



Feeding Issues

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Mum & me™



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As a parent, you may experience a few feeding issues with your little one.

Read on for more information on commonly experienced feeding issues and ways to help.

What is constipation and how common is it?

In young children, bowel habits vary quite considerably, so it can be difficult to know if your child has constipation or not. If your child is having trouble pushing a poo out, passes hard poos, or isn't pooing regularly, they may have constipation.

Constipation occurs in approximately 5-30% of children.

What is Normal?

Baby's bowel movements

Transitioning your baby from one formula to another, or from breast to formula feeding, may alter their bowel movements.



Breastfed baby

Bowel movements tend to be more frequent with breastfeeding (the preferred choice), compared to infant

formula. The baby's stools will be soft, yellowish or slightly green.

Formula-fed baby

If you're feeding your baby formula, the stools will be firmer than a breastfed baby's, and may vary in colour according to the nutrients in the formula.



Partially hydrolysed formula stools are generally soft, paste-like, formed or unformed. The stools can range in colour from

yellowish-mustard to green and are slightly pungent smelling and frequent.



Non-partially-hydrolysed (intact protein) formula stools are harder, thicker and bulkier, lighter yellow/green to brown, and slightly

more pungent smelling, compared to breastfed babies.

What are some signs my child might be constipated?

- in pain when doing a poo
- experiencing tummy pain that comes and goes
- loss of appetite or eating less

For toddlers:

- they show signs (e.g. crossing legs, fidgeting) like they are trying to hold on or avoid going to the toilet
- pooing in their pants



What can I do?

It's important not to delay healthcare professional advice if you think your child is experiencing constipation as it can make them very uncomfortable and unwell if it goes on too long.

For young babies:

- continue breastfeeding, feed more frequently if needed to ensure your baby is not dehydrated.
- If formula feeding, make sure you are following the manufacturer's instructions exactly. Do not change proportions of powder except on medical advice. Incorrect preparation may affect hydration, and therefore constipation.

For toddlers (from 1 year):

- make sure they are drinking enough fluid through the day to avoid dehydration. Fluid should be breast milk (if your toddler is breastfed) and water, plus their usual toddler milk drink, cow's milk or other milk.
- ensure they are eating fruits and vegetables that provide enough fibre
- encourage daily activities, exercise will help food move through the bowel
- help them go to the toilet when the urge arises, instead of letting them hold on too long as this may cause pain
- see your healthcare professional if you are concerned an illness or medication is affecting their bowel motions.



What is colic?

Colic is an unexplainable, unsettled period where your baby is crying for a long time, sometimes for hours, and is inconsolable. The true definition is 'crying for more than 3 hours a day, at least 3 times a week, for more than a week, with no failure to thrive.'

According to statistics, up to 20% of babies, both breastfed and formula fed, between the ages of two weeks and six months, suffer from colic. It affects both sexes equally, and is a significant source of stress for some parents.

If you are worried your baby is crying excessively for long periods of time and without an obvious cause, it is important to consult your health care professional. They can help determine a possible cause of the crying, and diagnose colic if no known cause is found.

If your doctor has ruled out any other cause of the crying, rest assured colic is common and will not impact their ability to thrive.



What are the causes?

Often it is difficult to pinpoint why your baby has colic. However, possible causes may include:

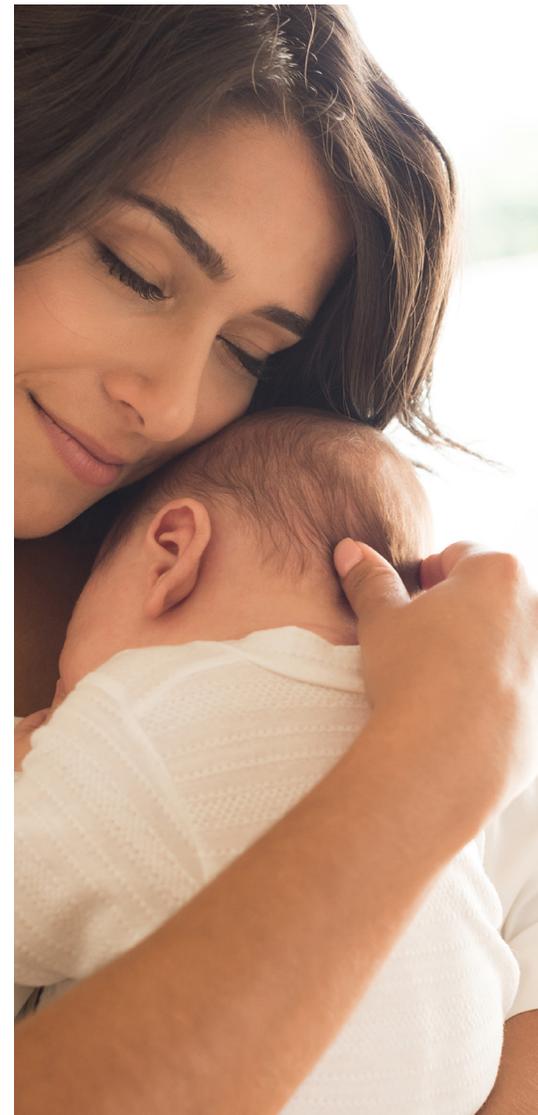
- An immature nervous and digestive system
- Parents' anxiety perceived by the baby
- Overfeeding
- Overly frequent changes in infant formula

