

Common Feeding Problems



The First **26** Weeks & Beyond

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Despite good care and nourishment of your baby, you may sometimes be faced with feeding-related problems, such as constipation, colic, lactose intolerance, cow's milk allergy or reflux.

These issues can cause you a great deal of frustration and angst, but the good news is they can often be managed with some expert advice, adjustments to your baby's diet or routine, and a little extra vigilance.

This brochure has been developed to give you a general overview of some common feeding problems, as well as some helpful hints for how to help manage them. If you have any concerns, be sure to speak to a healthcare professional.

This brochure is not a substitute for professional advice.



Constipation

What is it?

Constipation is when a baby's poos are harder than usual, larger or more pebble-like, and may cause pain or bleeding on passing. True constipation in babies is rare, and needs to be diagnosed and treated by a doctor.

Infrequent bowel motions where the poos are formed does not necessarily indicate constipation. That's because all babies have different bowel habits, and some just don't poo as regularly as others.

Breastfed babies may poo as often as after each feed, or as infrequently as every couple of days. In general, formula-fed babies tend to poo less frequently than breastfed babies.

What causes it?

Poos normally change in colour, frequency and consistency when baby moves from breast milk to formula, or start solid foods. Reasons for constipation may include:

Babies	Older infants
<ul style="list-style-type: none">• change in diet	<ul style="list-style-type: none">• insufficient fibre in diet
<ul style="list-style-type: none">• change in fluid intake	<ul style="list-style-type: none">• not enough fluids to drink
<ul style="list-style-type: none">• change in routine	<ul style="list-style-type: none">• insufficient activity

What are the signs?

Signs of constipation may include any or all of the following:

- a hard, bloated tummy or tummy pain
- irritability
- showing signs of pain and discomfort, and the poo is hard to pass
- in severe cases, anal bleeding after passing a bowel motion.

Helpful Hints

- Offer an extra feed to provide more fluid, especially in the hotter months.

For formula-fed babies:

- Make sure to mix the right amount of formula powder with the right amount of water, based on the manufacturer's recommendation.
- In the hotter months, offer additional cool boiled water between feeds.

From about 6 months:

- Provide a healthy diet with adequate fibre, including:
 - fruits (such as cooked pear and apple, or stewed prunes and apricots)
 - vegetables (such as pureéd, blended or mashed broccoli, zucchini, carrot and pumpkin)
 - wholemeal or wholegrain breads and cereals
 - legumes (such as chickpeas, baked beans and hummus).
- Fibre intake should be increased slowly, and food textures should be appropriate for your baby's age.
- Fruit juice is not recommended for babies and young children, as it is too concentrated for sensitive little tummies. Fresh fruit is a much better option for keeping digestive systems healthy. Try to encourage older children to eat whole fruits with edible skin.

For toilet-trained infants:

- Develop a regular toilet routine, which helps decrease the common childhood fear of passing a bowel movement.
- Seek expert help if toileting issues, such as holding on, are a concern.

To help ease discomfort:

- Give your child a gentle tummy massage or a warm bath. Ask your family and child health nurse to show you how.
- Ask your healthcare professional for advice, if constipation persists.

Colic

What is it?

Colic refers to the normal range of unsettled behaviour experienced by babies in the early stages of their lives, especially between 2 weeks and 4 months of age. While some crying is considered normal, the amount of crying varies a lot between babies.

Colic is when a baby cries or fusses continuously for around 3 hours or more at a time, more commonly in the late afternoon and early evening. It can be very stressful for parents and the whole family.

What causes it?

The exact cause of colic is unknown. It is thought that young babies cry as a way of communicating their concerns to you – for example, a wet nappy, feeling too hot or cold, being hungry, suffering painful wind and cramping, or simply needing reassurance and a cuddle. In some cases, there may be a medical reason why your baby is distressed, so see your GP or healthcare professional if you are concerned.

What are the signs?

- Extended crying episodes in a baby who is otherwise healthy, well-fed and achieving satisfactory growth and development.
- Episodes lasting some hours, often at the end of the day.
- Difficulty comforting your baby.

