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## **A Parent's Guide to Living with Infant Acid Reflux**

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*This information was compiled based on my experiences and the experiences of other parents of babies with Reflux. It is not medical advice. Every baby is different and will respond differently to treatments and remedies. Please note that throughout this document I refer to baby as a "he". I just happen to have a son. – Annette Cottrell*

## **INTRODUCTION**

### **IS IT COLIC, REFLUX, OR JUST PLAIN FUSSINESS?**

It is estimated that between 40 and 65% of all babies have some degree of reflux in the early months. Some babies exhibit classic signs of Reflux (as listed below). Others are simply "happy spitters" or "spitty babies", meaning that they spit up frequently but seem generally comfortable and are gaining weight well. Still other babies with Reflux don't spit up but seem uncomfortable and exhibit other signs of Reflux. Many of them will receive a diagnosis of Colic, or even simply be labeled as fussy.

In many babies refluxing is due to an immature esophagus muscle that will resolve somewhere in the first twelve months of life. Other babies have Reflux that is caused by other health conditions or intolerances to certain foods or chemical additives. Still others simply have severe Reflux disease (GERD) and may require surgery to correct it. If your baby exhibits signs of Reflux, Colic or just general fussiness, be sure to ask your pediatrician about Reflux.

### **SIGNS OF INFANT ACID REFLUX**

- Poor weight gain or rapid weight gain
- Frequent spitting up or gulping with a painful look on the face, as if heartburn
- Projectile vomit, sometimes out the nose
- Sour breath
- Persistent hiccups or cough
- Persistent hoarseness, congestion or asthma
- Excessive fussiness, crying or colic
- Sudden bursts of painful crying
- Poor day and/or nighttime sleep habits
- Constantly wants to eat or refuses to eat
- Poor feeding habits - arches back, pulls up legs, stiffens or screams while feeding or refuses to eat while still hungry
- Prefers upright or inclined positions
- Always needs to be held to be comfortable

## **MAKING YOU AND YOUR BABY MORE COMFORTABLE**

### **FEEDING**

This literature is very biased toward breastfeeding and breastmilk, and the more I learn about it, the more biased I become.



Breastfeeding is a LEARNED art and it may not come naturally to you. It did not come naturally to me. I had so much pain that I white-knuckled every feed for the first two months. People kept telling me that it would get better with time. I worried about supply issues because my son wanted to nurse constantly. I was physically and mentally exhausted and friends, even doctors, suggested that I switch to formula. I constantly cried out of frustration because I wanted so badly to succeed at nursing my baby. I felt like a failure!

At the urging of my husband I finally hired a board certified lactation consultant (IBCLC). It was the smartest thing I've ever done. I learned to teach my baby to latch on correctly. Equally as important, however, I learned that simple changes in my nursing patterns such as minimizing forceful letdowns and making sure that my baby had finished the first breast before switching sides made a tremendous difference in my baby's Reflux.

If you are having difficulty or pain with breastfeeding get help! Pain is a sure sign that Baby is not latched on correctly. [www.la lecheleague.org](http://www.la lecheleague.org) is a volunteer organization with leaders in your area that can and will help you to breastfeed. Better yet, find a lactation consultant in your area that will help you and your baby in person. You can find an LC in your area by visiting [www.ilca.org](http://www.ilca.org).

**Feeding your baby breastmilk from your breast is the very best thing you can possibly do to minimize your baby's Reflux.** That said I know that sometimes for the sake of Mom's physical condition or sanity, or in extreme cases for the sake of Baby's physical condition it is not possible to breastfeed or to pump. The important thing is that Mom and Baby are happy, healthy and rested. In every case Mom needs to do what is right for her own particular situation.

### **Breastmilk versus Formula**

The more informed you are about the benefits of breastmilk the easier this decision will be. Breastfed babies have lower incidences of just about every disease and condition known to man, including allergies, asthma, type I diabetes, childhood cancers, ear infections, MS, obesity in later life, cavities and REFLUX. It is the perfect food for your baby and can never be duplicated. It is nourishing comfort that is always the right temperature with no bottle systems, warmers or sterilizers required. It changes with your baby's physical needs as his body matures, changes in composition from the beginning to the ending of each feeding and even changes throughout the course of the day. It is more easily digested than formula and so spends less time in the stomach, making it is less likely to come back up.

[www.promom.org/101/index.html](http://www.promom.org/101/index.html) has a great write-up on the benefits of breastmilk versus formula to help you decide for yourself which is right for you and your baby.

At some point someone with the very best of intentions will suggest that you switch to formula. Nature designed your breastmilk to be the perfect food for your baby, however, moms don't all eat as nature intended. Many babies spit-up because of sensitivity, intolerance or allergy to foods or chemicals in our diet. There is no artificial milk formulation in the world that can even come close to being as perfect as your breastmilk is. Is it close enough? You decide. Read the ingredient label on a can of formula before making your decision. There are at least 100 known ingredients in human milk that cannot be duplicated. Odds are if your baby's digestive tract isn't mature enough to handle your breastmilk then formula will not improve his Reflux. Before you try formula, try an elimination or failsafe diet with the guidance of your doctor in order to make your breastmilk more digestible for your baby.



## Elimination Diet

Many pediatricians will suggest you cut out a few of the more obvious triggers such as dairy, soy, wheat, citrus, chocolate, caffeine and acidic foods to see if your baby improves. When you cut out a few items at a time it can take months to find the items your baby may be reacting to through your breastmilk. The quickest route to determining if your baby is reacting to items in your diet is to eliminate all but a few of the items in your diet for a period of two to four weeks. At that point you will be able to tell if your baby has improved or not and then can begin adding things back one at a time so you can find out for sure what the culprits may be. Two very good elimination diets can be found at [www.askdrsears.com/html/4/t041200.asp](http://www.askdrsears.com/html/4/t041200.asp) and [www.fedupwithfoodadditives.info/](http://www.fedupwithfoodadditives.info/). Be sure to keep a food journal as you eliminate or add food back into your diet. If you are eliminating dairy be sure to read ingredient labels for "hidden" dairy. Whey, casein and sodium caseinate are also forms of dairy commonly used in processed foods.

## Enzymes

Pancrease™ is a digestive enzyme that breaks down the protein chains in a mother's body before they pass through to her breastmilk. See <http://66.102.7.104/search?q=cache:cJmLzMRhYf8J:www.szoptatasert.hu/letolt/s> and <http://www.healthsquare.com/newrx/pan1316.htm> for more information about Pancrease™.

