

Colic

Hilliard Pediatrics, Inc. - Dr. Tim Teller, MD

Introduction

Colic is excessive, fussy crying in infants. Although all children will cry as infants, colic is generally lengthy stretches of crying at least 4 hours a day for at least 3 days a week. Many infants with colic cry more often than this. Colic generally starts at about 2-3 weeks of age and ends by 4 months or so. Sometimes it is called "100 days of hell."

Many infants with colic pull their legs up and tighten their stomach muscles during these episodes. They have a lot of gas. They have hiccups. These are all from crying. All of these.

What Causes Colic?

We do not completely understand what causes colic. It is currently thought to be a developmental stretch some infants go thru as their stomach and intestines mature. A combination of gas, normal digestion, and the bowels contracting to help move the bowel movements thru can cause some infants to be uncomfortable.

One researcher thinks of it as these infants need a "fourth trimester" of development and that is why colicky infants need being snuggled and held and that it goes away in three months.

What Else Could Cause These Symptoms?

- Keep in mind that we tend to think of these issues below as being the cause of crying if they are present. So helping with them should really help the crying. With some infants, we may need to try the things below to see if they help. But many infants with "true colic," none of these things help - it is time and comfort measures that help.
- **Gas:** All babies have tummy gas. What matters is if it is uncomfortable for the infant. If a baby fusses a lot, passes gas, then seems fine, it may be the gas that is making them fussy. These infants can feel better if we use the over-the-counter gas drops called **simethicone** (Mylicon® Gas Drops and other brands). The dose is 0.3 ml. by mouth as often as every feeding. The gas drops can be given with the syringe or added to the bottle. It is safe to use this medication for as long as your infant needs the drops.
- **Formula Intolerance:** Some infants with fussy crying dramatically improve with a switch from milk-based formula to a soy, lactose free ("sensitive"), or hypoallergenic formula. It is very hard to predict who will improve with a switch. If you do switch, do not change too many things at once - if you switch formula, do gripe water and add gas drops and things improve, it is hard to know what helped. We would suggest going in this order: **Sensitive** (lactose free but still milk based) => **Total Comfort** (lactose-reduced and broken-down proteins) => **Soy** (lactose free and soy proteins) => **Hypoallergenic** formula (lactose free with no soy or milk proteins). It may take a full 3-7 days to see if things are improving after a switch of formula.

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- **Intolerance to Breast-Feeding Mom's Diet:** Some breast-fed infants do not tolerate it when their mothers eat or drink milk and dairy; cauliflower, broccoli, and cabbage; spicy or acidic foods; or caffeine. Usually the only way to see if this is the issue is to see if avoiding one or more of these resolves the symptoms. These symptoms can be gassiness, spitting, excessive crying, constipation, and/or diarrhea. As with many issues, stopping all of these at once may leave us confused for what is bothering an infant. Milk and dairy are the most common to cause an issue. If you do avoid it, you should notice a difference within 2-3 days. If you reintroduce the item to your diet, you should notice that the symptoms come back quickly. Many of these will only bother a baby if it is "too much" for them: a baby might be fine if mom only had cheese on her sandwich at lunch but if she had milk or dairy a couple more times that day, the baby would be fussy and gassy. For a breast fed infant, if mom drank a Diet Coke® at 3pm, breast fed the infant at 4pm, and then again at 7pm, the infant would probably be fussy that evening and be better the next morning.
- **Acid Reflux:** If infants are going to refuse to eat, irritable during feedings, arch the back during feedings, has chronic nasal and throat congestion, chronic cough, spitting up, choking or gagging, breath holding or apnea, chewing, sour or bad breath, and poor weight gain, they have acid reflux. However, an infant may not always have all of these symptoms. Infants with these symptoms deserve a trial of medication for acid reflux, usually ranitidine. See our handout on [Acid Reflux](#).
- **Constipation:** If the baby has firm bowel movements that are passed infrequently, they may be quite uncomfortable. Some of these infants may need a regular dose of milk of magnesia to keep the bowel movements softer, more regular, and more comfortable. See our handout on [Constipation](#).
- **Pyloric Stenosis:** Is a condition where the pylorus muscle that helps control the flow of material from the stomach into the intestines thickens up from shortly after birth. As the muscle thickens, it narrows the opening. This causes more and more of the breast milk or formula to become projectile vomited. This makes for a very unhappy, very hungry infant who is not gaining weight well. These infants often have such a small amount of calories stay down that they lose weight. Pyloric stenosis is fixed with a surgery by the pediatric surgeons at Nationwide Children's Hospital. It is diagnosed officially with an ultrasound or upper GI at Nationwide Children's Hospital.

