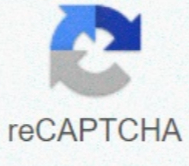




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Hiccups infants after eating

Being a mom Raising a baby Health & safety Baby hiccups are rarely a reason to worry, as they're completely normal for babies during the first year. Many infants get hiccups even while they are in the uterus! Recurrent hiccups in your baby shouldn't cause any problems for them. Let's learn more about newborn hiccups, how to prevent them, and when to call a doctor. Baby hiccups occur due to the contraction of the baby's diaphragm, along with the prompt closing of the vocal cords. During this process, the air leaves the vocal cords forcefully and creates the sound of hiccups. The exact cause of this isn't known, but baby hiccups are often linked to eating, drinking, and strong emotions including stress or excitement. Unlike adults, however, hiccups in babies usually don't affect them. Many babies are able to sleep uninterrupted during a hiccuping bout, and hiccups don't interfere with the breathing of the baby. Baby hiccups after eatingYour baby may develop hiccups after eating or drinking, especially if they swallow air during the feed (either breastfeeding or formula feeding). Hiccups in newborns may also occur if they overfeed or eat too quickly. All these factors may cause the stomach of the baby to expand, which pushes against the diaphragm and triggers a spasm, leading to baby hiccups. If your newborn has hiccups frequently and they cause distress, it may be due to gastroesophageal reflux (GER). In this condition, the esophageal sphincter isn't developed properly and partially-digested food mixed with stomach acid may regurgitate through the esophagus (food pipe). As the stomach content passes through the baby's diaphragm, it can trigger spasms and hiccups. What to do when a newborn has hiccups Hiccups in a newborn usually don't cause any harm. Unlike for adults, hiccups are less uncomfortable for babies and tend not to provoke any distress. So, what can you do for baby hiccups? Many times, baby hiccups get better by themselves. If the hiccups aren't disturbing your child, simply leave them to get better on their own. When the hiccups in your baby aren't due to feeding, you can give him or her a pacifier to suck, which helps relax the diaphragm and stop the hiccups. To get rid of baby hiccups, try burping in between feeding and offering the baby gripe water. You may also rub their back or rock back and forth to stop baby hiccups, as this helps the baby to calm down and relax, stopping the spasm of the diaphragm and, of course, the hiccups. Be sure not to hit or slap the back roughly or apply excessive force. How to stop baby hiccups after feeding To stop baby hiccups after feeding, you can try the following: Take a break from feeding and burp your child. This helps remove the excess gas in their stomach that may be irritating the diaphragm and causing hiccups. It also puts the baby in an upright position, which can be beneficial. According to the recommendations by the American Academy of Pediatrics, you should burp your infant (if they're bottle-fed) after every two to three ounces. You should burp your breastfed baby in between switching breasts. If your baby hiccups a lot during feeding (both breastfeeding and formula feeding), you may slow the feeding so that your baby can take their time and feel relaxed. You may give your baby some gripe water to relieve the hiccups. Gripe water is a blend of water and herbs that is traditionally used to relieve colic and stomach discomfort. The herbs may include fennel, chamomile, cinnamon, and ginger. Though no scientific proof exists to support the idea that gripe water helps relieve baby hiccups, it carries low risk and many parents say it helps. Before introducing a new product to your baby, discuss it with your doctor. Some herbs may cause an allergy in infants. While there are some ways to help prevent the onset of baby hiccups, it's difficult to avoid them completely since the cause isn't always known. Try the following ways to prevent hiccups in babies: Ensure your infant is calm and relaxed during feedings. Don't wait until they become upset and start crying due to hunger before offering a feeding. Try to feed your infant in an upright position. After every feed, hold your infant upright for about 25 to 30 minutes. Give your baby smaller feeds at short intervals of time. If you feed your child by bottle, try to reduce the amount of air they swallow. Tilt the bottle until the milk fills the nipple completely before giving it to the baby. Make sure the hole in the bottle's nipple is not too big or too small for your baby. When you tip the bottle, a few drops of milk or formula should come out. While breastfeeding, ensure your baby's mouth is latched properly over your whole nipple. Avoid doing high-energy activity with your baby after feeding, including boisterous playing or bouncing up and down. Hiccups in newborns are usually considered normal until the child reaches the age of one year. However, if your baby hiccups a lot and seems agitated or upset while hiccuping, you should consult a pediatrician as this may indicate other