East of England Neonatal ODN
(Hosted by Cambridge University Hospitals)

Clinical Guideline: Use of Infant Gaviscon® in neonates

Authors: Nigel Gooding

For use in: EoE Neonatal Units
Guidance specific to the care of neonatal patients.

Used by:

Key Words: Gaviscon, reflux

Date of Ratification: June 2025

Review due: **June 2028**

Registration No: **NEO-ODN-2025-9**

Approved by:

Neonatal Clinical Oversight Group	
Clinical Lead Sajeev Job	**Sajeev Job**

Ratified by ODN Board:

Date of meeting	

Use of Infant Gaviscon® in neonates

Introduction

Infant Gaviscon® is often used in the management of gastro-oesophageal reflux, although the evidence for its benefit is limited (EPSGHAN 2018). Alginates work by a reaction with gastric acid to form a viscous gel (raft) that floats to the top of the stomach and acts as a barrier to oesophageal reflux.

Caution

Infant Gaviscon® **must never** be used concomitantly with a thickener or milk preparations that contain a thickening agent, as this could lead to over-thickening of stomach contents.

Gaviscon® should not be used in conjunction with human milk fortifiers for infants <34 weeks.

Infant Gaviscon® is contra-indicated in treatment of gastro-enteritis and in suspected intestinal obstruction. Do NOT use if a baby is at risk of bowel obstruction.

Gaviscon® is not an effective thickener when there is a suspicion of swallowing impairment.

Infant Gaviscon® contains approximately 1mmol sodium per single dose sachet and should not be used when treating infants with known or suspected impairment of renal function.

Do not administer Infant Gaviscon® where excessive water loss is likely e.g. fever, diarrhoea/vomiting

Method of administration

- Fully breastfed babies: Dissolve ONE sachet of Gaviscon® in 5ml of sterile water and administer the required volume after feeds with a syringe, using the table below, taking into consideration the baby's calculated daily milk volume requirements.

- Transitioning to the breast: following a thorough breastfeeding assessment at each feed, estimate the required dose of Gaviscon® (using the table below), taking into consideration the baby's calculated daily milk volume requirements. Gaviscon is prepared with 5 mls of water and added to the milk. Once prepared, it can be given via alternative methods (e.g. gastric tube, bottle, cup). Ensure the dose does not surpass 30mls of Gaviscon® per 24 hours.

- Babies bottle fed or fed by gastric tube: dissolve ONE sachet of Gaviscon® in 5mL sterile water and use table below to calculate the amount to add to a feed.

Volume of milk (mL)	Amount of Infant Gaviscon® solution to add (mL)
100 – 120mL	Add sachet directly to milk
90ml	4.5ml
80ml	4ml
70ml	3.5ml
60ml	3ml
50ml	2.5ml
40ml	2ml
30ml	1.5ml
20ml	1ml
10ml	0.5ml

Maximum dose in 24 hours
Babies under 4.5kg: 6 full sachets (i.e. 30ml of Infant Gaviscon® solution prepared as above) in 24 hours
Babies over 4.5kg: 12 full sachets (i.e. 60ml of Infant Gaviscon® solution prepared as above) in 24 hours

Other information

Milk is stable for up to 12 hours with Infant Gaviscon® added, when stored in the fridge. After this time any remaining solution should be discarded.

Infant Gaviscon® dissolved in water can be kept for 12 hours in the fridge provided it is labelled appropriately and is in a sealed container.

References

British National Formulary for Children www.bnfc.org.uk (viewed online 21/02/25)

NICE Guideline NG1: Gastro-oesophageal reflux disease in children and young people. Oct 2019

Rosen R, Vandenplas Y, Singendonk M et al. Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition. J Pediatr Gastroenterol Nutr. 2018 Mar;66(3):516-554.

Scottish Perinatal Network. West of Scotland Infant Gaviscon® drug monograph Oct 2023

Summary of Product Characteristics Infant Gaviscon® (last updated 05/03/20) www.medicines.org.uk

East of England Neonatal ODN
(Hosted by Cambridge University Hospitals)

Exceptional Circumstances Form

Form to be completed in the **exceptional** circumstances that the Trust is not able to follow ODN approved guidelines.

Details of person completing the form:	
Title:	Organisation:
First name:	Email contact address:
Surname:	Telephone contact number:
Title of document to be excepted from:	
Rationale why Trust is unable to adhere to the document:	
Signature of speciality Clinical Lead: Date:	Signature of Trust Nursing / Medical Director: Date:
Hard Copy Received by ODN (date and sign):	Date acknowledgement receipt sent out:

Please email form to: kelly.hart5@nhs.net requesting receipt.

Send hard signed copy to:

Kelly Hart
EOE ODN Office Manager
Box 402
Rosie Hospital
Robinson Way
Cambridge University Hospital
Hills Road
Cambridge CB2 0SW