If My Baby Has Colic, What Do I Do?

Remember, for those that are gaining weight just fine with good wet diapers and bowel movements, this is going to pass. It is stressful and exhausting, but it will pass. Crying itself does not cause harm to the infant. You are not going to spoil your child in these first 3-4 months by holding them for long period of time. Getting help from friends and family so you can "get a break away" sure helps. Never choke or shake your infant. If you are ever at the "end of your rope," place your crying baby in their crib or bassinet and go to another room for a brief break.

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1. Dr. Harvey Karp, MD, a pediatrician, has written a book about colic called *The Happiest Baby on the Block*. I highly recommend this book if your infant is struggling with colic. Although there is much to read in the book, his recommendations about the **Five S's** are good advice: swaddling, side/stomach lying while awake, shushing, swaying, and sucking. Many crying infants find these to be calming.
2. Many infants calm down if placed in a vibrating infant seat, baby swing or moving vehicle. The **motion** can be quite effective. Many infants are calmer if as if you hold them you are moving and rocking.
3. Infants heard lots of noises in the womb, including amniotic fluid, mom's heart and blood vessels, and gurgling stomach and intestines. Many crying infants will calm with **moderate noise**: the washing machine, the vacuum cleaner, showing running, and snuggling them close so they can hear the heartbeat.
4. **Swaddling** helps infants feel secure. Snugly swaddling your crying infant can help calm their crying.
5. Try switching things up: if things are not going well, change something. If it is light and noisy, try a dark and quiet room. If it is quiet, try some background noise. Sometimes the infants can get "**over stimulated**" or "under stimulated" and have a bad stretch. Changing things can help to calm the infant.
6. Infants who cry frequently are often **fed more often**. If your infant has shown good weight gain, it can be tricky to decide when to feed the infant when the infant cries, but the following are good guidelines:
 - o Do not feed your baby every time they cry. They will be over-fed and that can lead to constipation, excessive spitting, and excessive weight gain.
 - o For breast-feeding infants, nurse them every time they cry until your milk is in and we know the baby is gaining weight well (usually at the 2 week appointment). Many breast-fed infants that feed frequently cause lots of soreness for the mother and are not getting the full nutrition of the breast milk as they may never empty the breast well.
 - o For formula-fed infants, feed every 2-3 hours until your infant is seen at the 1 week appointment. Most infants thereafter can feed every 2-3 hours on average.
7. Whether you should try **gas drops** or **gripe water** is tricky. Pediatrician Dr. Michel Cohen says "Since there is nothing wrong with (your infant), there's no need for colic medications." In large studies with lots of colicky infants, gas drops (simethicone, such as Mylicon®) and gripe water do not generally help the amount or intensity of crying. However, we certainly have some infants do better when given one or both of these. The truth is there is no harm in giving gas drops or gripe water. Generally, the worst thing that can happen is they do not work. Then you stop them. So if you do gas drops for 3-5 days with no change, stop them. If they help, continue giving them as often as every feeding. They are safe to do for long

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periods of time (years, if you needed to!). We would recommend the same about gripe water: you may find it helpful, it is fine to try for a few days, and if you find it helps it is fine to continue. If you do not notice it helping, stop using it. Both of these are available in stores over-the-counter without a prescription. The simethicone gas drops dose is 0.3 ml. by mouth as often as every feeding.

8. Do not hesitate to call and make an appointment to discuss how to help you and your infant through colic. We can weigh the baby to make sure they are still having good weight gain and discuss other things to try.

On a personal note: one of my twins had colic and it was stressful for everyone in our home. He is now a healthy, happy young adult. You and your child will get through this!