

Baby on your shoulder, screaming with colicky pain. Hundreds of sleepless nights. A true ordeal! Sound familiar?

Many babies suffer from painful colic. They spit up and cry all the time, they don't sleep. And no treatment really seems to help. The cause of this suffering is gastroesophageal reflux. Good part of the solution is babywearing...

Babywearing for the newborn: an option or a necessity?

In the first 12-24 months of life more than 50% of babies suffer from **COLIC** and **SLOW DIGESTION**, by far the most common issues seen by paediatric gastroenterologists. These babies:

- **Spit-up (regurgitate)** very often
- Have frequent bouts of **vomiting**
- **Burp** all the time, even **hours after feeding**
- Have **hiccups** several times a day (they often had this symptom even before birth, when still in their mother's belly)
- Are constantly **agitated, kicking endlessly, turning their head left and right, putting their hands in their mouth** as if they want to eat them, etc.
- And, as time goes by, have more and more **episodes of desperate crying**, i.e. **COLIC**, especially at the end of the day
- Worse still, they have more and more **trouble sleeping**, keeping parents awake most of the night in an effort to console them

A REAL TORTURE FOR THE WHOLE FAMILY

This is the set of symptoms that today's paediatricians call **GASTROESOPHAGEAL REFLUX**, a very common condition **frequently underestimated** in its consequences on the quality of life of babies and parents.

But what exactly is **reflux**, and what is the reason why so many babies are affected by it?

Reflux means literally "**backflow**", i.e. the return of food and acid from the stomach up toward the oesophagus and the mouth, instead of the natural process down, out of the stomach into the intestine. And the reason why such an unnatural occurrence happens to so many babies is that their **Lower Oesophageal Sphincter**, the valve that should prevent the backflow, does not yet work properly, staying open and letting the stomach contents go back up.

This also means that, going up and down, the acid-curdled milk takes much longer to leave the stomach naturally, to finally reach the duodenum and the rest of the intestine. Which explains the **slow stomach emptying** and the impression we all have of a **never-ending digestion** these babies seem to go through, regurgitating and burping for hours after feedings.

However, what makes life really miserable for these babies is the **inflammation** that the stomach acid invariably causes to the lining of their oesophagus by going up and down in it.

Oesophagitis, the name of this inflammation, becomes a true ordeal for the poor baby, because it causes him/her:

- Constant **burning pain**
- **Colic** at night
- Episodes of **projectile vomiting**
- Very frequent **hiccups**

Oesophagitis, finally, by irritating the **Lower Oesophageal Sphincter**, makes it even weaker and therefore allows even more **reflux**. Creating thus a terrible

VICIOUS CIRCLE:

more reflux = more oesophagitis, more oesophagitis = more reflux....

And this unnatural process depends very much on **one particular factor**:

The position in which babies (compared to older children and adults) are kept with their trunk most of the time: **lying down or sitting in awkward infant seats**.

This position allows the **backflow** I just described in babies much more than in older children and adults, who keep their torso mostly in **the vertical position** during the day.

This is obviously why parents, in order to help their suffering babies, have always instinctively held them upright, against their chest, with the little head leaning on their shoulder. "**This is the only way my baby will stop crying and go to sleep**" is what these "desperate" parents invariably go around saying. And, since reflux does not go away in just a few weeks, these parents are often obliged to carry their baby in this way (day and night) for months, often for his/her whole first year of life...

KNOWING ALL THIS, WHAT CAN WE DO TO OFFER THE MOST NATURAL RELIEF TO OUR COLICKY BABY?

FIRST OF ALL, I must emphasize that the best food for babies with or without reflux **is breast milk** because it is easier to digest and triggers less acid secretion in the stomach. This, besides causing **less and slower inflammation** of the oesophagus, allows for a quicker **stomach emptying**. Therefore, it makes symptoms of pain and bloating appear later and with less intensity than what normally happens with **formula feeding**.

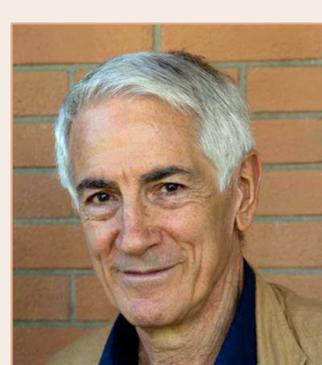
SECOND, I couldn't repeat often enough how important it is to keep babies **as long as possible** during the day in a **vertical position** by holding them in one of the many available **baby-wearing devices**. This will give them **immediate relief**, but, more importantly will slow down the development of **oesophagitis**, or even prevent it, **thus reducing the need for medication**.

Now, when should we start using these devices and on what basis should we decide which babies to use them for?

Well, after several decades of experience with regurgitating babies, this is my way of looking at the subject: Since

1. the **vertical position generally aids digestion for ALL newborn** babies
2. we cannot know in advance (during PREGNANCY) if our baby is going to fall into the 60% who will actually suffer from reflux
3. all babies generally love to be kept close to mother's body
4. there is no known **contraindication** for this practice
5. this way of carrying babies is also very practical and comfortable for parents

I am convinced that basically **all babies** should be kept **from the very beginning in a sling or baby-carrier** for as long as possible during the day. And the choice between these two types of devices should be made according to the parents' convictions and/or to what the baby seems to prefer.



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