

## Baby Behaviors for Formula-fed infants: What is Normal & When to Refer?

What's the issue?	What to explore further?	What is common/ What is normal?	What formula, information to offer?	When to refer to the health care provider?
<p><b>Spitting up</b></p>	<ul style="list-style-type: none"> <li>● Volume: How much is offered at each feeding?</li> <li>● Mixing of formula: Are too many air bubbles going in?</li> <li>● Positioning:               <ul style="list-style-type: none"> <li>-Is the baby being jostled during feeding?</li> <li>-Is the baby laid down right after a feeding?</li> <li>-Is bottle tipped so baby is gulping air?</li> </ul> </li> <li>● Nipple: Is the nipple opening too large, resulting in a large amount of volume going in?</li> <li>● Illness: Is the infant coming down with a cold or respiratory illness?</li> <li>● Teething: Is the infant drooling more?</li> </ul>	<ul style="list-style-type: none"> <li>● Half of all 0-3 month old babies spit up at least once a day</li> <li>● Spitting up usually peaks by 2-4 months of age</li> <li>● Most infants outgrow spitting up by the time they are sitting up or by 12 months of age</li> <li>● Overfeeding is a common reason</li> <li>● Growth is usually normal and the spitting up is more of a nuisance than a concern</li> <li>● When teething, babies tend to drool more and can swallow extra saliva resulting in spitting up</li> </ul>	<p><b>Formula:</b> Similac Advance powder or concentrate</p> <ul style="list-style-type: none"> <li>● Match infant's stomach size with the volume of formula being offered (ex. by 6 weeks the size of an infant's stomach is approximately the size of a large egg and does best with 3-5 oz of formula at a feeding)</li> <li>● Offer smaller, more frequent feedings</li> <li>● Feed in arms, avoid car seats</li> <li>● Stop often to burp</li> <li>● Keep infant upright after a feeding</li> <li>● If proper mixing is concern, offer concentrate to help reduce air bubbles</li> </ul> <p><b>Handout to offer:</b></p> <ul style="list-style-type: none"> <li>● Help me be healthy</li> <li>● Common infant problems: Spitting Up (Texas WIC)</li> </ul>	<p>Refer to the health care provider if spitting up does not resolve and infant shows signs of:</p> <ul style="list-style-type: none"> <li>-coughing</li> <li>-gagging</li> <li>-arching backwards</li> <li>-having trouble breathing</li> <li>-growth faltering</li> <li>-projectile vomiting (vomiting where formula is ejected forcefully, sometimes over a distance of several feet)</li> </ul> <p>more than 1x/day</p>

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<p><b>Vomiting, vs. GER, vs. GERD</b></p>	<ul style="list-style-type: none"> <li>● Explore signs and symptoms of spitting up to identify what is normal spitting up, also known as Gastro Esophageal Reflux (GER) versus underlying medical condition called Gastro Esophageal Reflux Disease (GERD)</li> </ul>	<ul style="list-style-type: none"> <li>● Sometimes it can take 6-8 weeks for the muscles at the upper and lower end of the stomach to get into rhythm. Until that time, formula can sit in the infant's stomach longer than normal and the stomach may push it back up</li> <li>● Gastro Esophageal Reflux Disease (GERD) is a more serious, chronic, long lasting form of GER</li> <li>● Infants with low muscle tone, poor muscle control are more prone to GERD</li> </ul>	<p><b>Formula:</b> Similac Advance or-with medical documentation: Similac Spit Up or Enfamil AR</p> <ul style="list-style-type: none"> <li>● Follow guidelines for spitting up including positioning, small/frequent feedings</li> <li>● Adding solids to a bottle is never recommended</li> </ul> <p><b>Note:</b> Refer to your WIC Nutritionist for further assessment</p>	<p>Refer to the health care provider if the infant is showing on-going signs of reflux and:</p> <ul style="list-style-type: none"> <li>-vomiting</li> <li>-coughing, gagging</li> <li>-difficulty with swallowing</li> <li>-pneumonia or trouble breathing, wheezing</li> <li>-arching backwards when feeding</li> <li>-refusing to feed</li> <li>-poor weight gain</li> </ul> <p>-Or if the caregiver is considering asking the infant's health care provider for medication to treat GERD</p>