## Formulas

If you do choose to feed your baby formula, do some research first. There are many formulas out there and they are not all alike. Some have dairy or soy bases and some are more allergenic than others. Powder versus premixed liquid forms of the same brand may even have different ingredients. Be prepared to try many different formulas. **It is always a good idea to pump during any formula trial in the event that formula fails and you wish to continue breastfeeding.** Your milk supply will decrease over time if you are not breastfeeding or pumping on a regular basis and you may find your baby's symptoms worsen on formula.

Classic Start Formulas are what you typically see on the grocery store shelves. There are many brands of these, among them Similac, Carnation and Enfamil. These are less expensive but contain longer protein chains and commonly contain soy, dairy or corn.

Hydrolyzed Formulas come in two classes and are typically also available at the grocery store. The first class contains a combination of short and long protein chains and may have fewer allergens. Carnation Good Start is one example. The second class contains a higher proportion of short protein chains. Some examples are Alimentum and Nutramigen. Hydrolyzed formulas are not truly hypoallergenic and are more expensive than Classic Start Formulas.

Elemental Formulas are amino acid based formulas, meaning that the proteins have been broken down to their simplest forms which make them easier to digest than other formulas. Some examples of these are Neocate, EleCare and Vivonex. These formulas are available only by prescription and should be tried only after all other formulas have failed. They are extremely expensive and should only be used under a doctor's guidance. Check with your pediatrician to see if it's possible to get insurance coverage for them.



### **Breast versus Bottle**

Is breastmilk the same from a bottle? There are several differences. When nursing from a breast, Baby's tongue pushes toward the roof of his mouth and increases peristalsis, or wavelike contractions of the stomach and intestines that move food along its digestive course. Thus nursing from a breast increases Baby's ability to quickly digest his feed. Baby is less likely to take in air when nursing from a breast and so is less likely to be gassy later. Mom is less likely to push Baby to finish the entire breast than the entire bottle. Only Baby knows how much milk he has consumed and Mom is more likely to end the feeding from a breast based on Baby's cues.

However, sometimes due to Mom's health or Baby's physical limitations Baby is unable to feed from the breast. In this case it may still be possible for Mom to pump her breastmilk and bottle feed it to Baby. Both Mom and Baby will still receive many of the health benefits associated with breastfeeding. If you plan to pump for your baby be sure to get a good quality breastpump. At a minimum you will want an electric dual breast pump such as Medela's Pump in Style. Ideally you can rent a hospital grade pump. Contact your local area hospital or [www.la lecheleague.org](http://www.la lecheleague.org) to find rental sources in your area.

All bottles are different. You may want to try various bottles and nipple sizes to see if your baby does better with one over another. Dr. Brown's bottles are unlike any other and actually reduce the amount of air a baby takes in.

### **To Thicken or Not to Thicken?**

Many pediatricians and websites will suggest that you thicken liquid feeds (including breastmilk) with cereal. Thickening breastmilk is ineffective because the digestive enzymes in breastmilk will thin cereal out within minutes. There is one product on the market that will thicken breastmilk, called SimplyThick ([www.simplythick.com](http://www.simplythick.com)). It contains no dairy or soy but does contain preservatives and it's very expensive. Talk to your pediatrician before trying this product.

Thickening feeds can be beneficial for some babies but can actually be detrimental for others. If you do decide to thicken feeds, keep a journal of what times you are thickening Baby's liquids and note any possible reactions he may have. Reactions can occur instantaneously or up to 16 hours later.

### **Positioning**

The best feeding positions for Reflux are left or prone, with no pressure on the tummy, a straight spine and as upright as possible. This leaves you with several possibilities:

- Use firm pillows or towels to prop baby on a good incline in the cradle or football hold **ON HIS SIDE**. Be sure Baby's spine is completely straight.
- Recline on a sofa or chair with Baby lying on top and facing you.
- Sit Baby upright on your lap facing you and straddling your waist but be sure the spine is completely supported and straight so there is no slumping or slouching which put pressure on Baby's tummy.
- Use a nursing wedge. A nursing wedge made of supportive foam will allow you to consistently and easily position baby at angle of 30 – 45 degrees and will allow you to nurse from both breasts while baby remains on his left side. You can do this by using the cradle hold (with Baby left side-lying) on your right breast and then shifting the



wedge and Baby to your left breast, in a modified football hold. The left side does require more practice. See [www.PollywogBaby.com](http://www.PollywogBaby.com) for more information and photos.

- Occasionally nursing in a sling or baby carrier is recommended because they support the baby in an upright position, however, most slings and carriers put pressure on Baby's tummy and cause Baby to slump or slouch. Because of this I prefer the other options listed here.

### **Overactive Letdown**

If your baby triggers your milk ejection reflex and then pulls off, seems unable to keep up with the flow, or makes gulping or clicking noises it's possible that your letdown is too strong for your baby. When babies try to keep up with strong flow they tend to swallow air which contributes to general gas and Reflux. Try pulling baby off and spraying into a towel until the spray slows, pumping or hand expressing until your spray slows a little, or nursing while reclining with baby lying on top and facing you. Feeding on one side per feeding will help manage the number of letdowns your baby has to deal with as well as any oversupply problems.

### **Smaller, More Frequent Feedings**

Smaller feedings are more quickly digested and less likely to come back up. Also a too-full tummy can put pressure on the lower esophagus sphincter, causing Baby to spit up. Your baby may want to eat more often.

### **Frequent Burps**

Breastfed babies do not require as much burping because they don't swallow as much air during feeds. You may want to try burping between breasts, anytime your baby pulls off your nipple, or gets squirmy. Bottle fed babies should be burped frequently, even as often as every 1-2 ounces if they seem irritable or gassy after a feed. If your baby gets too upset when you remove the bottle it may be best to wait until after 3-4 ounces initially before attempting to burp. Most babies will get upset but will feel better after a chance to burp.

### **Block Nursing**

If your baby seems to need to nurse all the time, has frequent diarrhea or green stools, seems excessively gassy or pulls off at the beginning of feeds, or if you seem to leak large amounts of milk between feedings it could be that you have a foremilk/hindmilk imbalance. This is generally caused or aggravated by certain nursing habits or oversupply. It is easily correctible by altering nursing habits.

