with potential GERD, WIC staff can identify risk criteria and offer suggestions and/or provide appropriate referral for clients.

When: A monthly in-service that is designed to be 30 to 60 minutes - depending on the discussion and the number of staff attending.

Where: The session was designed for a WIC classroom, meeting room or large office depending on the size of the group.

What: By the end of this session staff will have:

- Identified amounts of "spit up".
- Reviewed the definition and occurrence of gastro-esophageal reflux (GER) and gastro-esophageal reflux disease (GERD).
- Proposed strategies to help reduce spitting up.
- Created ways to encourage parents of spitty babies.
- Identified GERD symptoms that indicate referral to a physician is needed.
- Named which Washington State WIC Nutrition Risk criteria pertain to this topic.

Materials Flip chart, easel, paper and markers

Needed: For activity in Introduction/Warm-up: liquid measuring cup or baby bottle with ounces marked, infant clothing, infant receiving blanket or towel for pouring various amounts of liquid, ranging from 1 to 4 ounces on a table, clothing, blanket or towel.

Copies of:

- Spitting up: Laundry Problem or Medical Condition?

In-service *Participant Copy*

- Spitting up: Laundry Problem or Medical Condition?

In-service *Feedback Form*

Background Please read and review before leading group:

Reading for Washington State WIC Manual, Volume 1, Chapter 14 - Nutrition

Leaders: Risk Criteria - Gastro-esophageal Reflux and Gastrointestinal Disorder

WA State WIC Manual; Volume 1, Chapter 23 - Food Packages - Infant Formula

<http://www.gastrokids.org/content/8/en/Reflux-GERD>

Select "Reflux or GERD in Infants"

- Infant Reflux and GERD: Distinctions and Management Video
- Infants Reflux Checklist

For Further review and consult

- www.jpagn.org Select "Archive" tab, select Volume 32; January 2001, Supplement 2
- Pediatric GE Reflux Clinical Practice Guidelines *J Pediatric Gastroenterol Nutrition, Vol 32, Suppl. 2, 2001*

How:

- Schedule in-service.
- Review background information.
- Review in-service *Leader Copy (italicized print indicates leader speaking)*.
- Prepare materials needed.
- Have fun!

Introduction / Warm-Up**10 minutes**

Welcome! I will be the leader for this month's nutrition training. I encourage all of you to participate. Together we can explore our topic and discover strategies to support our WIC clients.

By the end of this session you will have:

- *Identified amounts of "spit up".*
- *Reviewed the definition and occurrence of gastro-esophageal reflux (GER) and gastro-esophageal reflux disease (GERD).*
- *Proposed strategies to help reduce spitting up.*
- *Created ways to encourage parents of spitty babies.*
- *Identified GERD symptoms that indicate a referral to a physician is needed.*
- *Named which Washington State WIC Nutrition Risks criteria pertain to the topic.*

When you are the parent of a spitty baby it is often difficult to accurately quantify how much your infant is spitting up. Some parents will tell you that their baby spit up "the entire bottle."

Show the different "spit up" situations.

Use measuring cup or bottle to measure amounts of liquid to pour onto items. Make note of how much was poured on each item.

I have spilled various amounts of liquid on the table, blanket and clothes. Look, touch and feel the amounts. Guess how many ounces of liquid you believe was "spit up" in each situation.

Hear responses and then reveal how much was actually "spit up."

What surprises you about the amounts?

Part 1**10 minutes****Review of GER and GERD**

Listen to this description and occurrence of GER and GERD. Underline what is new information to you.

Gastro-esophageal Reflux (GER) occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach.

GER occurs often in normal infants. Most infants with GER are happy and healthy even though they spit up or vomit. Spitting up tends to peak at 4 months of age with increased vertical positioning and movement, then decreases with age as sphincter tone increases and most infants stop spitting up by 12 months of age.

If a baby is spitting up without discomfort and is making appropriate weight gains, then he or she is probably a “normal spitter.”

GERD (Gastro-esophageal Reflux Disease) is defined as symptoms or complications of GER. A small minority of infants develop GERD, with symptoms including poor weight gain, difficulty swallowing, and chronic respiratory disorders.

Who would like to share what they underlined?

Part 2**10 minutes****Ideas for “happy spitters”**

First we will talk about the “happy spitter,” the baby that is gaining and growing well. There are some simple things parents can do to help reduce spitting up in a “normal spitter.” Pair up and see how many tips you can come up with. We will share your responses.

Allow time for discussion. Call group back and hear group’s tips. Write tips on a flip chart. Add any tips not brought up by group.

Who would like to share an idea?

Responses may include:

- Avoid overfeeding (offer smaller amounts, help baby to slow down)
- Feeding one ounce less than normal
- Keep infant upright for 30 minutes after feeding
- Elevate head of crib slightly
- Burp more frequently
- 2 week trial of hypoallergenic or thickened formula (per physicians recommendations)
- Do not use car seat for positioning baby, except when in car
- Avoid tight diapers or tight waistbands
- Avoid exposure to second-hand smoke

Note: Staff often request information gathered from this activity, you might consider copying the information gathered and providing to staff.

Part 3**10 minutes****Talking to caregivers**

Although it is reassuring for caregivers to know a baby is growing well, having a spitty baby can still be very frustrating for caregivers. Let's think about words of encouragement we can offer to parents of "happy spitters."