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<p><b>Crying, Fussy</b></p>	<ul style="list-style-type: none"> <li>● Infant cues:               <ul style="list-style-type: none"> <li>-In need of a diaper change?</li> <li>-Overwhelmed, in need of a break?</li> <li>-Too hot, too cold?</li> <li>-Hungry or not?</li> <li>-Sleepy?</li> </ul> </li> <li>● Teething: Is there discomfort from a tooth coming in?</li> <li>● Mixing of formula: Are too many air bubbles going in?</li> <li>● Illness: Is the infant coming down with a cold, respiratory illness or ear infection?</li> </ul>	<ul style="list-style-type: none"> <li>● Learning infant's communication takes time</li> <li>● Crying is the main communication tool for an infant</li> <li>● Normal infant fussiness starts at about 1-3 weeks of age</li> <li>● Fussiness typically peaks at 6-8 weeks and is gone by 3-4 months of age</li> <li>● Commonly happens in the evening hours or right after feeding</li> <li>● May be a sign of needing to burp, pass gas or poop</li> </ul>	<p><b>Formula:</b> Similac Advance</p> <ul style="list-style-type: none"> <li>● Promote skin-to-skin contact</li> <li>● Speak softly, play calming music or sing</li> <li>● Repetition-doing a soothing action over and over (gentle rocking, swaying, etc.)</li> <li>● Wrapping baby snugly in a blanket</li> <li>● Gentle massage, strokes</li> <li>● Acknowledge caregiver's feelings</li> </ul> <p><b>Handouts to offer:</b></p> <ul style="list-style-type: none"> <li>● Bringing Home Baby (Meredith)</li> <li>● Understanding Your Baby's Cues</li> <li>● Why Do Babies Cry?</li> <li>● Healthy Sleep: For You and Your Baby</li> </ul>	<p>Refer to the health care provider if fussiness does not resolve and infant shows signs of:</p> <ul style="list-style-type: none"> <li>-refusing breast/bottle</li> <li>-unable to calm</li> <li>-showing signs of illness</li> </ul>

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<b>Crying, Colic</b>	<ul style="list-style-type: none"> <li>●Crying: How long does crying last?</li> <li>●Calming: What calming techniques have been tried?</li> <li>●Gas: Is the infant gassy?</li> <li>●Sleep: What is the infant's sleep pattern?</li> <li>●Spitting up: Is the infant spitting up during and after a feeding?</li> <li>●Cues: Is the infant stiffening legs, pulling up legs in pain, clenching fists?</li> </ul>	<ul style="list-style-type: none"> <li>●Colic is defined as crying more than three hours per day, more than three days a week, for more than three weeks</li> <li>●Colic is common</li> <li>●Cause is not known</li> <li>●Usually begins during the first 2-6 weeks of life</li> <li>●Common at the end of the day</li> <li>●Usually stops by 3-4 months of age</li> <li>●Studies have shown that formula changes do not make a difference</li> </ul>	<p><b>Formula:</b> Similac Advance</p> <ul style="list-style-type: none"> <li>●Listening to an infant crying long periods of time can be stressful; acknowledge feelings of the caregiver</li> <li>●Encourage patience and asking for support from family and friends to provide break for caregivers</li> <li>●Follow steps above for fussy infant</li> <li>●Hold infant on left side/stomach</li> </ul> <p><b>Handout to offer:</b></p> <ul style="list-style-type: none"> <li>• Common infant problems: Colic (Texas WIC)</li> </ul>	<ul style="list-style-type: none"> <li>●If nothing seems to be working, refer to the health care provider to assess for other underlying cause; colic may have nothing to do with breast milk or the infant formula</li> <li>●Ask health care provider before using any medications</li> </ul>

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<p><b>Constipation</b></p>	<ul style="list-style-type: none"> <li>● Stooling patterns: How does the caregiver describe constipation?</li> <li>● Mixing of formula:               <ul style="list-style-type: none"> <li>-following mixing instructions</li> <li>-if transitioning from one formula to another, is the transition going too quickly?</li> </ul> </li> <li>● What, if anything, is being added to the bottle?</li> <li>● What else is being offered for the infant to eat or drink?</li> <li>● Swaddling: Is the infant being wrapped up and unable to move?</li> <li>● Activity: How much activity, movement is the infant getting throughout the day?</li> <li>● Recent illness: Is the fluid loss due to vomiting, fever, recent bout of diarrhea?</li> <li>● Medications: What medications is the infant taking, if any?</li> </ul>	<ul style="list-style-type: none"> <li>● Normal stooling pattern:               <ul style="list-style-type: none"> <li>-occurs frequently in the first month and slows down by 8 weeks of age</li> <li>-stools pass easily, even after a few days of no bowel movement</li> </ul> </li> <li>-normal frequency varies greatly between infants</li> <li>● Constipation is defined as hard, dry stools that are difficult to pass</li> <li>● Related signs:               <ul style="list-style-type: none"> <li>-upset, swollen or hard stomach</li> <li>-fussiness</li> <li>-raw or bleeding rectum</li> </ul> </li> <li>● Common causes:               <ul style="list-style-type: none"> <li>-not enough fluids</li> <li>-changing to infant formula or changing to a new formula too quickly</li> <li>-adding solid foods too early</li> <li>-mixing formula incorrectly</li> <li>-lack of movement or activity by the infant</li> <li>-side effects of certain medications</li> </ul> </li> </ul>	<p><b>Formula:</b> Similac Advance, powder or concentrate</p> <ul style="list-style-type: none"> <li>● Stools change color during the first weeks of life</li> <li>● Stooling patterns change quickly during infancy and each infant can have a different stooling pattern</li> <li>● Change in color of stool is normal during infancy</li> <li>● Depending on the age of the infant, 1-2 oz water or 100% fruit juice may be offered (refer to handout for more information)</li> <li>● Increase movement, activity of the infant</li> </ul> <p><b>Handout to offer:</b></p> <ul style="list-style-type: none"> <li>● Does my baby have constipation?</li> <li>● Common infant problems: constipation (Texas WIC)</li> </ul>	<p>Refer to the health care provider if infant is showing signs of:</p> <ul style="list-style-type: none"> <li>-prolonged constipation</li> <li>-vomiting</li> <li>-blood in the stools</li> <li>-refusing to feed</li> <li>-fever</li> <li>-growth faltering</li> <li>-Or if caregiver is wanting to provide medications or mechanical stimulation to help constipation (e.g. laxatives, stool softeners, etc.) as these are not appropriate for all infants</li> </ul>