Your breastmilk changes in composition throughout a feeding. Early in the feeding your baby receives your foremilk. Foremilk looks much like skim milk, it is thin and watery and may have a bluish tinge to it. It is very thirst quenching, high in volume but low in calories and fat. Later in the feeding your baby receives your hindmilk. It resembles whole cream, low in volume but high in calories and fat.

In a two to two and a half hour period try feeding your baby from only one breast no matter how many times he wants to feed. This will help ensure that he has totally emptied your breast and gotten the right amount of hind milk. This will help provide him with the same number of calories that he was getting with a smaller volume of food in his tummy and he may need to feed less often.



During this trial be sure your baby is gaining weight and has the correct number of wet diapers for his age. A board licensed Lactation Consultant can help you verify if block nursing is right for your situation. To find a Lactation Consultant in your area you can contact [www.ILCA.org](http://www.ILCA.org). For more information on breastfeeding see [www.lalecheleague.org](http://www.lalecheleague.org) and [www.kellymom.com](http://www.kellymom.com).

### **Nursing Strikes and Feeding Aversions**

Occasionally babies with Reflux associate pain with feedings to the extent that they refuse to nurse. If you feel like your baby is not nursing because he is uncomfortable, consult your pediatrician and see if the medication dose he is receiving is still correct for his weight. Colds and teething are also common causes for nursing strikes or feeding aversions. Co-sleeping, increased skin-to-skin time, bathing together, or a quiet and dim environment with just Mom and Baby may also be helpful.

### **Nursing Necklaces**

Once Baby's pain is controlled through medication, physical maturity, or by resolving any nursing problems, nursing necklaces can be a good distraction and help to end nursing strikes. They can also be a godsend once babies become older and want to be "more actively involved" in nursing. Plus babies just love to play with jewelry and nursing necklaces are designed to take a baby's wear and tear. [www.boobybeads.com](http://www.boobybeads.com) has a great selection of necklaces for babies of any age.

## **POSITIONING, POSITIONING, POSITIONING**

The worst positions for a baby with Reflux are lying flat on his back, upright and slumped, or with pressure on his tummy. This means during and after feeds and all times in between.

### **Sleeping Positions**

Studies have shown the left and prone (tummy) positions to cause the least amount of reflux in babies. Talk to your doctor about swaddling and putting your baby on his left side or getting a sleep monitor so you can allow Baby to sleep on his tummy. A baby sleeping positioner may be helpful in keeping your baby on his side but be sure your baby is able to pull up his legs if he has gas. Many sleep positioners pin the baby in such a way that they do not have enough mobility to move around and resolve gas on their own. It is important to note that babies with Reflux are at a higher risk for SIDS. This is because the spit-ups may spill over the windpipe, even in babies with silent Reflux. See [www.mcghealth.org/Greystone/peds/hrnewborn/gerd.html](http://www.mcghealth.org/Greystone/peds/hrnewborn/gerd.html) for more information. Be sure to follow all crib safety rules.

You may also want to try a crib sleeping wedge. These work for less active babies but some babies simply slide or kick down and end up sleeping at the flat foot of the crib anyway. You can also try propping the head of the crib up on bricks. You can purchase crib slings to keep smaller babies in place, or sleeping wedges which are large wedges that your baby is actually fastened onto. A baby hammock can also put baby in a more upright position for sleeping. See [www.pedicraft.com/reflux.html](http://www.pedicraft.com/reflux.html), [www.birdcronin.com/images/patient\\_care/html.docs.patcare/ger.html](http://www.birdcronin.com/images/patient_care/html.docs.patcare/ger.html), [www.tuckerdesigns.com](http://www.tuckerdesigns.com), and [www.babyhammocks.com](http://www.babyhammocks.com) for more information on products that you can purchase. [www.infantrefluxdisease.com/propping.htm](http://www.infantrefluxdisease.com/propping.htm) also has information on ways to prop without using products.



### **Feeding Positions**

When breast or bottle feeding, a good angle (30 – 45 degrees) on the left side, a straight spine and no pressure on baby's tummy will facilitate the best digestion. A nursing wedge can help with this. See [www.pollywogbaby.com](http://www.pollywogbaby.com) for more information. If breastfeeding, you can also try reclining with Baby on top and facing you, or sitting Baby up on your lap. Be sure to support Baby so he doesn't slump or slouch and there is no pressure on his tummy. If bottle or spoon feeding, a reclining position with no slumping or slouching is preferable. In all cases be sure the spine is totally straight. Keep Baby in an upright and well supported position (i.e. no pressure on tummy) for 30-60 minutes after a feed. The more upright and well-supported Baby is both during and after a feed, the faster liquids will travel into the intestines, leaving less to come back up.

### **Burping Positions**

Choose burping positions that put less pressure on baby's tummy. Place his head over your shoulder and hold him in close to you so he doesn't slump or slouch, gently patting his back. Try gentle bouncing on a therapy ball, walking up and down stairs while patting his back, or raising on toes and thumping down on heels rhythmically. The key is to find what works for you and do it as frequently as possible.

### **Diaper Changing Positions**

Changing diapers can be tricky. Whenever possible, change Baby's diaper before a feeding. Roll Baby's body from side to side rather than lifting his legs up over his head. Try propping up the changing station by putting pillows underneath the table top to create an incline but be sure the table top is stable and will not slide off the table. Be sure Baby's spine is in a straight line. A changing station incliner correctly supports the changing station on an angle. See [www.pollywogbaby.com](http://www.pollywogbaby.com) for more information.

### **Carrying Positions**

Never put your baby on your hip! This puts pressure on his tummy. The best position that I found to carry my son was with his bottom on one forearm and my other hand behind his back to support it and keep him in close to me.

## **PRODUCTS CAN MAKE YOUR LIFE BETTER OR WORSE**

There are many products on the market today designed to make it easier to care for your baby. Take a good look at the products you are currently using. It will be worth the extra expense to have a happier, more comfortable baby. Trust me! Look for items that place Baby in a slightly reclined position and do not cause him to slump or slouch. Once his stomach and back muscles become stronger he will be able to keep pressure off his own tummy and positioning devices will not be as critical.

### **Car Seats and Infant Carriers**

Car seats and infant latch carriers are not all alike. Some of them have deeper "wells" where the seat bottoms and backs meet that cause Baby to slouch. Look for car seats that have shallower wells and that recline slightly, putting less pressure is on his tummy.



