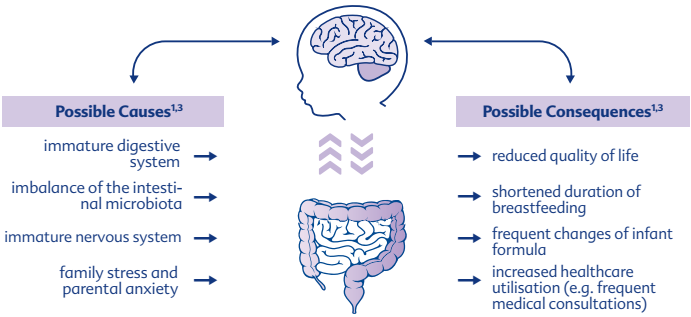
HiPP Scientific Services

KNOWLEDGE on Tap

Disorders of Gut–Brain Interaction in Infants

Non-specific digestive disorders such as constipation and colic are common in infancy, are generally medically harmless, and tend to resolve spontaneously. Their aetiology is multifactorial. Both the gastrointestinal tract and the central nervous system are initially immature and therefore susceptible to such disorders.[1,2]



If growth and development are appropriate, there is generally no cause for concern. However, persistent symptoms or suspicion of underlying pathology should prompt medical evaluation.

Functional Constipation[2] (in infants not exclusively breastfed)	At least two of the following criteria present within the last month: ≤ 2 defecations per week, retentive posturing, straining or inappropriate stool retention, painful or hard bowel movements, large stool mass, stools with large diameter
Infant Distress Syndrome[2]	All of the following criteria apply: infant < 5 months of age, recurrent and prolonged periods of crying and fussing without identifiable cause, that cannot be resolved by caregivers; no other medical findings

Therapy[2]

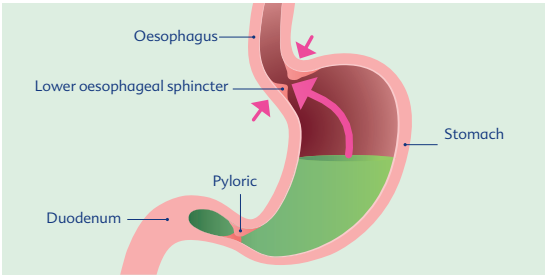
education, reassurance and support for parents
where appropriate: probiotics, nutritional interventions, and pharmacological measures

For infants who are not (exclusively) breastfed, the use of a **comfort** formula may be considered in consultation with a healthcare professional to alleviate symptoms. Such formulas support digestive regulation and soften stools.

Information for healthcare professionals

Gastro-oesophageal Reflux – common in Infants

Gastro-oesophageal reflux (GOR) is defined as the passage of gastric contents into the oesophagus, with or without regurgitation and vomiting.[4] The primary underlying mechanism is considered to be the functional immaturity of the lower oesophageal sphincter.



In most cases, reflux is harmless and infants thrive adequately. If reflux leads to troublesome symptoms and/or complications affecting daily functioning, this is referred to as gastro-oesophageal reflux disease (GORD). In order to rule out other diseases, a consultation with the paediatrician is necessary.

Management of physiological GOR[4,5]		
	• continue breastfeeding • provide breastfeeding support from trained professionals • thickening of human milk	• thickening of formula / use of **anti-reflux (AR) formula** • smaller but more frequent feeds • avoid overfeeding

Conclusion:
DGBIs and reflux in infancy are frequent, typically harmless, and self-limiting conditions. The central component of management is comprehensive parental education and reassurance. For infants who are not (exclusively) breastfed, special formulas may be used to alleviate symptoms and improve quality of life.

Scanning the QR-Code will take you to the references

Important information:
Breastfeeding is best for babies. Infant formula should only be given upon the advice of paediatricians, midwives or other independent experts.

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