medical conditions. GER may result in frequent and uncomfortable baby hiccups. Apart from hiccups, the following symptoms indicate that GER may be an issue: Crying more than usual, especially when you feed the baby Problems gaining weight Arching the spine (back) excessively, especially after or during feedings Spitting up more than usualIf you suspect that your baby may be suffering from GER, talk to a doctor, as they can easily treat this condition. You should also talk to a pediatrician if the hiccups are disturbing the sleep of your baby, or if hiccups continue occurring even after your child turns one year old. Hiccups in babies are a normal occurrence until about the age of one year. Hiccups usually don't affect babies and they may even sleep through a hiccuping bout. Baby hiccups occur when the diaphragm contracts and the vocal cords promptly close. In a newborn, they may occur after feeding, particularly if the baby swallowed air while feeding, overfed, or fed too quickly. To stop baby hiccups, try burping the baby regularly during feeding, offer a pacifier, or give the baby some gripe water. If your baby hiccups a lot and looks agitated or upset while hiccuping, consult a doctor. This may indicate a medical condition such as GER, which is easily treatable. Kate Shkodzik, MD — Obstetrician/Gynecologist, Medical Advisor at Flo Newborns tend to get hiccups, especially at some point during a feeding, according to the Children, Youth and Women's Health Services of South Australia 1. Although anyone can get hiccups, they're more common in babies and children 1. Newborns tend to get hiccups, especially at some point during a feeding, according to the Children, Youth and Women's Health Services of South Australia 1. Although anyone can get hiccups, they're more common in babies and children 1. If your newborn gets hiccups during or after eating, rest assured—along with spitting up and soiled diapers, a hiccuping baby is perfectly normal. More About Hiccups The tiny "hic!" your newborn makes is caused by a contraction of the diaphragm, a muscle separating the chest and abdomen, states MayoClinic.Com 3. Each contraction causes your baby's vocal cords to close abruptly, accounting for the "hiccup" noise. The number of hiccups that take place each minute can vary widely—anywhere between four and 60, states the clinic. Causes in Newborns According to the Children, Youth and Women's Health Services, most causes of hiccups start when you do two things concurrently, such as eating and drinking 1. Babies can start to hiccup at some point during a feeding, but they don't necessarily have a cause or trigger. One hypothesis is that hiccups are more likely to start when your newborn feels stressed. If your newborn starts hiccuping while you're still feeding him, the American Academy of Pediatrics suggests changing his positioning or burping him 2. After the hiccups stop, then resume the feeding. When hiccups persist after five to 10 minutes, try to feed your baby a little more. The AAP states that this is usually the best fix for hiccups. Other Information If your newborn gets frequent hiccups, the AAP feeding her before she becomes voraciously hungry, while she's still calm. Additionally, it's okay to feed your newborn while she still has the hiccups, says the Children, Youth and Women's Health Services 1. The contraction that causes the hiccup causes your baby's epiglottis to cover the entryway to her lungs, acting as a safety measure to prevent liquid from getting into her lungs. Should You Be Concerned? Newborn hiccups are usually more troublesome for parents than they are for a baby, says the AAP. Your baby isn't bothered by the hiccups. Hiccups resolve on their own, so there's no need to try and stop them unless you absolutely want to, says the Children, Youth and Women's Health Services 1. Photo Credits Marc Debnam/Digital Vision/Getty Images At one time or another, many adults have had heartburn (an uncomfortable feeling in the chest) after eating a big meal or spicy foods. When these symptoms happen often or aren't tied to certain ingredients, they might be due to gastroesophageal reflux (GER), also called reflux. But GER isn't just a problem for adults — kids can have it, too, even babies. In infants, it can cause vomiting and fussiness after feeding. And in older kids and teens, GER can lead to heartburn, and stomach and chest discomfort. Most kids outgrow GER over time but some will need medical treatment. Reflux that causes problems like poor growth, vomiting, or damage to the esophagus is called GERD (gastroesophageal reflux disease). GERD is more serious than GER and is usually treated with medicine. About GER The burping, heartburn, and spitting up associated with GER are the result of acidic stomach contents moving backward into the esophagus. This can happen because the muscle that connects the esophagus to the stomach (the esophageal sphincter) relaxes at the wrong time or doesn't properly close. Many people have reflux regularly and it's not usually a cause for concern. But with GER, reflux happens more often and causes noticeable discomfort. After nearly all meals, GER causes heartburn (also known as