### **Strollers**

Look for a stroller that has several reclining positions and has a shallow well. In addition to making it more comfortable for your baby, it can be used with a younger baby, enabling you to get out of the house earlier. This is especially true if you've had a C-section and are unable to use a sling or carrier.

### **Bouncy Seats**

Like car seats, many bouncy seats have deep wells or are designed so that waist straps must be very tight in order to secure Baby. Look for ones that have shallow wells and more comfortable fastening devices. You may be able to place a rolled up hand towel underneath Baby's bottom, lifting him up and out of the well. Be sure that Baby is still safely secured in the seat and do not leave him unattended. Vibrations and music may be soothing to your baby but beware that over stimulation can aggravate Reflux. Try to keep toys, colors and lights to a minimum until Baby develops more tolerance to stimulation or until Reflux symptoms lessen.

### **Exer-saucers**

These are designed with very large seating areas to accommodate Baby as he grows. It may be possible to put a rolled up towel or blanket behind Baby's back to fill the gap but be sure that doesn't simply push Baby's tummy against the bumper. Be aware that these products are designed to be stimulating and excessive stimulation can aggravate reflux.

### **Jump-ups**

An up and down motion may be comforting to your baby for many reasons. Just be aware that stimulation and pressure of the tummy against the bumper may cause him to reflux.

### **High Chairs**

Many high chairs now come with multiple positions, including a slightly reclined position. A 45 degree angle with a straight spine is preferable to a more upright position that causes Baby to slump.

### **Play Yards**

These can often be safely inclined by putting a foam wedge underneath the bottom/floor of the play yard itself. Be sure the incline is not too steep or Baby will slide down to the foot. You can obtain a foam wedge either through your health specialist or at a local foam shop. Never leave your baby unattended in a modified play yard.

### **Infant Sitting Pillows**

Use with caution. When breast or bottle feeding, it is not adequate to simply position Baby with his head higher than his body. His entire spine should be totally straight and well supported. Use equal caution when sitting Baby in a semi-circle pillow. If his stomach and back are not strong enough to support himself, he will likely slump or slouch, putting pressure on his tummy.

### **Burp Cloths and Bibs**

You really can never have too many. I prefer bibs that snap to Velcro enclosures simply because my son would always tug them off and scratch his neck or face and then spit-up as soon as the bib was gone. Sometimes I would put on two bibs at once so I could just remove the top one and still have a reserve. Look for bibs that are big and thick. If you can only find thin bibs, doubling up is good insurance.



Hand towels can make good burp cloths but terry stiffens up and hardens over many washings (and you'll be doing MANY washings). It also isn't as soft on Baby's face as a really absorbent 100% cotton diaper. Don't limit your search to chain baby stores. Look for 100% cotton 6 or 8 ply Chinese pre-folds, diaper service quality (DSQ). If you have a diaper service just increase the number of diapers you get each week. If not then buy several dozen, depending on how often you wash Baby's laundry. See [www.diaperware.com](http://www.diaperware.com) or [www.pollywogbaby.com](http://www.pollywogbaby.com) to purchase good Chinese pre-folds.

## **MOTION**

Motion can often trigger a calming reflex in babies and may even help to keep fluids down.

### **Swings**

Newer swings come with many different positions, speeds and directions (i.e. front to back or side to side.) Look for one that reclines in several positions so you can use it with younger babies. Be sure the seat well and strapping mechanism will not cause Baby to slouch or put pressure on his tummy. You may be able to place a rolled up hand towel under Baby's bottom, lifting him up and out of the well but be sure he is safely fastened and never leave him unattended. If Baby seems uncomfortable in a reclining position, be sure he is not reclined so much that forward rocking is causing his stomach contents to slosh up toward his esophagus.

### **Therapy Balls**

Gentle up and down bouncing helps many babies to calm down or pass gas.

### **Slings and Carriers**

There are dozens of choices. Don't stop your search at large baby stores. Do some searching on the internet or in stores that specialize in baby slings and carriers, like [store.peppermint.com/](http://store.peppermint.com/). Asian style, African and South American slings have been around for hundreds of years and many are easier to use and more comfortable for you and your baby than modern carriers. Be sure to look for carriers or slings that will be able to support your baby into toddlerhood. Babies with Reflux DEMAND to be carried and often grow up to be toddlers who demand to be carried. If you have back problems consider something that doesn't isolate the weight on one shoulder. Also look for styles that put Baby in an upright position and in close to your body to prevent slumping. Rebozo style slings are very flexible, allowing for many different positions that distribute weight onto both shoulders. Rebozos work with both back and front carries from infancy to toddlerhood. [www.babycuddler.com/](http://www.babycuddler.com/) is a great front carrier that works well even with toddlers. [www.kozycarrier.com](http://www.kozycarrier.com) and [www.freehandbaby.com](http://www.freehandbaby.com) are good options for Asian style baby carriers. They were designed for western bodies and have more strap padding than Chinese made versions. These work as both back and front carriers. All these options keep Baby's spine straight and hold him in close to you, thereby keeping pressure off his tummy.

## **CALM AND COMFORTING Demeanor**

Babies with Reflux are physically uncomfortable and crave nurturing even more than other babies do. Hold your baby close to you so he can breathe in your smells. Rocking, swaying



and swinging are all very comforting. Stimulation, including laughing and crying, can trigger Reflux episodes. Keep a calm environment that is soothing and use a quiet, comforting voice. Dealing with Reflux is very stressful and it can be difficult at times to keep from crying yourself. Babies often sense emotional discord so if you find yourself feeling overwhelmed or angry, try to find someone to hand the baby to. Don't repress your personal feelings though, it's important to discuss them with your partner or family members at an appropriate time.

## **OTHER COMFORT IDEAS**

### **Loose Fitting Clothing, Including Diapers and Diaper Wraps**

Be sure nothing is putting pressure on Baby's tummy. When fastening diapers be careful not to make them too tight. It's much more comfortable for your baby to have a leaky diaper than a leaky esophagus! Velcro style diaper wraps in particular have a very stiff band of Velcro across the tummy which is right where your baby needs some give. Fuzzi Bunz, Kissaluvs or just pinned pre-folds with pull up covers or Bear Bottoms Soakers work great and can be found at [www.diaperware.com](http://www.diaperware.com) or [www.thediaperlady.com](http://www.thediaperlady.com). Also beware of clothing with elastic or other waistbands that can be too tight on Baby's tummy.

