



Babies cry because they need to communicate something and most parents, especially new moms, find it distressing to see or hear an unhappy baby. In time, you will learn to recognize the various causes of your baby's cries such as thirst, hunger, and the need for comfort, sleep or temperature regulation. Between 3 and 14 weeks, some otherwise healthy, well-fed babies develop habitual periods of prolonged, significant distress known as colic. These crying spells generally occur in the evening, although they can happen at anytime of day. Babies with colic often cry more than 3 hours a day, 3 days a week, for 3 weeks or longer.

No one knows exactly what colic is or what causes it but many doctors believe that it is a type of stomachache. Colicky babies go red in the face and draw up their legs in pain. The baby appears miserable and distressed, and then calms down for a few minutes before starting to scream again. This type of crying would indicate cramp-like pains. Colic usually doesn't respond to soothing techniques that work at other times. Persistent crying can become wearing and upsetting for both you and your baby. Luckily, colic usually stops as abruptly as it starts, having caused your baby no harm. The fact that your baby is content during the day means that this type of crying is not related to a serious physical problem. Colicky babies are generally otherwise healthy and thriving.

Causes

The cause of colic is unknown. Various theories have been proposed. It has been suggested that colic is related to trapped wind, constipation or indigestion. Some wonder if baby's immature gut is sensitive to substances in breast or formula milk. Allergies and lactose intolerance have been considered. Links have been drawn between the end of the day, as a busy, stressful time and baby being sensitive to, and reacting to the tension. There is no evidence to support any particular causative factor.

Symptoms

Babies with colic:

- Cry for seemingly no apparent reason
- Cry in the evening or at the same time of day
- Make sounds that are more intense in pitch or sound than normal
- Appear perfectly well and healthy when not in tears
- Refuse to settle and cannot be soothed
- Sometimes wake from a short sleep with a startled cry
- Sometimes take a long time to eat, fuss through a feeding, or want to nurse constantly

Other signs may include:

- Arching of the back
- A red, flushed face when crying
- Clenched fists
- Tightening of the stomach muscles
- Abdominal bloating
- Pulling the arms and/or legs towards the belly area
- Passing gas while crying due to swallowed air

Risk factors

Colic is a common condition, affecting between 10 and 30% of infants. Colic is equally prevalent in boys and girls, occurring in both breast and bottle-fed infants. Colic is most common in babies of 2 weeks to 4 months old. It tends to occur more frequently in babies with a sensitive temperament and those whose mothers smoked during pregnancy or after birth.

Diagnosis

Traditionally babies were diagnosed with colic if they displayed sudden, unexplained outbursts of crying in accordance with the “rule of threes”: crying at least 3 hours a day (most commonly in the late afternoon or evening), for 3 days a week, beginning within the first 3 months of life. Some colic experts recommend that any intense, protracted crying that affects baby’s development or the parent-child relationship is worth treating.

Documenting the situation may provide your doctor with a more accurate picture and clues as to why your baby may be crying and what can be done about it. Keeping a colic diary may be helpful. Include as much information as possible, such as:

- Do the crying bouts occur at the same time each day? How frequently? How long do they last?
- Are they getting better or worse?
- How often does your baby spit up? How long after a feeding and with how much force?
- If you are breastfeeding, have you noticed a link between what you eat and how much your baby fusses?
- If you are bottle-feeding, does there appear to be a connection between the crying and the type of formula, bottle, or nipple you use?
- Does your baby gulp air or pass a lot of gas?
- How frequently does your baby have a bowel movement? Is the stool soft or hard?
- Which soothing strategies have you tried? Have any of them been helpful?

Differential diagnosis

Your doctor will take a detailed medical history and perform a physical examination. Your baby’s weight and weight gain are important considerations. Normal weight gain is typical in infants with colic. If your baby is failing to thrive, displays atypical symptoms or there are any doubts about diagnosis, alternative possibilities may be considered. Gasto-oesophageal reflux disease (GERD) is the most common differential diagnosis. The possibility of allergies to certain foods, formula or lactose intolerance may be explored. Your health provider will consider other conditions that may cause inconsolable crying, such as ear infection, hernia or blockages of the intestinal tract. Your baby’s sleep cycle and processing of environmental stimuli may provide useful information.