acid indigestion), which feels like a burning sensation in the chest, neck, and throat. In babies with GER, breast milk or formula regularly refluxes into the esophagus, and sometimes out of the mouth. Sometimes babies regurgitate forcefully or have "wet burps." Most babies outgrow GER between the time they are 1 or 2 years old. But in some cases, GER symptoms last. Kids with developmental or neurological conditions, such as cerebral palsy, are more at risk for GER and can have more severe, lasting symptoms. Symptoms of GER Heartburn is the most common symptom of GER in kids and teens. It can last up to 2 hours and tends to be worse after meals. In babies and young children, GER can lead to problems during and after feeding, including: frequent regurgitation or vomiting, especially after meals choking or wheezing (if the contents of the reflux get into the windpipe and lungs) wet burps or wet hiccups spitting up that continues beyond a child's first birthday (when it stops for most babies) irritability or inconsolable crying after eating refusing to eat or eating only small amounts failure to gain weight Some of these symptoms may become worse if a baby lies down or is placed in a car seat after a meal.Complications of GER Some children develop complications from GER. The constant reflux of stomach acid can lead to: breathing problems (if the stomach contents enter the trachea, lungs, or nose) redness and irritation in the esophagus, a condition called esophagitis bleeding in the esophagus scar tissue in the esophagus, which can make swallowing difficult Because these complications can make eating painful, GER can interfere with proper nutrition. So if your child isn't gaining weight as expected or is losing weight, it's important to talk with your doctor. In older kids, doctors usually diagnose reflux by doing a physical exam and hearing about the symptoms. Try to keep track of the foods that seem to bring on symptoms in your child — this information can help the doctor determine what's causing the problem. In younger children and babies, doctors might run these tests to diagnose GER or rule out other problems: Barium swallow. This is a special X-ray that can show the refluxing of liquid into the esophagus, any irritation in the esophagus, and abnormalities in the upper digestive tract. For the test, your child must swallow a small amount of a chalky liquid (barium). This liquid appears on the X-ray and shows the swallowing process. 24-hour impedance-probe study. This is considered the most accurate way to detect reflux and the number of reflux episodes. A thin, flexible tube is placed through the nose into the esophagus. The test rests just above the esophageal sphincter to monitor the acid levels in the esophagus and to detect any reflux. Milk scans. This series of X-ray scans tracks a special liquid as a child swallows it. The scans can show whether the stomach is slow to empty liquids and whether the refluxed liquid is being inhaled into the lungs. Upper endoscopy. In this test, doctors directly look at the esophagus, stomach, and a portion of the small intestines using a tiny fiber-optic camera. During the procedure, doctors also may biopsy (take a small sample of) the lining of the esophagus to rule out other problems and see whether GER is causing other complications. Treating GER Treatment for GER depends on the type and severity of the symptoms. In babies, doctors sometimes suggest thickening the formula or breast milk with up to 1 tablespoon of oat cereal to reduce reflux. Making sure the baby is in a vertical position (seated or held upright) during feedings can also help. Older kids often get relief by avoiding foods and drinks that seem to trigger GER symptoms, including: citrus fruits chocolate food and drinks with caffeine fatty and fried foods garlic and onions spicy foods tomato-based foods and sauces peppermint Doctors may recommend raising the head of a child's bed 6 to 8 inches to minimize reflux that happens at night. They also may try to address other conditions that can contribute to GER symptoms, including obesity and certain medicines — and in teens, smoking and alcohol use. If these measures don't help relieve the symptoms, the doctor may also prescribe medicine, such as H2 blockers, which can help block the production of stomach acid, or proton pump inhibitors, which reduce the amount of acid the stomach produces. Medications called prokinetics are sometimes used to reduce the number of reflux episodes by helping the lower esophageal sphincter muscle work better and the stomach empty faster. In rare cases, when medical treatment alone doesn't help and a child is failing to grow or develops other complications, a surgical procedure called fundoplication might be an option. This involves creating a valve at the top of the stomach by wrapping a portion of the stomach around the esophagus. When to Call the Doctor If your child has GER symptoms, talk with your doctor. With proper diagnosis and treatment, kids can get relief and avoid longer-term health problems. Reviewed by: J. Fernando del Rosario, MD Date reviewed: January 2015

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