Helpful Hints

- Unfortunately, there is no magic cure for colic, but as the saying goes: 'Everything improves with age'.
- Once you have excluded medical reasons for excessive crying, try some infant settling techniques like:
 - cuddling
 - warm bath
 - massage
 - soothing music
 - gentle rocking.
- Try to keep to a consistent method of settling. It may not stop the crying, but over time will help your baby cope with distress.
- Make sure you get some support and time out for yourself.



Lactose Intolerance

What is it?

Lactose intolerance is when the body cannot properly digest lactose (the naturally occurring sugar found in dairy foods). There are different types of lactose intolerance that may affect both children and adults. Most lactose intolerance is secondary to an episode of diarrhoea, usually caused by a bacterial infection. These cases last for a few weeks to a month, as the body recovers. The less common type is an ongoing inability to break down lactose, which requires a lifelong low-lactose or lactose-free diet.

What causes it?

Normally, lactose is digested in the intestine by the enzyme 'lactase', to allow absorption into the body. If the body cannot produce enough lactase, then undigested lactose enters the large intestine, causing the symptoms listed below.

What are the signs?

Signs of lactose intolerance may include:

- diarrhoea (loose or watery poos)
- abdominal pain, distension and gurgling
- flatulence (wind).

Helpful Hints

- It is important to have any intolerance diagnosed by a healthcare professional.
- If lactose intolerance is diagnosed, you will need to remove lactose (i.e. dairy products) from your baby's diet for their wellbeing, comfort and recovery.
- For breastfed babies, seek professional advice before changing the feeding routine.
- For formula-fed babies, lactose-free formulas are available, but seek professional advice before changing formulas.
- Ensure your child's diet supplies enough calcium
 - your healthcare professional can assist.
- For toddlers (over 12 months old) and older children, a calcium-fortified soy or lactose-free milk can replace cow's milk.

Foods and ingredients to avoid include:

- cow's milk
- milk and skim milk solids
- casein or caseinate (a type of milk protein)
- some yoghurts (however, yoghurts may be better tolerated due to their good bacteria pre-digesting lactose)
- ice cream
- spreadable cheeses
- dairy desserts
- other prepared foods containing milk.

Cow's Milk Allergy (CMA)

What is it?

CMA is a food allergy that occurs when the body's immune system reacts to the protein in cow's milk. In Australia and New Zealand, about 1 in 50 babies are allergic to cow's milk and dairy products. Most children outgrow CMA by around 4 years of age, but persistent CMA can sometimes occur.

What causes it?

CMA occurs when the the body's immune system identifies the milk protein as 'foreign' and produces antibodies against it, causing an allergic reaction. Allergies have a tendency to run in families, so a baby may be at an increased risk if there are close relatives with allergies.

What are the signs?

CMA can affect the gastrointestinal tract, skin and/or respiratory tract. Signs immediately or within an hour after a feed may include:

- vomiting
- hives and swelling (especially around the mouth)
- eczema
- severe allergic reactions (anaphylaxis).

Other signs that may develop more slowly include:

- diarrhoea and vomiting
- worsening eczema.

Helpful Hints

- If allergies are present in your family, seek advice from your GP or healthcare professional.
- CMA needs to be professionally diagnosed and dietary changes medically managed.
- If your baby is diagnosed with CMA, they will need to avoid all foods and drinks containing cow's milk, as even the smallest amount can cause a reaction.
- Some breastfed babies may show sensitivity due to milk in their mother's diet, so seek help from your GP or Accredited Practising Dietitian (APD).
- For formula-fed babies with CMA, speak to a healthcare professional as there are modified formulas that may be suitable, including soy-based infant formulas for children from 6 months of age.
- Partially hydrolysed (HA) formulas are not a suitable treatment for CMA.
- Learn how to read labels to identify cow's milk protein as an ingredient (see pg 11). Labels must include allergen statement.

Food ingredients likely to contain milk proteins include:

- milk
- non-fat milk solids
- casein or caseinate (a type of milk protein)
- whey
- whey powder
- lactalbumin
- lactoglobulin
- lactose
- rennet casein
- goat's milk
- cheese.



Reflux

What is it?