Here are some examples:

- *"The good news is your baby is a happy spitter, the bad news is we need to crown you the Laundry Queen!"*
- *"A large supply of plastic lined bibs can be a big help in reducing full outfit changes."*
- *"I know it is frustrating and there is so much laundry...but look how good he is growing!"*

Get in new groups of two or three and see what ideas you can come up with.

Give time for groups. Then hear responses by moving around room and having groups read one or two ideas they came up with.

Part 4**5 minutes****Symptoms of GERD**

Now let's talk about babies who have other symptoms in addition to spitting up. Let's review some of the symptoms of GERD that would warrant a referral to the infant's physician.

Who would like to read the following?

Worrisome Symptoms of Reflux Disease in Infants

1. Vomiting associated with
 - Blood
 - Green or Yellow Fluid
 - Poor weight gain
2. Inconsolable or severe crying or irritability
3. Persistent food refusal
 - Poor growth or failure to thrive
 - Difficulty eating
4. Breathing Problems
 - Difficulty breathing
 - Repeat bouts of pneumonia
 - Breathing stops

- Chronic coughing
- Wheezing

What questions do you have?

What questions might you use to find out about the above symptoms?

Part 5	2 minutes
---------------	------------------

Assigning the correct risk

What Washington State WIC nutrition risk criteria would you mark for GER?

Gastro-esophageal Reflux

Presence of gastro-esophageal reflux (GER) as diagnosed by a physician, as self reported by the caregiver or as reported or documented by a physician, or someone working under a physician's order.

What Washington State WIC nutrition risk criteria would you mark for GERD?

Gastrointestinal Disorder

Disease(s) or conditions (s) that interferes with the intake or absorption of nutrients. The conditions include, but are not limited to:

- Gastro-esophageal reflux disease (GERD)

Presence of gastrointestinal disorders as diagnosed by a physician, as self reported by the applicant/participant/caregiver; or as reported or documented by a physician, or someone working under a physician's order.

Closing	1 minute
----------------	-----------------

Thanks for participating today. We heard some great discussion and ideas that will help us to better serve our WIC clients.

Please fill out a Feedback Form – your input is greatly appreciated.

Collect Feedback Forms.

Make any notes you have as a leader.

Review participants' Feedback Forms.

Document this training.

A discussion about infant's digestion related to spitting up and determining if spitting up could be a more serious problem.

Learning Objectives

By the end of this session you will have:

- Identified amounts of "spit up".
- Reviewed the definition and occurrence of gastro-esophageal reflux (GER) and gastro-esophageal reflux disease (GERD).
- Proposed strategies to help reduce spitting up.
- Created ways to encourage parents of spitty babies.
- Identified GERD symptoms that indicate a referral to a physician is needed.
- Named which Washington State WIC Nutrition Risk criteria pertain to this topic.

Part 1

Review of GER and GERD

Underline what is new information to you.

Gastro-esophageal Reflux (GER) occurs during or after a meal when stomach contents go back into the tube that connects the mouth to the stomach. GER occurs often in normal infants. Most infants with GER are happy and healthy even though they spit up or vomit. Spitting up tends to peak at 4 months of age with increased vertical positioning and movement, then decreases with age as sphincter tone increases and most infants stop spitting up by 12 months of age.

If a baby is spitting up without discomfort and is making appropriate weight gains, then he or she is probably a "normal spitter."

GERD (Gastro-esophageal Reflux Disease) is defined as symptoms or complications of GER. A small minority of infants develop GERD, with symptoms including poor weight gain, difficulty swallowing, and chronic respiratory disorders.

Part 2

Ideas for “happy spitters”

There are some simple things parents can do to help reduce spitting up in a “normal spitter.”

Pair up with someone next to you

Compile tips for parents to help reduce spitting up in their baby.

We will share your responses.

Part 3

Talking to parents/caregivers

Although it is reassuring for parents when a baby is growing well, having a spitty baby can still be very frustrating for parents.

Get in new groups of two or three.

Brainstorm ideas for words of encouragement to offer to parents of “happy spitters.”

Part 4

Symptoms of GERD

Now let’s talk about babies who have symptoms in addition to spitting up. Let’s review some of the symptoms of GERD that would warrant a referral to the infant’s physician.

Worrisome Symptoms of Reflux Disease in Infants

1. Vomiting associated with
 - Blood
 - Green or Yellow Fluid
 - Poor weight gain
2. Inconsolable or severe crying or irritability
3. Persistent food refusal
 - Poor growth or failure to thrive
 - Difficulty eating
4. Breathing Problems
 - Difficulty breathing
 - Repeat bouts of pneumonia
 - Breathing stops
 - Chronic coughing
 - Wheezing

What questions do you have?

What questions could you ask to assess for the symptoms above?

Part 5

Assigning the correct risk

What Washington State WIC nutrition risk criteria would you mark for GER?

What Washington State WIC nutrition risk criteria would you mark for GERD?

Closing

Thanks for participating today.

Please fill out a Feedback Form - your input is greatly appreciated.

For further information visit: www.GastroKids.org

See the "Parent's Checklist for Reflux in Infants 0-12 months old" at:

http://www.gastrokids.org/files/documents/resources/GERD_Infant_Checklist.pdf