### **Swaddling**

Your baby may resist being swaddled at first but within a few minutes should actually start to calm down. There are special swaddle blankets that make this feat easy. You can find a large selection and price range at [www.colicshop.com/swaddling-blankets.shtml](http://www.colicshop.com/swaddling-blankets.shtml). We used the miracle blanket with great success.

### **Pacifiers**

Sucking relaxes the digestive tract and increases saliva which can help digest feedings more quickly. Many babies need to be "taught" to take a pacifier. Try putting it in your baby's mouth and then very gently pulling it out. A baby's normal response is to try to keep it in there. You should wait until breastfeeding is established (4-6 weeks) before introducing a pacifier.

### **Loveys**

Small soft blankets or even burp cloths that smell like Mommy can be very reassuring for your baby. Try putting one inside your shirt or pajamas for several nights to fill it with your scent.

### **Change of Scenery**

Leave the house! New things to look at, fresh air and a change of scenery may be distracting or calming to your baby. If nothing else it will be a welcome break for you.

### **White Noise**

Babies are used to the sounds of your womb so white noise can be very calming to them. There are several white noise machines you can purchase ranging from inexpensive to very expensive. Look for one that has a wide range of noises and doesn't pause before repeating the track (this is called looping). You may find it handy to have one that also plays CDs so that you can play a lullaby CD at bedtime and then switch to the noise machine once baby is in the crib. [www.naturestapestry.com](http://www.naturestapestry.com) and [www.sharperimage.com](http://www.sharperimage.com) both have good selections of players in a wide range of prices. CDs are a less expensive option but keep in mind that even if your CD player has a repeat button there is always a pause as the track loops. Some sites with



good CD options are [www.purewhitenoise.com/](http://www.purewhitenoise.com/), [www.babysleepsystem.com/](http://www.babysleepsystem.com/) and [www.colicshop.com/white-noise.shtml](http://www.colicshop.com/white-noise.shtml). You can also simply leave a radio station on between channels but occasionally signals change during a 24 hour period so make sure it is not set close to any stations.

### **Music**

Music can calm and distract. Instrumentals may be less stimulating but experiment to learn what your baby likes. Babies have individual tastes in music just as adults do.

### **Running Water or Fan**

The noise from a running shower or fan may also soothe your baby. You're lucky if this works – that means you can probably shower every day!

## **PEDIATRICIANS AND SPECIALISTS**

It's important that you are happy with your child's pediatrician. Pediatricians are not Reflux specialists. Your pediatrician should listen to you, take you seriously, be willing to research information that may be helpful to you and refer you to a specialist if necessary. If you feel that your pediatrician is not taking you or your child's pain seriously try following the pointers at <http://www.infantrefluxdisease.com/seriously.htm>. These include doing research, making lists of symptoms and complications, and keeping a journal or bringing a videotape of your child's behavior and episodes. This will help your pediatrician understand what you and your baby are dealing with. If that doesn't work, consider switching pediatricians.

If your baby is not responding to treatments and still seems to be in pain you should consider requesting a GI specialist. Most doctors will suggest this for you. I have heard many times of situations in which a pediatrician saw no need for a referral to a specialist only to find out later that the baby required different medications or even surgery. Your baby's health is in your hands. This is a time to learn to speak up so you are heard loudly and clearly!

## **MEDICINES**

Many different medicines are now commonly prescribed to manage Reflux in infants. Every baby responds differently to medications and some will be more effective for your baby than others. Many babies do better on a combination of several medicine types, such as an H2RA and PPI combination. It also can take from one to three weeks for a drug to make a difference in your baby so please follow your pediatrician's instructions for the full course of the treatment. If your baby is not improving with treatment then contact your pediatrician to discuss trying a different medicine, or a combination of medicines.

Many of the medicines prescribed today have not been tested for use in infants. That does not necessarily mean that they are not safe. If left untreated, severe Reflux can cause long term damage to the esophagus, stomach and throat which can lead to many other health problems. Discuss any side effects you may be concerned about with your doctor but be open to using medicine if it's in your baby's best interest. [www.reflux.org](http://www.reflux.org) has a great links page where you can research side effects associated with these drugs and [www.infantrefluxdisease.com/needtomed.htm](http://www.infantrefluxdisease.com/needtomed.htm) is also very informative.



## Types of Medicines

### Antacids

These are generally available over the counter. The liquid forms contain magnesium or aluminum. The effects of long-term use are unknown. They can also cause diarrhea or constipation. They make your baby's spit-ups less acidic but do not decrease the amount of spit-ups that do occur. Some common medicines in this class are Mylanta and Milk of Magnesia.

### H2RAs (also called H2Blockers)

These decrease acid production in the stomach. These may not lesson Reflux episodes but will make your baby's spit-ups less acidic. Some common medicines in this class are cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), and ranitidine (Zantac). The liquid form of Zantac contains alcohol.

### Proton Pump Inhibitors (PPIs)

These are designed to block the stomach from producing acid. Some common medicines in this class are esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), and rabeprazole (Aciphex). Even though many of these are not approved for use in infants they are commonly prescribed.

### Prokinetic Agents

These are designed to cause the stomach's contents to exit more quickly into the intestines. These are more helpful in babies that are fed formula or solids. Breastmilk is already very quickly digested so they may be of limited help to a breastfed baby. Some common medicines in this class are bethanechol (Urecholine), metoclopramide (Reglan), and erythromycin. Cisapride (Propulsid) has been pulled off the market although it is still available in special cases.

### Dosage

Some of these medicines are very sensitive to weight changes. If you find your medicine is no longer effective, check the dosing guidelines at [www.webgerd.com/GerdTreatmentInInfants.htm](http://www.webgerd.com/GerdTreatmentInInfants.htm). Call your physician to ask about increasing the dosage.

### Medication Form

Some medications such as Zantac and Prevacid now come in tablet or powder forms that can be mixed with liquid. This helps to improve the shelf life of the medication and removes the flavoring that can cause baby to refuse medications.

Zantac efferdose tablets can be mixed with water. They do not contain granules and so should not clog the syringe. The prepared solution can also be administered via bottle nipple and does not require an enlarged hole. Zantac also comes in suspension form which should be stored at room temperature.

