

Colic

Some babies go through a period of having unexplained and regular crying each day. This usually happens between the ages of about two weeks and 16 weeks. These bouts of crying may last for three hours or more and occur mostly in the afternoons and evenings. The baby seems to be suffering from abdominal pain. Colic affects around one in three babies. Usually, cuddling or trying to soothe the baby's cries does not work.

The cause is unknown but colic generally stops, without treatment, after a few weeks. Some studies have found that parents under stress are more likely to consider their child as 'colicky', but it must be remembered that colic is very stressful to live with. It is very important not to blame a 'stressed' parent for the crying.

Symptoms of colic

Colic tends to appear in the first two to four weeks of life and peaks at around six to eight weeks of age. Usually, the baby seems quite happy until the late afternoon or early evening. Symptoms include:

- Frowning and grimacing
- Reddening of the face
- The baby may pull up its legs, suggesting stomach pains
- Loud and long screaming fits
- Loud tummy rumblings
- The baby cannot be consoled
- The crying lasts for three hours or more
- The baby passes wind or faeces (poo) around the time the crying stops, which could be coincidental
- The baby recovers, none the worse for the experience.

The cause of colic

Despite much research into this common condition, the cause of colic remains unknown. There are many theories; however, some babies have colic when no clear factors seem to be the cause. Popular theories include:

- **Maternal diet** – certain foods in the mother's diet may cause symptoms of food allergy or intolerance in her breastfed baby. Some studies have found that particular foods eaten by the mother including cabbage, cauliflower, broccoli, chocolate, onions and cow's milk can cause an attack of colic in her breastfed infant.
- **Maternal drug-taking** – caffeine and nicotine in breast milk have been linked to infant irritability, since the baby's body isn't able to efficiently get rid of these substances.
- **Feeling of fullness** – babies may overreact to the unfamiliar sensations of gas or fullness and may interpret these feelings as painful or alarming.
- **General immaturity** – babies may take a few months to adjust to life outside the womb.

Medication for colic

It is not clear how useful medicines for colic are. Colic gets better by itself, often quite suddenly, whether you use any medicines or not. Medications can also make babies more sleepy, which can be dangerous.

If you use any medications, you should see your doctor first to check your baby's health.

'Gripe water' is a generic term for liquids that claim to ease gas, digestion and other 'colicky' symptoms. Different formulas contain different ingredients including some herbal ingredients. There is no evidence that gripe water can improve colic in babies and such products should only be used in consultation with your doctor.

Diet and colic

Changing the diet of a baby is only of proven benefit for colic if the baby has lactose intolerance or cow's milk allergies. Removing the substances from both the baby's and the mother's diet may be helpful. This should only be done with help from a doctor, to ensure the nutritional needs of both mother and baby are met.

It may be useful to reduce the amount of caffeine a mother is having through coffee, tea, cola or other drinks and foods. Brewed coffee and energy drinks contain particularly high levels of caffeine.

In recent years there has been a lot of interest in 'good' bacteria (such as *lactobacillus acidophilus*) versus 'bad' bacteria in the gut. Babies, especially if they are breastfed, are likely to have plenty of *lactobacillus acidophilus*. Some infant formulas now have added *lactobacillus* (probiotics) but this does not seem to make a lot of difference for babies with colic.

Diagnosis of colic

A crying baby needs to be checked by a doctor, to make sure there is no health problem causing pain or discomfort. There is no test for colic, so the only way to be sure that it is probably 'only' colic is to have the baby checked by a doctor.

How to help a crying baby

By holding, stroking or rocking your baby, the infant is learning that you are there for them, even if they are not able to calm down yet. Try the following ideas, which may help to calm your baby:

- Respond quickly if your baby is crying. This may mean that they will cry less later on.
- Crying babies tend to arch their backs and stiffen their legs. Holding them curled in a C (or flexed) position helps to calm them down.
- Check that your baby is not too hot or cold or uncomfortable in some way.
- Wrapping or 'swaddling' in a cotton sheet can be calming.
- Many babies soothe themselves by sucking, so a dummy can be helpful, once your breast milk supply is going well.
- Rocking and patting can help soothe a baby.
- Soft lighting can also help some babies who may be distressed by harsh lights.
- Baby slings are great to provide comfort and contact if the baby needs to be held.
- Deep baths and gentle massage relax some babies, but they often don't help if your baby is already crying.
- Soft music or noise that has a beat or rhythm, such as a loud clock, may help.
- You may be trying too hard to calm the baby (too much bouncing, patting and burping). Put your baby down somewhere safe for a while and see if they settle.
- Take the baby for a walk in a pram or a sling or for a ride in the car. You might find yourself going out for many rides in the car for a couple of weeks, but this will not last forever and many babies seem to find it helps them calm down. Don't drive if you are too stressed to drive safely.

You may find a technique that consoles your baby some of the time. If everything has been tried and your baby still cries, try to just hold them. Your baby will sense that you are offering comfort, even if the crying goes on. A rocking chair is great for this.

How to manage your own distress

Caring for a screaming baby who can't be soothed is extremely distressing. If you feel that you are getting too upset, you need to take some time out to calm down. Suggestions include:

- Put your child in a safe place, such as a cot, and leave the room.
- Walk around the house or go outside.
- Relax your body by dropping your shoulders, clenching and unclenching your fists and stretching your back, arms and legs.

- Have a drink (non-alcoholic) and something to eat, if you can manage it.
- Do something physical like running.

Parents need support

While your child is colicky, you need to work out coping strategies. Suggestions include:

- Take turns with your partner (if you have one) to look after the baby and go outside for a break.
- When you are 'off duty', distract yourself perhaps with music played loud enough to drown out the noise of crying (a portable player with earplugs is good for this).
- Ask friends or relatives for support. Let them hold your baby while your baby is crying. They can manage this for a short time, knowing that you are having a break and that you will be able to take over again soon.
- Talk over your experiences with other parents and share coping strategies.
- Seek advice from your maternal and child health nurse and doctor.
- Remember that colic tends to go away after a few weeks.

Where to get help

- Your doctor
- Maternal and child health nurse
- The Maternal and Child Health Line is available 24 hours a day Tel.: 13 22 29 (24 hours) for the cost of a local call throughout Victoria.
- NURSE-ON-CALL Tel. 1300 606 024 – for expert health information and advice (24 hours, 7 days)
- The Royal Children's Hospital Tel. (03) 9345 5522
- Other parents, and your parents
- Friends and relatives

Things to remember

- Infant colic is regular, unexplained crying fits that usually last for at least three hours.
- The cause is unknown, but theories include immaturity of the bowel, food allergies and 'gas' or 'wind'.
- Colic tends to go away without treatment after a few weeks.

This page has been produced in consultation with, and approved by:

The Children's Hospital at Westmead

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.