What are the symptoms I should look out for?

- Your adorable little baby starts to cry repeatedly throughout the day and several times during the night.
- Your baby may be red in the face, have clenched fists, and an arched back.
- Your baby is irritable, inconsolable and unhappy.
- What's more, this unhappiness is causing your baby to produce high-pitched screams.

Combined with your tiredness, you may be finding it harder to cope with this relentless crying.

This can be stressful for the whole family so just be sure to have your baby checked by your healthcare professional.



What can I do if my baby has been diagnosed with colic?

Your baby may seem inconsolable, but don't despair. Here are some tips you can use to help your baby.

If breastfeeding work with your healthcare professional to continue.

Massage your baby's stomach gently in a clockwise direction, place a warm heat-pack* wrapped in a towel on their tummy (warmth is comforting).

Discuss possible treatment options with your healthcare professional. There is evidence that certain probiotic strains might help reduce crying in colicky babies, especially breastfed babies.

If you are bottle-feeding, limit air intake via the teat as much as possible – try an anti-reflux system and make sure you burp your baby properly. Refer to page 11 on burping your baby.

If your baby is formula fed, seek advice from a healthcare professional before changing formulas. Make sure you are using the correct scoop, quantities of powder and water as per the manufacturer's instructions.

While sucking can calm a baby who may want to feed all the time, the risk of feeding all the time is that your baby overfeeds, resulting in more stomach discomfort, and more crying. If you are unsure about how much you should feed your baby, consult your healthcare professional.

*Heat-packs should always be checked for temperature and not hot.

What is lactose intolerance?

Lactose intolerance is a clinical condition, which is due to the intestine's inability to digest lactose, the main carbohydrate, found naturally in milk and milk products.

Some toddlers and babies can suffer from this, and the results can be stressful for both parents and baby. Intolerance happens because the intestine does not have enough of the enzyme lactase, which is needed to digest and break down lactose. Enzymes help the body absorb foods and if your baby doesn't have enough lactase enzyme, it's called lactase deficiency.

How common is lactose intolerance?

There are two forms of lactose intolerance:

- 1 **Primary lactose intolerance:** a rare genetic condition requiring ongoing medical intervention.
- 1 **[More commonly] Secondary (transient) lactose intolerance:** occurs when the small intestine cell lining (where the lactase enzyme lives) is damaged, meaning a reduction of lactase activity. This only lasts until the cell lining is repaired.

Sometimes lactose intolerance can mistakenly be called an allergy. However lactose intolerance does not involve your baby's immune system. It involves sensitivities to lactose (a part of food) which causes reactions in the digestive system, which is still maturing in babies and young children.

Once your baby starts on solids, dairy foods (e.g. milk, yoghurt) are the most common source of lactose in the diet.

What are the symptoms I should look out for?

Symptoms which occur after your baby or toddler drinks or eats lactose containing foods may include the following:

- Runny diarrhoea that can be frothy
- Abdominal pain
- Bloating
- Irritable behaviour
- Nausea
- Nappy rash
- Excessive wind



Often symptoms only occur when the body's threshold to tolerate lactose has been passed. For example, small amounts of lactose in a tub of yoghurt may be fine, but a large portion of milk may be too much, resulting in a symptom that can be uncomfortable for your little one.

Because symptoms are very general, lactose intolerance can be difficult to recognise. If you are worried, it may be helpful to keep a food diary of what your baby or toddler eats, and when they react.

If you are unsure how to test for lactose intolerance, or you feel you need help, consult your healthcare professional.