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<p><b>Diarrhea</b></p>	<ul style="list-style-type: none"> <li>● Stooling patterns: How does the caregiver describe diarrhea?</li> <li>● Formula preparation and safety:               <ul style="list-style-type: none"> <li>-How are the bottles, water prepared?</li> <li>-How long is formula being kept at room temperature?</li> <li>-What happens to leftover formula?</li> </ul> </li> <li>● Sanitation:               <ul style="list-style-type: none"> <li>-How often are hands washed, especially before making bottles, after changing diapers?</li> <li>-How often are toys washed?</li> </ul> </li> <li>● Illness: Exposure to others with diarrhea?</li> <li>● What foods or fluids from others are being shared?</li> <li>● What other fluids are being provided: raw milk, unpasteurized milk or juice? (not recommended)</li> </ul>	<ul style="list-style-type: none"> <li>● Defined as three or more watery stools in one day or if stools become more frequent or watery than usual</li> <li>● It is important to treat the cause of the diarrhea, to prevent dehydration</li> <li>● Diarrhea caused by lactose intolerance (also known as primary lactase deficiency) is uncommon before 2 to 3 years of age in all populations.</li> <li>● Loose, watery stools that happen after a stomach illness is called secondary lactase deficiency. The stomach illness needs to be addressed. The gut may benefit from a temporary rest from lactose containing formulas.</li> </ul>	<p><b>Formula:</b> Similac Advance</p> <p>Once cause for diarrhea is determined, one month issuance of lactose free formula (e.g. Prosobee) or partially hydrolyzed formula (Alimentum or Nutramigen) may be considered.</p> <ul style="list-style-type: none"> <li>● Underlying cause of diarrhea needs to be identified</li> <li>● Continue with breast feeding or formula feeding to keep hydrated</li> <li>● Follow the mixing instructions on the can-do not over dilute formula</li> <li>● Juice, sports drinks, soft drinks can make the problem worse</li> </ul> <p><b>Handout to offer:</b></p> <ul style="list-style-type: none"> <li>● Common infant problems: Diarrhea (Texas WIC)</li> </ul>	<p>Contact health care provider <b>immediately</b> if:</p> <ul style="list-style-type: none"> <li>-infant seems cold, without energy, limp-or will not wake up</li> <li>-dry, sunken eyes, mouth or tongue, or cries without tears</li> <li>-blood, mucus or pus in the diaper or stool or black stools after 4 days of age</li> <li>-vomiting</li> <li>-fever</li> </ul> <p><b>Note:</b> Refer to your WIC Nutritionist or health care provider for further assessment of whether the infant would benefit from a short trial of a special medical formula requiring medical documentation</p>

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<b>Food Allergy</b>	<ul style="list-style-type: none"> <li>● Explore symptoms, signs of food allergy</li> <li>● Signs of food allergy include:               <ul style="list-style-type: none"> <li>-hives (red spots), itchy skin rashes, or swelling</li> <li>-sneezing, congestion, wheezing or tight throat</li> <li>-nausea, vomiting or diarrhea</li> <li>-pale skin, drop in heart rate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● A food allergy is when the body's immune system reacts negatively to the protein in foods</li> <li>● The reaction occurs right after eating the food</li> <li>● Reactions range from mild to severe</li> <li>● Food allergy to cow's milk-protein (casein or whey) intolerance is reported to occur less than 5% of infants within the first 1 to 3 months of life, and typically goes away by 1 year of age.</li> <li>● Most children outgrow food allergies</li> </ul>	<p><b>Formula:</b> In the case of milk protein allergy, the health care provider will need to determine the special medical formula</p> <p>For an infant with a family history of food allergies:</p> <ul style="list-style-type: none"> <li>● If the infant is partially breast fed, encourage breast feeding as much as possible</li> <li>● Encourage waiting to feed solids until 6 months of age</li> <li>● When ready for solids, encourage waiting 5-7 days to watch for signs of allergies before offering a new food</li> </ul> <p><b>Handout to offer:</b></p> <ul style="list-style-type: none"> <li>● Common infant problems: Food Allergies (Texas WIC)</li> </ul>	<ul style="list-style-type: none"> <li>● Food allergies can result in a severe life-threatening reaction called anaphylaxis-</li> <li>● Call 911 if an infant has a severe reaction in clinic</li> <li>● Infants displaying symptoms of a food allergy, refer to health care provider or gastrointestinal specialist for evaluation of food allergies</li> </ul>