University College Dublin
An Coláiste Ollscoile, Baile Átha Cliath

Údarás Sábháilteachta Bia na hÉireann
Food Safety Authority of Ireland

Knowledge, Attitudes and Practices of Irish Dietitians on Nutritional Management Approaches for Infantile Regurgitation and Reflux

F. Oladehinde-Bello[1], S.Browne[1], C.Erraught[2], C.B. O'Donovan[2]
1. UCD School of Public Health, Physiotherapy and Sports Science, Dublin 4, Ireland.
2. The Food Safety Authority of Ireland, Dublin 1, Ireland.

1. Introduction

Infantile regurgitation and reflux are common, self-limiting conditions in early infancy but frequently prompt caregiver concern and healthcare-seeking behaviour (1, 2). Although Foods for Special Medical Purposes (FSMPs) are regulated for use under medical supervision, limited evidence exists on how Irish dietitians support conservative management and navigate FSMP-related decision-making, particularly in relation to anti-reflux formulas (ARFs) (3 - 6).

Aim & objectives: To examine Irish dietitians' knowledge, attitudes, and practices regarding the dietary management of infantile regurgitation and reflux, particularly ARF use.

2. Methods

- Ethical approval: UCD Undergraduate & Taught Masters Research Ethics Committee (UTMREC-25-33-BELLO-OMAHONY-BROWNE)
- A cross-sectional online survey, informed by a rapid review and EU FSMP regulations, was administered via SurveyMonkey
- The 30-item survey assessed demographics, clinical exposure, knowledge, attitudes, confidence, and FSMP-related practice
- CORU-registered dietitians were recruited through professional networks (INDI, e-zine, community registered dietitians and professional networks)
- Inclusion criteria included consenting qualified dietitians in Ireland
- Data were analysed using descriptive statistics, Chi-square tests, and Spearman's correlation in IBM SPSS (Version 29), with significance set at $p < 0.05$

3. Results

- The survey had n= 56 respondents once n=4 duplicates were removed. Due to drop outs not all respondents completed the survey leaving n=27 completing the survey
- 62% (n=18/29) of dietitians reported rarely or never recommending ARFs for reflux, and 79.3% (n=23/29) for regurgitation (Figure 1)
- Conservative strategies e.g. feeding technique optimisation were widely recommended to manage infantile regurgitation (96.4%, n=27/28 for reflux; 85.7%, n=24/28 for regurgitation) and parental reassurance (85%, n=24/28) (Figure 2)
- Unsupervised caregiver-initiated ARFs occurred in 33.3% (n=9/27) and 27.8% (n= 8/27) of reflux and regurgitation cases
- Confidence in dietary management of both conditions without use of ARFs was significantly associated with clinical exposure of regurgitation ($p < 0.001$) and reflux ($p = 0.012$) (Table 1)

Table 1: Association between Dietitians Comfort Levels in Managing Infantile Regurgitation and Reflux

Variable Relationship Tested	Interpretation	x^2 (df)	n	p-Value
Caseload Exposure & Comfort in managing Reflux	Dietitians seeing more infantile reflux cases are significantly more comfortable in their management	6.38 (2)	27	0.012
Caseload Exposure & Comfort in managing Regurgitation	Dietitians seeing more infantile regurgitation cases are significantly more comfortable in their management	14.82 (2)	27	<0.001

N = number of respondents, Significance level; p<0.05. Analyses conducted using Chi-square tests and Spearman's correlation.