Prevacid comes in the form of packets, solutabs, capsules and suspension. The packets dissolve into small granules in liquid and can then be administered via syringe or bottle nipple. I've frequently heard of these blocking the opening. You can try shaking the syringe often during administration and rotating it so the granules do not remain in the bottom corner of the



syringe. The solution can also be administered using a bottle nipple with large or enlarged opening. One clever mom recommended using a q-tip with the end removed to partially block the opening from inside the nipple so the liquid does not rush out too quickly into her baby's mouth (thanks to Sandra M.) The packets can also be mixed with food. The solutabs are administered by placing them directly into your baby's mouth between the cheek and gum and then offering a breast or bottle to help them go down once dissolved. The solutabs contain lactose. The capsule contents can be mixed in with food. I've heard time and again from parents that the suspension only has a shelf life of two weeks although many pharmacists and pediatricians claim it should be good for a month. You may want to ask your pediatrician to write out your prescription for a two week supply to avoid this issue.

Zegerid is a relatively new medicine that contains the same active ingredient as Prilosec. It comes in packets that can be mixed for infant use with water. By mixing it yourself you avoid the shelf life issue. See [http://www.zegerid.com/dosing\\_administration.asp](http://www.zegerid.com/dosing_administration.asp) for more information.

### **Flavoring versus Compounding**

Many babies do not like the taste of some of the syrups. They may have very strong flavors. A special compounding pharmacy can mix the syrup without the original flavor and use other flavors your baby may be happier with. Prevacid in suspension with water and sodium bicarb is also available at compounding pharmacies. Prilosec can be flavored but I have heard of that reducing the shelf life of the medicine. Most pharmacies are not compounding pharmacies and will simply add flavoring on top of the existing flavor. Be sure that you are using a compounding pharmacy. They are listed in the yellow pages under "Pharmacies/Compounding".

## **TESTING**

Not all babies who exhibit signs of Reflux should be tested. If your baby is gaining weight well and seems generally comfortable, or responds to medication, your physician may make a diagnosis without further testing. If your physician does want to test for Reflux the following are the most common tests.

### **Barium Swallow/Upper GI X-Ray**

These are not definitive tests because your baby needs to reflux during the test in order to get positive results. A negative result (no observed Reflux episode) is meaningless. These tests can also find structural problems, such as a Hiatal Hernia, Pyloric Stenosis, delayed stomach emptying or Malrotation. Your baby will be required to drink a small amount of barium before the exam and you may not be allowed to breastfeed before and during. Breastmilk can neutralize the acid in your baby's stomach and reduce refluxing. This is one time you actually want your baby to reflux in order to get a diagnosis.

### **PH Probe**

A probe is inserted through the nose into the esophagus where it remains for 24 hours to detect how many times the esophagus is exposed to acid. This test is of limited usefulness because not every child refluxes every day, and it's very possible to get false negative (or positive) results with this test.



## Upper GI Endoscopy and Esophageal Biopsy

This involves sedating the baby and placing a flexible plastic tube with a camera through the mouth, down the throat, esophagus and into the stomach. The walls of the stomach, esophagus and duodenum are checked for inflammation and a small piece of tissue is removed for biopsy. The entire test takes about 15 minutes. You can find more information on Reflux testing at

<http://www.healthsystem.virginia.edu/internet/pediatrics/patients/tutorials/gerd/gerd.cfm>.

## ALTERNATIVE TREATMENTS

### Infant massage

In addition to general relaxation, it is believed that massage stimulates the vagus nerve. The vagus nerve increases peristalsis which assists in digestion. Seek a certified Infant Massage Instructor. When practicing massage, be sure to start slowly and listen to your baby. Never attempt to massage a baby without first referring to a book on infant massage.

### Craniosacral or Chiropractor Treatments

It is believed that the process of being carried in the womb or the process of birth (namely C-section or very quick vaginal delivery) can cause imbalances in the central nervous system. Craniosacral treatments are very light fingertip adjustments that correct restrictions in the membranes surrounding the brain and spinal cords. Chiropractor adjustments on infants are also very gentle adjustments on certain parts of the spine typically using a single fingertip or small tool to correct the vertebrae positioning and allow the nerve pathways to function efficiently. I have heard of these treatments working with great success for some and with limited to no success for others. We saw moderate improvement.

### Slippery Elm

Slippery Elm has been used in traditional Chinese medicine as a treatment for gastrointestinal symptoms. It works by coating and soothing the gastrointestinal tract and throat. The theory is that this helps prevent "burning" that stomach acid can cause. This has not been tested in a scientific laboratory. The powder can be brewed into a tea and the capsules can be mixed in with applesauce once Baby begins to eat solids. See [www.ajc.com/health/altmed/shared/health/alt\\_medicine/ConsHerbs/SlipperyElmch.html](http://www.ajc.com/health/altmed/shared/health/alt_medicine/ConsHerbs/SlipperyElmch.html) for dosing guidelines and more background information. I use this with my son and believe it to be helpful.

### Other Mentions

I have heard of the following, although I have no experience with them:

- Mastica, an herbal supplement
- Aloe Vera juice
- Kinesiology
- Accupuncture



## DON'T NEGLECT YOURSELF

Dealing with a baby with Reflux is overwhelming. You may be experiencing sleep deprivation, self-doubt, some degree of depression and general frustration at not being able to make your baby completely comfortable and happy. You are not alone!

### Cyber Help

There are many chat boards out there started by parents who feel just as you do. It's helpful to "talk" to others who are going through exactly what you are. Some great chat sites can be found at [www.infantreflux.org](http://www.infantreflux.org), [www.infantrefluxdisease.com](http://www.infantrefluxdisease.com), [www.reflux.org](http://www.reflux.org), and [health.groups.yahoo.com/group/breastfeedingreflux](http://health.groups.yahoo.com/group/breastfeedingreflux). If you are in the Seattle area, see [groups.yahoo.com/group/seattleinfantrefluxsupport](http://groups.yahoo.com/group/seattleinfantrefluxsupport). [www.postpartum.net](http://www.postpartum.net) is a post partum resource for moms, dads and other family members experiencing post partum depression. They may have local chapters in your area.

### Support Groups

Many areas have parenting support groups that meet several times monthly. Your pediatrician or mother's programs at your area hospitals may be able to help you find support groups in your area. [www.la lecheleague.org](http://www.la lecheleague.org) and [www.reflux.org](http://www.reflux.org) are also good places to look for local support groups. In Seattle see [www.pepsgroup.org/](http://www.pepsgroup.org/). If you can't find one in your community consider starting one.

