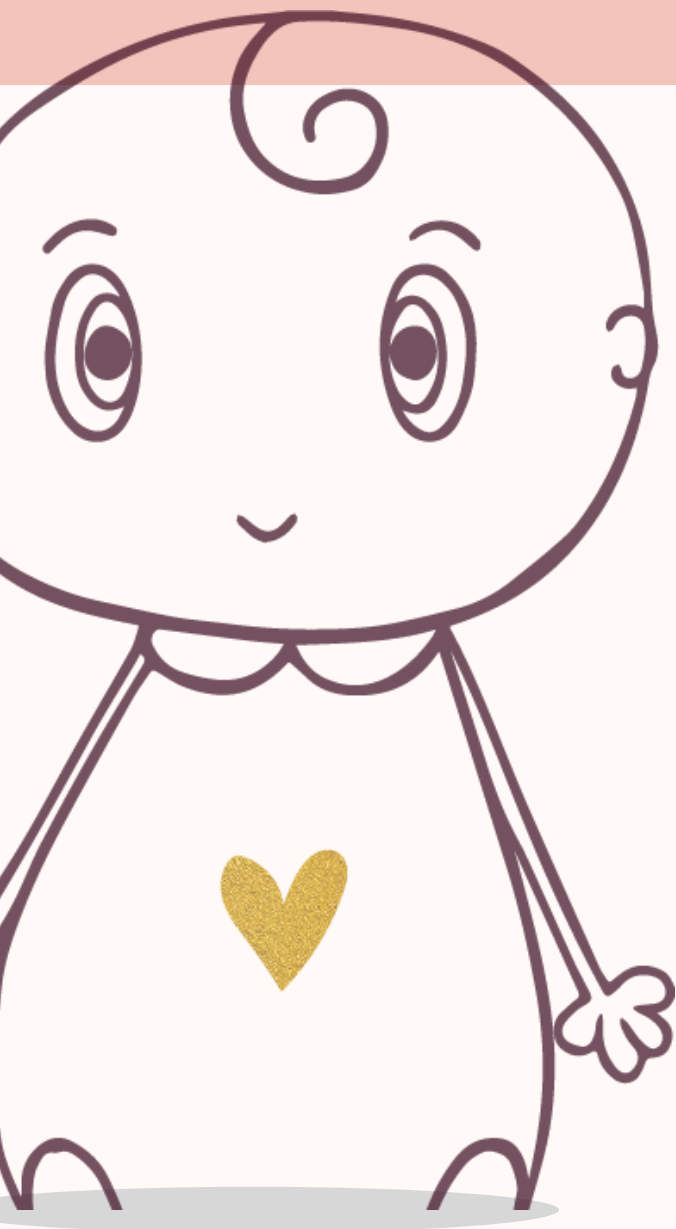


SYMPTOMS tracker



It's time to forget what else you've heard: infant reflux is not a disease in its own right.

Infant reflux is a set of symptoms created by an underlying cause (or causes). It's the pattern of these symptoms which will help you uncover the underlying cause that needs addressing.

Good news? This tracker will help you pinpoint these symptoms!

HOW TO USE the tracker



Hi, I'm Aine Homer
aka the Original 'Baby Reflux Lady'

STEP 1. Print, download or screenshot the following pages

STEP 2. Mark how often each symptom occurs


STEP 3. Note the severity of each symptom out of 10 (10 = very severe)

You may already be aware of many of these symptoms showing up for your child. Pay attention over the next week to see what other symptoms from this list you may not have put down to reflux and add these too.

"As a mum of 2 daughters who struggled with reflux, I've been where you are... Despairing, exhausted, struggling to find answers! Fortunately for you, I've spent the last 8+ years researching all things infant reflux so you don't need to struggle on as long as I did. There's *always* something to be done to resolve reflux. First we need to pinpoint the underlying cause, and it's a child's symptoms which will help us uncover what that underlying cause is!"

Let's get started...

IMPORTANT NOTE:

There are a number of symptoms that indicate something else may be going on for your baby other than, or as well as, reflux. If you notice your baby experiencing any **red flag symptoms** (marked with ) this should be brought to the attention of a medical professional as soon as possible. If you ever have any serious concerns over the immediate health of your child, never hesitate to take them to A&E.

