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RN2

# Regional Neonatal News & Notes

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## Gastro-Esophageal Reflux in the Newborn

Gastro-Esophageal Reflux (GER) is the backward flow of gastric contents into the esophagus that occurs as a single event or as a chronic condition. A series of anti-reflux mechanisms should prevent GER, but at birth these mechanisms may be absent or diminished. The preterm infant is especially prone to GER. Fortunately, anti-reflux mechanisms become fully developed at about 6 months of age aiding in the resolution of reflux during the first year of life. In general, GER should be suspected in preterm infants with:

- ✗ Emesis—may lead to aspiration and pneumonia
- ✗ Apnea & bradycardia—may be associated with aspiration
- ✗ Anemia—resulting from Esophagitis
- ✗ Refusal to eat
- ✗ Increased irritability
- ✗ Unexplained presence of blood in the stool

GER can be divided into physiologic, symptomatic or pathologic reflux. **Physiologic GER** describes the normal newborn infant who “spits up” with burps but continues to feed well, gain weight and thrives. **Symptomatic GER** is as you suspect—clinical apparent. Symptoms may include

- Frequent vomiting occurring more than 2 times a day for more than 2 days which may be projectile in nature
- Increasing tracheal secretions
- Apnea & Bradycardia with/without hypoxia or desaturation episodes
- Recurrent episodes of pneumonia
- Stridor
- Irritability with feeding.

**Pathologic GER** is significant enough to produce detrimental physical changes in the infant such as poor weight gain or chronic respiratory symptoms whose causes can not be otherwise be explained

Mild or suspected GER may be treated conservatively with positioning, thickening of feedings and/or small volume feedings. More severe cases of GER are treated with medications such as Reglan and an additional GI work-up. Remember—On the positive side, GER should resolve by one-year of age.

Cindy Russell, RNC, NNP



## Educational Opportunity

I continue to be SO pleased with the ongoing response to the self-study Modules and the PeaPod Series (slide presentations) on the **Neonatal Outreach Web Page**. All the educational activities have received contact hours. Nurses who have completed the activities are telling me they are helping with cross-training, playing a role in keeping them current on neonatal topics as well as helping them meet their requirements to maintain their national certification. So, again, THANK YOU TO ALL for your positive comments and your ongoing support. If there is a particular topic you'd like developed, please contact me. Any/all suggestions are greatly appreciated. Some of the topics currently being developed include:

- Maternal Drug use during Pregnancy: Neonatal Outcomes (a revision)
- Newborn Screening Tests (a big thanks to [Deborah Ketner, RNC, MSN, CNM at Lexington Memorial Hospital](#) for this suggestion).

The following are currently available:

Modules	Pea Pods
Air Leaks & Chest Tube Set-Up	Apnea in the Newborn
Acid-Base Balance: Implications for the Neonate	Congenital Heart Disease: Fetal Circulation & Transition
Breastfeeding: Getting Started	Gestational Diabetes: Maternal, Fetal & Neonatal Effects
Congenital Heart Defect & Patent Ductus Arteriosus	Hyperbilirubinemia in the Newborn
CNS & Hydrocephaly	ParvoVirus: Fetal Effects & Neonatal Outcomes
CNS & Intraventricular Hemorrhage	Preterm Labor
GI Tract & Necrotizing Enterocolitis (NEC)	Persistent Pulmonary Hypertension of the Newborn
Thermoregulation in the Neonate	Shock in the Newborn
	Breastfeeding the NICU Infant

**NEW !!**

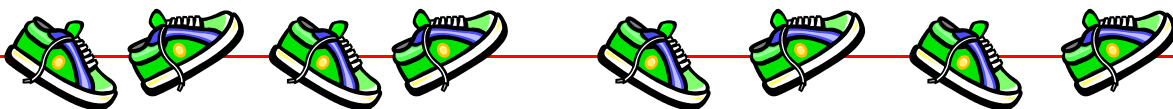
The **Web Page address** is (type exactly as it appears):

**[www.capefearvalley.com/neonatal/outreach.htm](http://www.capefearvalley.com/neonatal/outreach.htm)**

You say your facility doesn't offer the staff access to the Web. Don't worry. A hard copy can be sent to an on-site coordinator at your facility for staff's use. If you would like to have information about how to implement the on-site, hard copies, please contact me:

Stacey Cashwell, Neonatal Outreach Education Coordinator at 910-609-6933.

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(Continued from page 2) *Educational Opportunity*

Now for the important "stuff." **CONGRATULATIONS** to the following facilities and perinatal staffs for successfully completion of the following:

**Educational Offerings**

Acid-Base Balance: Implications for the Neonate  
Air Leaks in the Neonate  
Apnea in the Newborn  
Breastfeeding: Getting Started  
CHD: Fetal Circulation & Transition  
Congenital Cardiac Defects & PDA in the neonate  
CNS & Hydrocephaly  
CNS & IVH  
CNS & Neonatal Seizures  
Gestational Diabetes: Maternal, Fetal & Neonatal Effects  
GI Tract & Necrotizing Enterocolitis (NEC)  
Hyperbilirubinemia in the Newborn  
Parvovirus: Fetal & Neonatal Outcomes  
Persistent Pulmonary Hypertension of the Newborn  
Preterm Labor  
Shock in the Newborn  
Thermoregulation in the Neonate

**Facilities**

"All About Staffing"	Nashville, TN
<a href="#">Betsy Johnson Regional Hospital</a>	<a href="#">Dunn, NC</a>
Bladen County Hospital	Elizabethtown, NC
<a href="#">Brunswick Community Hospital</a>	<a href="#">Supply, NC</a>
Carteret General Hospital	Morehead City, NC
<a href="#">Durham Regional Hospital</a>	<a href="#">Durham, NC</a>
Gaston Memorial Hospital	Gastonia, NC
<a href="#">Lexington Memorial Hospital</a>	<a href="#">Lexington, NC</a>
Murphy Medical Center	Murphy, NC
<a href="#">Northside Hospital</a>	<a href="#">Atlanta, GA</a>
Onslow Memorial Hospital	Jacksonville, NC
<a href="#">Pediatric Services of America</a>	<a href="#">Charlotte, NC</a>
Southern Regional Medical Center	Riverdale, GA
<a href="#">Womack Army Medical Center</a>	<a href="#">Ft. Bragg, NC</a>
Cape Fear Valley Medical Center	Fayetteville, NC

**CONGRATULATIONS TO ONE AND ALL!!!!**

.....and my sincerest THANKS  
for your ongoing interest and support