### Books and Articles

There are several books out there that are written by parents of babies with Reflux. *Life on the Reflux Roller Coaster* by Roni MacLean and Jean McNeil, and *Making Life Better for a Baby with Acid Reflux* by Tracy and Mike Davenport are two. By purchasing these books through [www.infantrefluxdisease.com](http://www.infantrefluxdisease.com) you help fund their free brochure and support programs. Also [www.infantrefluxdisease.com/infant\\_reflux\\_stress.htm](http://www.infantrefluxdisease.com/infant_reflux_stress.htm) is a free, very quick and incredibly well written article that discusses feelings you may be experiencing. I highly recommend it.

### Ask For Help

Recruit friends, grandparents, extended family or trusted neighbors, including older responsible kids to come hold the baby or entertain your older children while you take naps or complete chores. It's important for you to have some time to regroup both physically and mentally. Even just 10 – 20 minutes of personal time and a shower can totally change your frame of mind.

### Hire Help

If your budget permits, hire a doula once or twice a week until you feel like things are back in your control. At [www.dona.org](http://www.dona.org), Doulas of North America, you will find listings of doulas in your area. In the Seattle area, see [www.naps-doulas.org/index.html](http://www.naps-doulas.org/index.html). Also consider hiring some help around the house. It may be within your budget to have a housecleaner come just once a month.

### Change of Scenery

If you feel completely overwhelmed just thinking about leaving the house then you need to get out! Don't worry that you will probably have spit-up on your shirt or your baby. People understand that babies spit-up. Learning to manage day-to-day activities with a baby with



Reflux can also do wonders in recovering any lost self-confidence you may have suffered. Just be sure to pack enough spare clothing, bibs and burp cloths. Some good places to go are:

- zoos
- aquariums
- coffee shops
- large book stores
- public libraries during special infant/toddler program hours
- playgrounds
- indoor malls

### **Attitude Adjusters**

Sometimes simple or silly things can help you maintain a positive attitude. If listening to Motown or Disco always makes you happy try that if you need a pick-me-up. If your baby objects you can always use headphones. Blowing bubbles is almost like doing deep breathing exercises and can be very calming. Perhaps looking at old photos will trigger good memories. And don't underestimate the power of a quick phone conversation with a spouse, good friend or family member.

### **Parent/Baby Activities**

Many communities have parent and baby activities such as gymnastics, swim lessons, yoga or dance classes. The point of these activities is not so much the workout or the lesson as learning to interact in a new way with your baby. They also get you out of the house and give you the chance to make new friends, increasing your support network. Check with your local YMCA for financial assistance if you cannot afford these programs on your own.

### **Lower Personal Expectations**

Your neighbor who just had a baby may cook dinner every night, keep her house clean and still find time to sing in the church choir but that doesn't mean that you should be able to manage all these tasks. You have a baby with Reflux. Let your house and other chores go while you learn how to make your baby comfortable. It's important that you are calm, well rested, and as stress-free as possible. Harboring unrealistic expectations of yourself will not benefit you or your baby.

### **Communicate Needs with Immediate Family Members**

As with any baby's arrival, it's important that you communicate your feelings and needs, especially with spouses or other children in the house. Mothers in particular are emotionally hardwired to respond to a baby's cries and are typically the ones spending most of the time feeding and caring for newborns (not to discredit any of you dads who are doing equal duty!) As such, mothers may be stressed, exhausted, hormonal and not at all themselves. It's easy to feel overwhelmed and frustrated but it's important to communicate those feelings to your immediate family. This is a time of upheaval for the entire household and it's difficult for everyone. Open communication can help prevent future feelings of guilt or resentment.

### **Preserve Your Health**

Right now it is especially important for you to sleep as much as possible, eat well and stay healthy. Be sure to get some gentle form of exercise several times a week.



## Sleeping Arrangements

Until your baby's Reflux is managed, he will likely not sleep or nap well. It's important for you to expect this. Many parents benefit from co-sleeping so that the baby can comfort nurse as frequently and for as long as necessary during the night while allowing you to rest. I've heard of babies sleeping propped up on Mom's arm when they are having a particularly rough night. You should follow all safe sleeping advice (see <http://www.askdrsears.com/html/10/t102200.asp> for more information.)

Some parents prefer to use a co-sleeper, or sidecar bed that attaches to the side of their bed. These can be elevated in the same manner that a crib or pack-n-play can, by placing phone books or foam sleeping wedges under the mattress. Some sleeping wedges actually go on top of the mattress underneath the mattress pad and may fit into a co-sleeper as well as a regular crib. If you are unable to co-sleep with your baby, or Baby chooses to play rather than sleep in your presence you may need to put him in a separate room.

Because your baby may be a poor sleeper, you may be encouraged by friends, family members, or parenting books to try "sleep training". It's important to remember that your baby is ill and in pain. Sleep training methods that encourage you to ignore your baby's cries are especially inappropriate for babies with Reflux. Babies who cry without response from a parent are not learning trust and security. Once you have discovered treatment and feeding methods that are effective for your baby he should sleep better. See [www.askdrsears.com](http://www.askdrsears.com) for more information on infant's sleep habits. Also pick up copies of The Happiest Baby on the Block by Dr. Harvey Karp and The No-Cry Sleep Solution by Elizabeth Pantley at your local library or bookstore. There is a chat group for parents attempting to follow Elizabeth Pantley's book at <http://groups.yahoo.com/group/NoCrySleep2/>.

## A WORD ABOUT SHAKEN BABY SYNDROME (SBS)

Babies with Reflux are at higher risk for SBS. According to PAGER ([www.reflux.org](http://www.reflux.org)), the most common "triggering events" that lead to SBS are "excessive crying, vomiting, and refusing to eat" ([www.reflux.org/reflux/paghomfa.nsf/pages/gersbs.htm](http://www.reflux.org/reflux/paghomfa.nsf/pages/gersbs.htm)). Sleep deprivation, an inability to stop a baby from crying, and increased physical response driven by those piercing cries can all contribute to frustration. Remember that your baby is crying from pain and not behavioral issues. Learn to realize your triggers and seek help whenever possible. If all else fails, put the baby in the crib or other safe place and take a shower or go in another room for awhile. A break from the cries will help. It's also important to warn any potential caregivers that your baby has Reflux so that they expect your baby to cry and vomit. Expecting that a baby will cry will help prevent caregivers from becoming frustrated or upset when it happens. See [www.dontshake.com](http://www.dontshake.com) for more information on Shaken Baby Syndrome.



