## How to burp a baby correctly

### Why babies may need to burp

Infants can swallow air while sucking, particularly if the latch is changing, milk flow is rapid, the bottle teat is not fully filled with milk, or the baby is crying before feeding. Swallowed air may distend the stomach and contribute to fussiness, wriggling, arching, pulling the legs up, or releasing gas later. These behaviors are common but are not specific to trapped air, so they should be interpreted alongside the baby's overall feeding and health.

Burping is intended to help air move out of the stomach. It does not prevent all crying, reflux, colic-like behavior, or digestive discomfort, and it is not necessary to force a burp. A comfortable baby who feeds effectively, has appropriate wet diapers, and settles normally may not need repeated attempts. If the baby appears uncomfortable, a calm pause and a supported upright position can be reasonable.

For families exploring broader infant gas relief techniques, burping is only one option. Avoid treating every period of crying as evidence of gas, and discuss persistent or severe feeding-related distress with a healthcare professional.

## When to pause for a burp

There is no universal schedule for burping. Some breastfed babies benefit from a pause when changing breasts or when they stop sucking and begin to squirm. Some bottle-fed babies may need a pause partway through the feed, especially if they gulp, become distracted, release the teat repeatedly, or show signs of discomfort. A pause can also be useful near the end of the feed.

Watch the baby's cues rather than interrupting a calm, effective feed too frequently. Possible cues include pulling away, grimacing, becoming tense, coughing during the feed, or crying shortly after sucking resumes. These signs can have other explanations, including milk-flow issues or difficulty coordinating sucking, swallowing, and breathing.

When possible, practice burping during natural pauses. Keep the transition slow, support the infant's head and neck, and allow a moment for the baby to settle before patting or rubbing. If the baby becomes very distressed, stop the attempt and focus on calming and safe positioning. Burping should never become a struggle between caregiver and infant.

## Position one: over the shoulder

Hold the baby upright against your chest, with the baby's chin resting near or over your shoulder. Place one hand firmly but gently behind the head and neck. The infant's airway must remain visible and unobstructed, and the face should not be pressed into clothing or the shoulder. Use the other hand to support the baby's bottom or upper back so the body is stable.

Keep the baby's trunk reasonably straight rather than curled tightly. Gently rub upward along the back or use light, open-handed pats between the shoulder blades. There is no need to strike the back or apply strong pressure. Try for a few minutes, then reassess whether the baby appears comfortable.

Although this position is familiar and often effective, pressure against the abdomen can sometimes increase spitting up. If the baby regurgitates frequently or seems uncomfortable over the shoulder, use a more upright seated position with less pressure on the stomach. Keep a cloth nearby, but do not let a cloth cover the baby's nose or mouth.

**Position two: seated upright on the lap**

Sit the baby upright on your lap, facing sideways or slightly away from you. Support the baby's chest and jaw with one hand, keeping the fingers along the jawbone rather than pressing on the throat. The head should remain supported and slightly forward, with the neck in a neutral position. Avoid allowing the head to flop forward, since chin-to-chest positioning can narrow the airway.

Lean the baby slightly forward while maintaining support through the chest and jaw. With the free hand, gently rub or pat the back. This position may be useful when holding the baby over the shoulder seems to place too much pressure on the abdomen. It can also give the caregiver a clear view of the baby's face, breathing, and color.

Keep the baby secure throughout the maneuver. Do not support the infant only by the chin, pull on the arms, compress the rib cage, or shake the baby. Once the attempt is finished, return the baby to a comfortable supported position and observe whether feeding-related discomfort improves.

**Position three: lying across the lap**

Place the baby across your lap on their stomach, with the head supported and positioned slightly higher than the chest. One hand should stabilize the head and neck, while the other hand gently rubs or pats the back. The baby's face must remain turned to the side with the nose and mouth clear, and the body should not be folded sharply at the waist.

This position can be helpful for a baby who dislikes being held against the shoulder. It requires continuous supervision and hands-on support. Do not leave the infant lying across the lap unattended, and do not use this as a sleep position. When the attempt is over, place the baby on their back in a separate, firm, flat sleep space if they are going to sleep.

If the baby is actively vomiting, struggling to breathe, becoming unusually pale or blue, or is difficult to rouse, stop burping attempts and seek urgent medical help. A burping technique is not an appropriate response to an acute change in breathing or consciousness.

## Breastfeeding and bottle-feeding considerations

Breastfed babies may swallow less air when the latch is comfortable and effective, but this varies widely. A baby may need a pause when changing sides or when the baby breaks the latch and seems unsettled. Check that the baby's head and body are aligned and that feeding is not repeatedly interrupted by crying. A lactation consultant, midwife, health visitor, or pediatric clinician can assess latch and milk-transfer concerns.

During bottle feeding, keep the bottle positioned so the teat remains filled with milk, and follow the feeding cues rather than encouraging the baby to finish rapidly. A baby who gulps, coughs, or feeds very quickly may benefit from professional advice about positioning, teat flow, or paced bottle-feeding for gas. Do not enlarge a teat hole or alter formula preparation without appropriate guidance.

For either feeding method, an upright hold after feeds may be soothing. However, upright holding after feeds does not replace safe sleep practice: when placed to sleep, infants should be positioned on their backs on a firm, flat surface. Never prop a bottle or leave a baby feeding unattended.

## If no burp appears or the baby spits up

Some babies do not burp on every occasion. If the baby has been held securely and gently rubbed or patted for several minutes but remains calm, it is usually reasonable to stop. Continuing to manipulate the baby can increase crying and may cause unnecessary regurgitation. Hold the infant comfortably and observe their breathing, color, alertness, and feeding behavior.

Small amounts of milk coming back up are common in infancy because the lower esophageal sphincter and feeding coordination are still maturing. Burping over the shoulder may increase abdominal pressure for some babies, so switch to the seated upright position if spit-up seems to worsen. Wipe the mouth and nose gently if needed, while keeping the airway clear. Do not place a baby face-down for sleep to prevent spit-up.

Persistent infant gas discomfort after feeding, frequent feeding refusal, poor

weight gain, blood or green material in vomit, or repeated distress deserves clinical assessment. A clinician can distinguish common regurgitation from conditions requiring investigation and can advise on feeding technique without unnecessary dietary or medication changes.

**Safety and when to seek medical advice**

Always perform burping while seated or standing in a stable position, with the baby held close to your body. Wash your hands when appropriate, keep the infant’s face visible, and avoid smoke exposure. Never shake, bounce forcefully, slap, or compress the baby. If you feel overwhelmed by crying, place the baby safely on their back in a cot and ask another trusted adult for help.

Contact a healthcare professional for ongoing feeding difficulty, recurrent choking or coughing during feeds, painful-appearing swallowing, persistent arching, poor weight gain, fewer wet diapers, fever in a young infant, or distress that does not settle. Urgent evaluation is needed for breathing difficulty, blue or gray coloration, marked lethargy, repeated projectile or forceful vomiting, a hard swollen abdomen, blood in vomit or stool, or signs of dehydration.

These warning signs are not diagnoses, and their significance depends on the baby’s age and clinical context. Parents and caregivers should trust their observations and seek advice when something seems substantially different from the baby’s usual behavior. A pediatrician, family doctor, nurse, midwife, health visitor, or emergency service can provide individualized guidance.