

Seeping of fluids and digested food through the surface of AirNettress and the ability to raise the head of the mattress decrease reflux episodes and prevent inhalation of the regurgitated food.

The classical presentation of uncomplicated gastro-esophageal reflux (GER) in infants is effortless, painless vomiting in a well appearing infant with normal growth. Usually parental education and reassurance are needed. Thickening of formula is a simple measure. Due to the recommendation for supine sleeping during the first year of life studies on positional treatment the latest studies have been performed with infants in the supine position and when placed at a 30 degree angle have not shown a significant effect on pH probe studies. A number of pH probe studies have demonstrated a decrease in GERD episodes for infants placed in the prone position with a significant effect on bed raising. However, the American Academy of Pediatrics advocates the supine position for infants to reduce the risk for sudden infant death syndrome (SIDS). Therefore, prone positioning during sleep is considered only when the risk of death due to GERD outweighs the potential increased risk of SIDS.

The seeping of regurgitated food through the porous netting prevents its inhalation and secondary aspiration. The ability to raise the head of the mattress combined with food thickening may reduce the volume and frequency of reflux especially if the infant is placed in prone after meals while being observed. In conclusion, the ability to raise the head of the mattress and the porous nature of the meshed netting may decrease the frequency and quantity of reflux and decrease the danger of secondary aspiration.