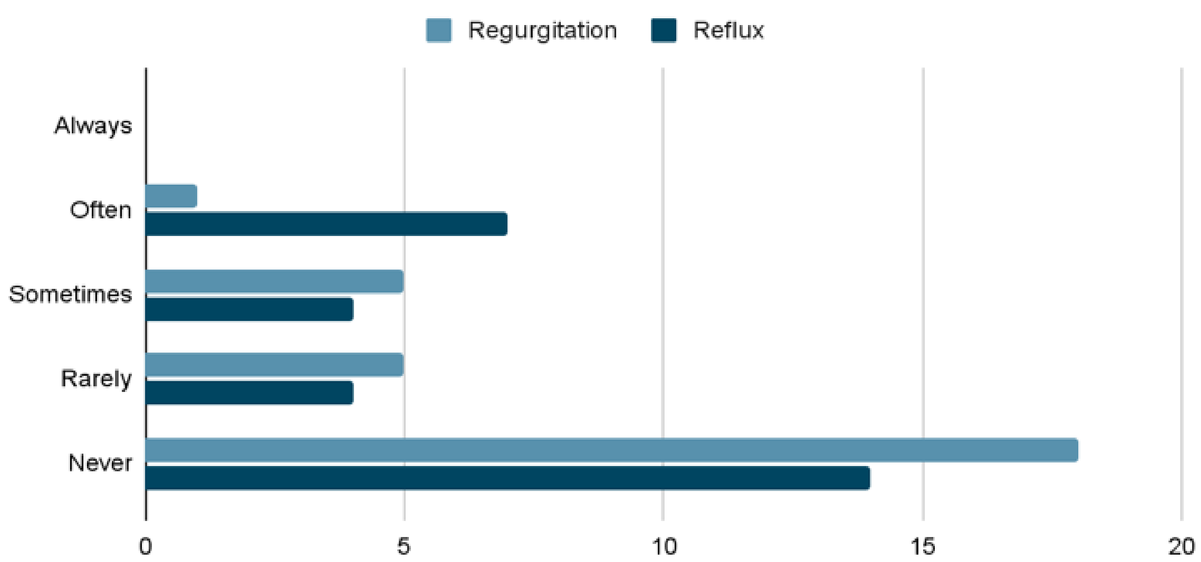

Figure 1: Frequency of Irish Dietitians Recommending ARFs for the Management of Infantile Regurgitation and Reflux (n=29)

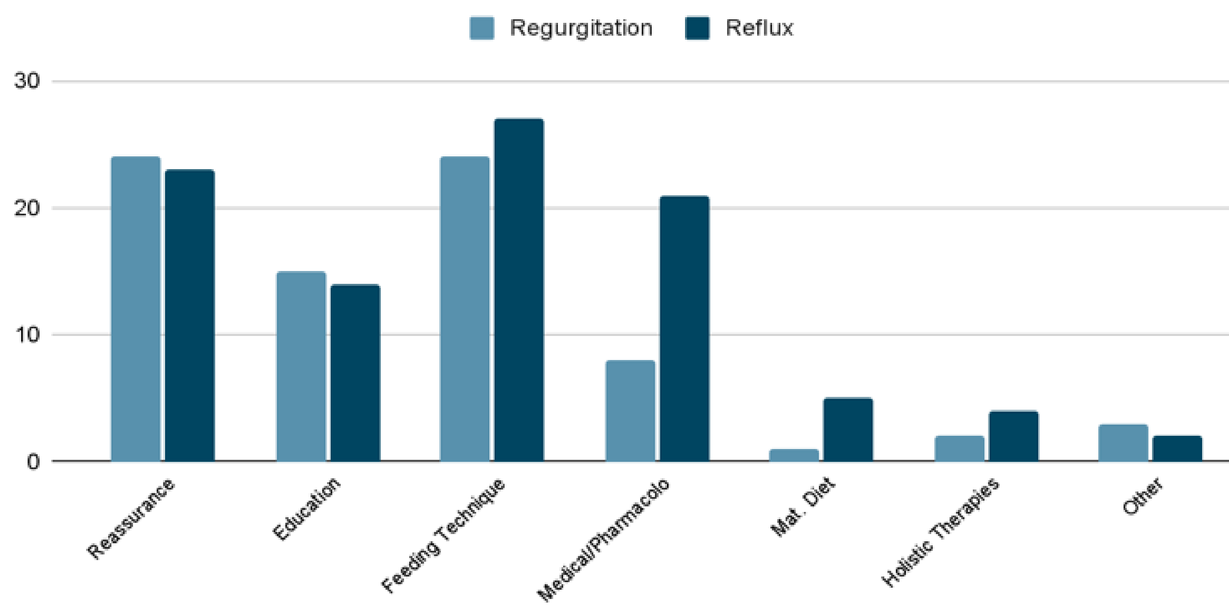

Figure 2: Non-Formula Related Management Strategies selected by Irish Dietitians (n=28)

4. Conclusions

Irish dietitians demonstrate a strong understanding and consistent application of guideline-aligned conservative approaches; however, confidence depends on direct clinical exposure. The mismatch between cautious professional recommendations and frequent caregiver-initiated FSMP use signals a gap between the regulated advice to be used under medical supervision, professional guidance and real-world practice.

Limitations:

- The modest sample size (n=27), given the current total of 1425 registered dietitians in Ireland, reduces generalisability and statistical power, limiting the detection of smaller-scale associations
- The use of convenience sampling and a short recruitment window may have introduced selection and non-response bias, particularly if dietitians with an interest in paediatrics or infant-feeding issues were more likely to respond

Recommendations:

- Extending research beyond dietitians to include general practitioners, public health nurses, lactation consultants, and pharmacists would allow a more complete understanding of how infantile regurgitation, reflux, and FSMP-related decisions evolve across multidisciplinary care pathways

References:
1. Haiden N et al. *J Pediatr Gastroenterol Nutr.* 2024;79:168–80. 2. American Academy of Pediatrics. *Pediatrics.* Gastroesophageal reflux guidance. 3. European Commission. *Off J Eur Union.* 2017;C401:1–15. 4. Kimla K et al. *Aust Health Rev.* 2019;43:171–7. 5. Regulation (EU) 609/2013 6. Delegated Regulation (EU) 2016/128