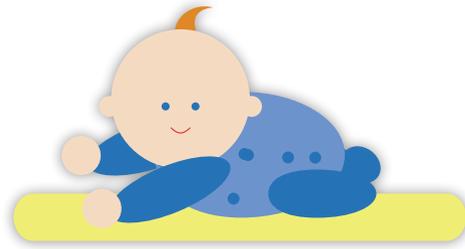
What can I do?

The best advice would be to seek help from your healthcare professional. The amount of lactose that can be tolerated varies between individuals. For babies who have started solids and toddlers, avoiding milk and dairy products removes a key food group from their diet. There can be health consequences as milk and dairy products are a great source of calcium, which is important for bones and teeth, especially in a growing child. Your HCP may recommend short-term changes if your baby has secondary lactose intolerance.

If your baby has diarrhoea as a result of secondary lactose intolerance, seek advice from your healthcare professional as dehydration can occur quickly in infants and young children, and can cause further illness.

For breastfed babies with primary lactose intolerance, medical advice is necessary. For those with secondary (transient) lactose intolerance, continued breastfeeding will not harm baby and may help heal the small intestine cell lining.

For those babies that are formula fed, there are special infant formulas that can be used when lactose intolerance is a problem. If your little one is >6 months of age, speak to their healthcare professional to ensure their diet includes appropriate nutrients.



What is regurgitation?

When stomach contents move back into the oesophagus, mouth, and/or nose involuntarily, this is called gastro-oesophageal reflux. The term regurgitation is used when these gastric contents can be visualised. Reflux, or regurgitation occurs when the stomach contents flow back up into the oesophagus and may include vomiting. In many cases, regurgitation is harmless.

Some possible causes include:

- 1 The digestive system is immature and the valve at the entrance to the stomach is not yet working properly.
- 2 Too much milk – your baby is simply clearing the excess.

What are the symptoms I should look out for?

- Your baby vomits after a feed.
- If your baby suffers oesophageal pain, they will be very unsettled and crying in pain, not just discomfort.
- Your baby may cry when lying face-up for a sleep or nappy change.
- You may find your baby only sleeps for short periods, which can develop into a cat-napping habit when older.
- You may find your baby hiccups and constantly swallows, even when not feeding.
- Your baby refuses food or won't eat
- Your baby may also be reluctant to smile and may often look uncomfortable.



What can I do?

It is advised that you seek the advice of a healthcare professional first and foremost.

Here are some ways that may help comfort your baby

Sit your baby upright while feeding and keep your baby upright for at least 30 minutes after the feed.

Change your baby's nappy before a feed to avoid changing at the end when the tummy is full.

Have your baby resting in an upright sling as much as possible.

Burp your baby after each feed simply clearing any excess wind.

Burping a baby

A relaxed baby will expel wind more easily than a tired baby. Physical tiredness and stress will tense the tummy rather than relax it, making it difficult to expel air.

When burping, keep your baby's back straight rather than curved. If your baby has not burped but is ready for sleep, put them to bed anyway, even if it means getting them up to burp a short time later. Your baby will have relaxed during this time making burping easier.

Gastro-Oesophageal Reflux Disease (GORD)

Regurgitation in your baby can be quite normal. However, when symptoms are severe, prolonged, and there are complications it is called GORD. If you are concerned your baby may be experiencing complications, such as slow growth or pain, talk to your healthcare professional.



Breast milk is best for babies

Learn more about your baby's nutrition with the **Nestlé Mum & me First 1000 Days Nutrition Program.**

Any questions?

Being a parent is no easy task.

If you still have questions about feeding your baby, speak to your healthcare professional, who will be able to help you make an informed decision.

Stay informed

For more information on infant nutrition, visit Nestlé Mum & me at nestlemumandme.com.au or contact our Careline nutrition experts on **1800 468 8736**.



IMPORTANT NOTICE: Breast milk is best for babies and provides ideal nutrition. Good maternal nutrition is important for preparation and maintenance of breastfeeding. Introducing partial bottle feeding could negatively affect breastfeeding and reversing a decision not to breastfeed is difficult. Professional advice should be followed on infant feeding. Infant formula should be prepared and used exactly as directed or it could pose a health hazard. The preparation requirements and cost of providing infant formula until 12 months of age should be considered before making a decision to formula feed.

The information in this brochure is general in nature and is not intended for self-diagnostic or treatment purposes. Nestlé is not engaged in rendering medical advice or services. Consult a healthcare professional for advice about your baby's health and nutrition. Never disregard professional medical advice or delay in seeking it because of something you have read in this brochure.

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