

Summary of Diagnosis and Management of Clinically Significant Gastroesophageal Reflux for Infants Born Prematurely

Please refer to the full guidelines for details

Diagnosis

Good **VIBEs** only for reflux!

The infant must have at least 2 of the following¹:

V – **VOMITING** on average > 2 times in 24 hours for at least 1 week

I – **IRRITABILITY** that prevents age-appropriate activities for at least 1 week

B – Poor **BOTTLE/BREAST** feeding progression at 37 weeks corrected gestational age or later¹

E – Requires **EXTENDED** gavage feed time for age-appropriate physiology (i.e. inability to compress feeds)

¹Occupational therapy needs to be consulted to fulfill this criterion. Failure to remove CPAP by 37 weeks corrected gestational age does not automatically fulfill criterion.

Treatment Algorithm

Continue all previous steps if advancing through the algorithm

Step 1: Conservative Management

Step 1a: 1-week trial of extended feed time OR decreased TFI

Step 1b: 1-week trial of extended feed time AND decreased TFI

*Additional practices to include in Step 1: i) Encourage Kangaroo Care; ii) Prone positioning and elevation of the head-of-bed if not approaching discharge; iii) Use nasogastric tubes (not orogastric) if off respiratory support; iv) Use thickener or thickened formula if oral feeding and cGA ≥ 37 weeks¹; v) Encourage oral stimulation and/or oral feeds

Step 2: CMPI Evaluation and Management

Step 2a:

- Evaluate likelihood of CMPI based on CBC and family history. If normal CBC and no family history of atopy, skip Step 2.
- If eosinophilia or family history of atopy, 1-week trial of hydrolyzed fortifier (liquid HMF/Nutramigen)

Step 2b

- 1-week trial of hydrolyzed milk (base + fortifier) (Nutramigen +/- EBM with CMPI diet)

Step 3: Pharmacologic Management

Step 3a: One Pharmacologic Agent if cGA ≥ 37 weeks

- If primary symptom is irritability or poor oral feeding or inability to compress feed time, 1-week trial of acid-blocker (PPI or H2 blocker)
- If primary symptom is vomiting, 1-week trial of domperidone

Step 3b: Two Pharmacologic Agents if cGA ≥ 37 weeks

- If already prescribed acid-blocker, 1-week trial of adding domperidone
- If already prescribed domperidone, 1-week of adding acid-blocker

*If cGA < 37 weeks, medication is not recommended. Consider 1-week trial of post-pyloric feeds if current weight ≥ 2kg

Step 4: Refractory GER

- Consult GI for further investigations and management
- Consult Neonatal Follow-Up Bridge Team for long-term management plans

¹Discuss thickener options with the nutritionist and occupational therapist