Before you start tracking your baby's current symptoms, mark which of these birth related points apply

Birth

	Yes	No
Natural labour.....	<input type="checkbox"/>	<input type="checkbox"/>
No assistance at all	<input type="checkbox"/>	<input type="checkbox"/>
Gentle assistance from midwife / consultant.....	<input type="checkbox"/>	<input type="checkbox"/>
Forceps or Ventouse	<input type="checkbox"/>	<input type="checkbox"/>
Induction	<input type="checkbox"/>	<input type="checkbox"/>
Spontaneous rupture of membranes	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Sweep	<input type="checkbox"/>	<input type="checkbox"/>
Manual rupture of membranes	<input type="checkbox"/>	<input type="checkbox"/>
Caesarean Section (planned or emergency)	<input type="checkbox"/>	<input type="checkbox"/>
Extended labour	<input type="checkbox"/>	<input type="checkbox"/>

Mark how often each symptom occurs and note the severity of each symptom out of 10 (10 = very severe)

Feeding

	Always	Frequently	Rarely	Severity
Frequent feeds (more than 8 milk feeds a day under 6 months old)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Short feeds.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Falls asleep during a feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Often refuses to feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pushes breast or bottle away.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turns head when trying to feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tugs at the breast during a feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Milk spills from mouth during a feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Milk comes back up through nose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Possetting (bringing up milk then swallowing it)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Splutters, coughs, gags or chokes during a feed...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gulps when feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Claws at face or breast when feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hits when feeding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bobs on and off the breast during a feed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can hear milk sloshing in baby's tummy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spits up frequently.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Makes a clicking sound.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appears uncomfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appears to be in pain.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mark how often each symptom occurs and note the severity of each symptom out of 10 (10 = very severe)

After Feeding

	Always	Frequently	Rarely	Severity
Projectile Vomit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Green or yellow vomiting 🚩.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomit has blood in it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chokes or blue spells.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brings up food after several hours.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Squirms around or grunts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Respiratory

	Always	Frequently	Rarely	Severity
Coughing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stuffy or Blocked nose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Runny nose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Difficulty breathing (any time of the day/night) 🚩.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Face goes blue 🚩.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cold-like symptoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sneezing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wheezing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep apnoea (stops breathing during sleep).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mark how often each symptom occurs and note the severity of each symptom out of 10 (10 = very severe)

Positional

	Always	Frequently	Rarely	Severity
Plagiocephaly / Flat spot on head.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleeps with head at extended angle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only happy feeding on one side / position.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cannot open mouth very wide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
When mouth is wide open it looks off centre.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Torticollis / twisting of head and neck.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cannot open mouth for long periods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Sleep

	Always	Frequently	Rarely	Severity
Frequent night waking (2+ times from 8 weeks)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep apnoea (stops breathing during sleep).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mostly sleeps in someone's arms or on shoulder..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Difficult to get baby to sleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wakes soon after being put down.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Difficulty staying asleep.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Needs motion to sleep (car, buggy, sling, rocking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Mark how often each symptom occurs and note the severity of each symptom out of 10 (10 = very severe)

Digestive

	Always	Frequently	Rarely	Severity
Acidic or smelly breath.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rumbly tummy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rock hard tummy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tender tummy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swollen tummy or bloated abdomen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Constipation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mucous in poo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood in poo 🚩	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Green poo.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Black in poo (except after eating a banana).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lots of wind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Painful wind or gas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hiccups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

See the next page to find out what to do with your answers

WHAT NEXT?

With your child's symptoms thoroughly tracked you are much better informed to share exactly what is going on with those you seek help from. It's important to know however, most healthcare professionals are not yet trained in how to use this information to pinpoint and resolve the 30+ underlying causes of infant reflux which create these symptoms.


Instead the mainstream approach is to treat these symptoms with medication or wait for your child to 'outgrow' them – both of which have the potential to make things worse for your baby and leave the underlying issues untreated...

If you would like the knowledge you need to use your baby's unique pattern of symptoms and pinpoint the exact underlying cause of their suffering, the 'Reflux Free Baby' Online Workshop was created specifically for you!



You could soon be saying things like this...



Emily Loughran  recommends **Aine Homer - The Baby Reflux Lady.**

Wow! Aine really knows her stuff. After doing her workshop I now understand what's causing my baby's reflux and have a plan of action. Instead of masking her symptoms with horrible medications I now know how to treat the root cause. Aine's workshop is the best Money I have spent and her genuine care and desire to help is clear from the minute you meet her. I am so incredibly grateful for her knowledge and expertise in this area and know in my gut that this is the best path I could choose in terms of treating my daughter's pain and discomfort. From the bottom of my heart THANK YOU Aine. You are an incredible source of knowledge and I have learned so much. I no longer feel paralysed and helpless as to what's causing my baby's pain! Emily & Baby Olivia x



[Click to find out more about the workshop >>](#)