Treatment

There is no reliable treatment for colic, requiring a trial and error approach. The condition usually resolves on its own without medical or drug intervention. However, the symptoms of colic can be very upsetting and stressful to manage. Self-care is crucial to get through this difficult time. Enlist support of family and friends, get as much rest as possible while your baby is sleeping and take time out if necessary.

Have an in-depth discussion with your physician before trying any complimentary or alternative treatments. Some natural products can trigger allergic reactions or have unwanted side effects.

Feeding tips

Overfeeding can cause gas and discomfort. Feed your baby small amounts of breastmilk or formula every 2-3 hours. A baby's stomach is the size of a fist. Smaller volumes of food are easier to tolerate, leave the stomach faster, and generally result in less spitting up. Try a nipple with a smaller hole to slow down feeds.

Burp your baby during and after feeds to release trapped gas. To do this, sit your baby upright or hold them against your shoulder. Ensure that their head and neck are carefully supported. Gently rub their back and tummy until they burp.

To reduce the amount of air your baby swallows, feed them in an upright position. Aim to keep your baby upright and quiet for half an hour after feeding, as it lessens the possibility of food flowing back into the oesophagus.

Breastfeeding moms are advised to limit their caffeine intake. Alcohol and spicy foods can also aggravate colic. If a specific or allergenic food is identified as a potential trigger, you may be advised to remove the substance from your diet for a week to see if it makes a difference. Common culprits include dairy, peanuts, eggs, tree nuts, wheat, soya, fish and calciferous vegetables, such as broccoli and cauliflower. Any long-term dietary changes require medical supervision and possible supplementation.

Your doctor may recommend a change in formula, such as whey protein, soy protein, reduced

lactose or hypoallergenic brands.

Soothing and calming tips

Babies often respond to motion. Place your baby in a sling carrier on the front of your body and walk around. The combination of warmth and rhythm may lull him to sleep. Similarly, sit your baby in a rocking chair, swing or pram. The gentle movement may have a soothing effect. If all else fails, many parents find that a drive in the car gives them a reprieve.

Hold your baby in different positions, such as on your shoulder, cradled in your arms, or lying tummy down along your forearm or lap. Try skin-to-skin contact.

Many babies also respond well to white noise. The monotonous humming of a fan, vacuum, or clothes dryer may have a soothing effect.

Colicky babies tend to be sensitive to stimulation and may become overwhelmed by bright lights and loud sounds. Place your baby in a quiet, dark room and swaddle them in a comfy blanket. Alternatively, lay baby across your lap and gently rub their back.

Time out

If you are feeling desperate and exhausted, accept help from friends or family. Alternatively hire a sitter and take some “me time”, outside the home. Do something that you enjoy to give yourself a sense of normality, such as going for a walk or having a coffee. A break from your baby, will allow you to regroup, have some quiet time and gain a sense of perspective. When there is no one around to help, it is ok to briefly leave your baby in their crib, while you calm and contain yourself in another room.

No matter how desperate you feel, never hit or shake your baby. If you think about or feel like hurting your baby, contact your doctor immediately and ask for help. A colicky baby can wear

down even the most patient and resilient parents. It is common for parents to feel depressed, angry or helpless. It is ok to say you are not ok and ask for support and advice. It may be useful to talk to parents of other colicky babies. Reassurance that you are not alone and that colic attacks do pass, may make them easier to bear.

Prognosis

The prognosis for colic is excellent. Most babies recover spontaneously within 3-4 months.

Consult your doctor immediately if your baby:

- Has diarrhoea, especially with blood in it
- Has a fever
- Vomits
- Refuses to eat and doesn't gain weight
- May be sick or injured
- Seems more lethargic and sleepier than normal

REFERENCES

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