## INDEX OF HELPFUL LINKS

(in alphabetical order)

[www.ajc.com/health/altmed/shared/health/alt\\_medicine/ConsHerbs/SlipperyElmch.html](http://www.ajc.com/health/altmed/shared/health/alt_medicine/ConsHerbs/SlipperyElmch.html) - Information and dosing guidelines for slippery elm

[www.askdrsears.com](http://www.askdrsears.com) – Gentle advice about attachment parenting, elimination diet and co-sleeping

[www.babycuddler.com/](http://www.babycuddler.com/) - Front pack that puts baby in a better position

[www.babyhammocks.com](http://www.babyhammocks.com) – Amby baby hammock

[www.babysleepsystem.com/](http://www.babysleepsystem.com/) - White noise CDs

[www.birdcronin.com/images/patient\\_care/html.docs.patcare/ger.html](http://www.birdcronin.com/images/patient_care/html.docs.patcare/ger.html) - Crib sling

[www.boobybeads.com](http://www.boobybeads.com) – Nursing necklaces

[www.colicshop.com](http://www.colicshop.com) – White noise, swaddling blankets and more

[www.diaperware.com](http://www.diaperware.com) – Large selection of cloth diapers

[www.dontshake.com](http://www.dontshake.com) – Information about Shaken Baby Syndrome

[www.fedupwithfoodadditives.info/](http://www.fedupwithfoodadditives.info/) - information on the Failsafe elimination diet

[www.freehandbaby.com](http://www.freehandbaby.com) – Asian style baby carrier

[groups.yahoo.com/group/seattleinfantrefluxsupport](http://groups.yahoo.com/group/seattleinfantrefluxsupport) – Seattle are chat group

[health.groups.yahoo.com/group/breastfeedingreflux](http://health.groups.yahoo.com/group/breastfeedingreflux) – Chat group

<http://groups.yahoo.com/group/NoCrySleep2/> - Chat group based on The No-Cry Sleep Solution book by Elizabeth Pantley

[www.healthsquare.com/newrx/pan1316.htm](http://www.healthsquare.com/newrx/pan1316.htm) - Information about Pancrease™

[www.healthsystem.virginia.edu/internet/pediatrics/patients/tutorials/gerd/gerd.cfm](http://www.healthsystem.virginia.edu/internet/pediatrics/patients/tutorials/gerd/gerd.cfm) - Information about tests common with Reflux

[www.ilca.org](http://www.ilca.org) – Find a Board Licensed LC in your area

[www.infantrefluxdisease.com](http://www.infantrefluxdisease.com) – Chat boards and information

[www.infantreflux.org](http://www.infantreflux.org) – Chat boards and information

[www.kellymom.com](http://www.kellymom.com) – Information about breastfeeding

[www.kozycarrier.com](http://www.kozycarrier.com) – Asian style baby carrier

[www.lalecheleague.org](http://www.lalecheleague.org) – Find a group or volunteer leader in your area for breastfeeding support

[www.naps-doulas.org/index.html](http://www.naps-doulas.org/index.html) - Seattle are post partum doula care

<http://www.naturestapestry.com> – Variety of white noise and sound machines

[www.pedicraft.com/reflux.html](http://www.pedicraft.com/reflux.html) - Wedges

[www.pepsgroup.org/](http://www.pepsgroup.org/) - Seattle are parents support group

[www.PollywogBaby.com](http://www.PollywogBaby.com) – Home remedies, nursing wedge and changing station incliner

[www.promom.org/101/index.html](http://www.promom.org/101/index.html) - Breastfeeding facts and advocacy

[www.purewhitenoise.com/](http://www.purewhitenoise.com/) - White noise CDs

[www.reflux.org](http://www.reflux.org) – Chat boards and information

[www.sharperimage.com](http://www.sharperimage.com) – Variety of white noise sound machines

[www.simplythick.com](http://www.simplythick.com) – Thickener for breastmilk and other liquids

[store.peppermint.com/](http://store.peppermint.com/) - Large selection of slings

[www.thediaperlady.com](http://www.thediaperlady.com) – Cloth diapers and mattress wraps

[www.tuckerdesigns.com](http://www.tuckerdesigns.com) – Sleeping and lounging wedges

[www.webgerd.com/GerdTreatmentInInfants.htm](http://www.webgerd.com/GerdTreatmentInInfants.htm) - medicine dosing guidelines



## ABOUT THE AUTHOR

### Annette Cottrell

[www.PollywogBaby.com](http://www.PollywogBaby.com)

Annette lives in Seattle with her husband Jared, son Max, and their faithful flat-coated retriever. A career Controller and Financial Manager, she is now a work-at-home-mom (WAHM) and founder of Moms in Clogs, makers of Pollywog brand products. Unable to find products beneficial for infant Reflux, she designed the patented Pollywog nursing wedge and changing station incliner. Her website ([www.PollywogBaby.com](http://www.PollywogBaby.com)) provides a free resource for parents looking for more information and home remedies to help manage infant Reflux. She also moderates a Seattle area infant Reflux support group (<http://groups.yahoo.com/group/seattleinfantrefluxsupport/>).

## ACKNOWLEDGEMENTS

Significant contributions to this document were made by the following:

### Roni MacLean

[www.infantrefluxdisease.com](http://www.infantrefluxdisease.com)

Roni MacLean, founder of InfantRefluxDisease.com, started researching reflux and GERD shortly after her daughter was born with GERD in May of 2000. She has spent the years following her daughter's birth learning everything she could. MacLean felt the need to reach out and help others going through what they had been through by sharing all that she had learned. Early in 2001 she launched InfantRefluxDisease.com as an informational website to help guide other parents. MacLean's dedication to the GERD community continues to this day. She has written the highly acclaimed, *Life on the Reflux Roller Coaster*, published in 2004, which was the first book ever published entirely on this subject. She dedicates all her spare time to the website that started it all, InfantRefluxDisease.com, which has since grown into one of the best sources of information online.

### Renee Beebe, M. Ed., IBCLC

[www.second9months.com](http://www.second9months.com)

Renee is a board certified lactation consultant, postpartum doula, La Leche League volunteer and founder and former Director of the NW Association for Postpartum Support (NAPS). Renee lives in Seattle with her two daughters and has devoted the last 14 years to helping women overcome breastfeeding challenges. She is owner of The Second Nine Months, providing holistic support for breastfeeding and parenting.

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