Reflux is the backward movement, or regurgitation of the stomach contents up the oesophagus and sometimes into the throat and/or mouth. It is a common occurrence during children's growth and development.

At 4 months old, nearly 7 out of 10 babies experience some form of reflux more than once per day. Reflux usually corrects itself by 12–18 months of age, but if you are concerned about your baby's reflux, seek advice from a healthcare professional.

What causes it?

There are many possible causes of reflux in babies, including:

- immature muscles between the oesophagus and stomach
- lying flat
- liquid diet or drinking too much, too quickly
- food intolerance or allergies.

What are the signs?

Most babies appear to have no signs of distress from bringing up milk after some or all of their feeds. If they are happy, and their growth and development are fine, then there is no need to do anything (except have plenty of cloths on hand!).

For some babies, bringing up milk and/or food from the stomach into their throat and mouth may cause them pain. They may:

- be irritable and cry excessively, or develop a hoarseness in their voice
- show blood in their vomit
- arch their backs and fuss when trying to feed
- in severe cases, not gain weight or even lose weight.

Helpful Hints

- Ask your family and child health nurse for suggestions on wrapping and positioning your baby while feeding them.
- Gravity plays an important role in keeping the stomach contents from being regurgitated, so try to gently cuddle your baby in a more upright position after their feed.
- Try smaller, more frequent feeds.
- If all of the above measures fail, talk to a healthcare professional about a specially developed thickened formula.
- If you are concerned that reflux is causing more serious problems, see your GP, as there are other medical options available for severe cases.
- Reflux can be a stressful time for both you and your baby, so make sure you have support and time out.



Preparing Infant Formula

Mixing formula correctly according to the manufacturer's directions will provide your baby with the right amount of vitamins, minerals and other nutrients for their age. Always read the pack instructions to check you are mixing the correct amount of water and powder, as this varies between infant formulas. Each infant formula may also use different sized scoops, so make sure you only use the enclosed scoop.

A simple step-by-step guide

Before mixing

- 1) Wash and dry your hands.
- 2) Wash bottles, teats, caps and utensils for formula preparation.
- 3) Sterilise bottles and utensils using an electric steriliser or sterilising tablets.
- 4) Prepare COOL BOILED water (bring water in a kettle or saucepan to boil, keep boiling for 5 minutes, then cover and allow to cool).

Mixing

- 5) Add the correct volume of cool boiled water to the bottle.
- 6) Measure the correct amount of formula powder using the scoop provided, and level it off with the leveller.
 - Do not over-pack the scoop by tapping it on the side of the can, as this will make the formula too concentrated and may cause constipation.
- 7) Add the formula powder to the bottle.
- 8) Cap the bottle and shake until mixed.

After mixing

- 9) Ideally, formula should be prepared just prior to feeding. Otherwise, refrigerate prepared formula and use within the recommended period.
- 10) Before giving formula to baby, warm it by standing the bottle in a container of warm water.

NOTE

Heating formula in a microwave is not recommended, as it can heat unevenly and burn baby's mouth.

- 11) Test the formula temperature on your wrist before feeding.
- 12) Discard any formula left in the bottle after feeding.

For more information specific to your baby's age, visit meandmychild.com.au



Our special thanks to Kate Di Prima, Accredited Practising Dietitian, for her contribution to this brochure, based on her experience and professional knowledge (July 2015).

Important Statement:

Breastfeeding is the normal method of infant feeding, and is best for babies. It has benefits for the infant, such as reducing infection risk, and for the mother. It is important to have a healthy balanced diet in preparation for, and during breastfeeding. Infant formula is designed to replace breast milk when an infant is not breastfed.

Breastfeeding can be negatively affected by introducing partial bottle-feeding, and reversing a decision not to breastfeed is difficult. Infant formula must be prepared and used as directed. Unnecessary or improper use of infant formula, such as not properly boiling water or sterilising feeding equipment, may make your baby ill. Social and financial implications, including preparation time and the cost of formula, should be considered when selecting a method of infant feeding.



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The information in this brochure has been prepared with the guidance and assistance of a healthcare professional. It is provided for general information only and is not a substitute for professional advice. Please consult your doctor if you are concerned about your baby's health.

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