



Colic

Definition

If your baby cries about the same time each day and nothing you do seems to offer comfort, your baby may have colic. Colic is often defined as crying more than three hours a day, three days a week for more than three weeks in an otherwise well-fed, healthy baby. What is most important for the diagnosis is sustained crying in an otherwise healthy baby for a regular period of the day lasting for several weeks.

Colic can be distressing for both you and your baby. But take comfort: Colic is relatively short-lived. In a matter of weeks or months, the colic will end, and you'll have weathered one of the first major challenges of parenthood.

Symptoms

Fussing and crying are normal for infants, and a fussy baby doesn't necessarily have colic. In an otherwise healthy, well-fed baby, signs of colic include:

- Predictable crying episodes. A baby who has colic often cries about the same time every day, usually in the late afternoon or evening. Colic episodes may last from a few minutes to three hours or more on any given day. The crying usually begins suddenly and for no clear reason. Your baby may have a bowel movement or pass gas near the end of the colic episode.
- Intense or inconsolable crying. Colic crying is intense and often high pitched. Your baby's face may flush, and he or she is extremely difficult—if not impossible—to comfort.
- Posture changes. Curled up legs, clenched fists and tensed abdominal muscles are common during colic episodes.

Colic affects as many as 25 percent of babies. Colic usually starts a few weeks after birth and often improves by age 3 months. By ages 4 to 5 months, the majority of babies with colic have improved.

When to see a doctor

Seek immediate medical attention if your baby's crying could be the result of a fall or injury.

Make an appointment if you're concerned about your baby's crying, especially if you notice changes in your baby's eating, sleeping or behavior. You can help your baby's doctor by tracking in a diary when your baby cries and for how long. Also record your baby's sleeping and eating patterns.

Causes

The cause of colic is unknown. Researchers have explored a number of possibilities, including allergies, lactose intolerance, an immature digestive system, maternal anxiety, and differences in the way a baby is fed or comforted. Yet it's still unclear why some babies have colic and others don't.

Risk Factors

Infants of mothers who smoke during pregnancy or after delivery have a greater risk of developing colic.

Many other theories about what makes a child more susceptible to colic have been proposed, but none have been proved. Colic doesn't occur more often among firstborns or formula-fed babies. A breast-feeding mother's diet isn't likely to trigger colic. Girls and boys—no matter what their birth order or how they're fed—experience colic in similar numbers.

Complications

Although colic often takes a toll on the entire family, it doesn't appear to have any lasting medical consequences. Babies who have colic grow and develop normally.

Treatment and drugs

Colic improves on its own, often by age 3 months. In the meantime, there are few treatment options. Gas-relief medications, such as simethicone (Gas-X Infant drops, Infants' Mylicon Gas Relief, others), haven't proved very helpful.

Some research suggests that treatment with probiotics—substances that help maintain the natural balance of "good" bacteria in the digestive tract—can soothe colic. More research is needed, however, to determine the effects of probiotics on colic.

Call us before giving your baby any medication to treat colic.

Lifestyle and home remedies

We may not be able to fix colic or make it go away sooner, but there are many ways you can try to soothe your baby. Consider these suggestions:

- **Feed your baby.** If you think your baby may be hungry, try a feeding. Hold your baby as upright as possible, and burp your baby often. Sometimes more frequent—but smaller—feedings are helpful. If you're breast-feeding, it may help to empty one breast completely before switching sides. This will give your baby more hind milk, which is richer and potentially more satisfying than the foremilk, which is present at the beginning of a feeding.

The 5 “S’s”

1. **Suck—Offer a pacifier.** For many babies, sucking is a soothing activity. Even if you're breast-feeding, it's OK to offer a pacifier to help your baby calm down.
2. **Swaddle—Hold your baby.** Cuddling helps some babies. Others quiet when they're held closely and swaddled in a lightweight blanket. To give your arms a break, try a baby sling, backpack or other type of baby carrier. Don't worry about spoiling your baby by holding him or her too much.
3. **Swing—Keep your baby in motion.** Gently rock your baby in your arms or in an infant swing. Lay your baby tummy down on your knees and then sway your knees slowly. Take a walk with your baby, or buckle your baby in the car seat for a drive. Use a vibrating infant seat or vibrating crib.
4. **Sing—Sing to your baby.** A soft tune might soothe your baby. And even if lullabies don't stop your baby from crying, they can keep you calm and help pass the time while you're waiting for your baby to settle down. Recorded music may help, too.
5. **“Shhhh, shhh”- Turn up the background noise.** Some babies cry less when they hear steady background noise. When holding or rocking your baby, try making a continuous “shssss” sound. Turn on a kitchen or bathroom exhaust fan, or play a tape of CD of environmental sounds, such as ocean waves, a waterfall or gentle rain. Sometimes the tick of a clock or metronome does the trick.

Other possible helpful tools:

- **Use gentle heat or touch.** Give your baby a warm bath. Softly massage your baby, especially around the tummy.
- **Give your baby some private time.** If nothing else seems to work, a brief timeout might help. Put your baby in his or her crib for 5 to 10 minutes.
- **Mix it up.** Experiment to discover what works best for your baby, even if it changes from day to day.
- **Consider dietary changes.** If you breast feed, see if eliminating certain foods from your own diet—such as dairy products, citrus fruits, spicy foods or drinks containing caffeine—has any effect on your baby's crying. If you use a bottle, a new type of bottle or nipple might help.

- Let someone else take over for a time. It's stressful to listen to your baby cry for long periods, so give yourself a break. Arrange ahead of time for someone you can call to help with the baby so that you can have a few moments of relief.

Alternative Medicine

Some parents report soothing their crying infants with alternative remedies. The remedies include:

- Herbal teas
- Herbal remedies, such as fennel oil
- Glucose
- Massage therapy

Alternative therapies for colic haven't proved to be consistently helpful, however, and some might even be dangerous. Call us before trying any alternative therapies for colic.

Coping and support

Caring for an infant who has colic can be exhausting and stressful, even for experienced parents. Remember to take care of yourself, too. These suggestions may help:

- **Take a break.** When you've done what you can, ask your spouse or partner or another loved one to take over for a while. Take advantage of baby-sitting offers from friends and neighbors. Even an hour on your own can help refresh you.
- **Express your feelings.** It's normal for parents in this situation to feel helpless, depressed or angry. Confide in your spouse, partner or other good listener.
- **Try to stay positive.** Don't measure your success as a parent by how much your baby cries. Colic isn't a result of poor parenting.
- **Make healthy lifestyle choices.** Eat healthy foods. Make time for exercise, such as a brisk daily walk. If you can, sleep when the baby sleeps—even during the day. Avoid alcohol or other drugs.
- **Remember that it's temporary.** Colic episodes often improve by age 3 months.

It's also important to recognize your limits. If your baby's crying is causing you to lose control, put the baby in a safe place—such as a crib—and go to another room to collect yourself. If necessary, contact your doctor, a local crisis intervention service or a mental health help line for additional support. These suggestions apply not only to parents but also to any other person who cares for your child.