



BASIC INFORMATION

DESCRIPTION

Repeated episodes of excessive crying that cannot be explained. The baby is healthy and does not have a specific disorder, such as an ear infection. Colic affects infants up to 5 months old and is more common in a first child and boys. Colic is different in each baby, but is sometimes defined as crying for 3 hours a day at least 3 days a week for 3 consecutive weeks.

FREQUENT SIGNS AND SYMPTOMS

- Crying ranges from being fussy to a high-pitched, loud cry. Crying periods usually occur in late afternoon or evening.
- Colic usually begins at 2 to 4 weeks and can last through 3 or 4 months.
- The infant's stomach may rumble, face may be flushed (red), and the child may draw up the legs as if in pain. There may be passing of gas.
- Colic can cause loss of sleep and feeding problems in infants. In parents, it causes distress, depression, sleep loss, marital problems, and a feeling that parenting ability is lacking.

CAUSES

Unknown. Some possible, but not proven, causes include an immature nervous or digestive system, food allergy or food intolerance, or the baby is extra sensitive to things going on in the home.

RISK INCREASES WITH

No known risk factors.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

All babies cry, and many have fussy periods. Crying is an important activity and is a way for babies to communicate. Colic is a distressing, but not dangerous, condition. The symptoms can sometimes be relieved. Colic will usually stop after the 3rd or 4th month.

POSSIBLE COMPLICATIONS

None expected.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Be patient and tolerant. Colic is not the parent's fault, so do not blame yourselves.
- Don't feed the baby every time he or she cries. Look for a reason, such as a gas bubble, cramped position, too much heat or cold. Check for a soiled diaper, open diaper pin, or a desire to be cuddled.

• There are many options to try and help soothe the baby. These include:

- Walking. Carry the baby or put baby in a stroller.
- Rocking in a rocking chair or swinging in an automatic baby swing.
- Take baby for a car ride.
- Massage. Lay baby down on his/her stomach and gently rub the baby's back.
- Swaddle the baby tightly in a baby blanket.
- Use noise to help soothe. Run a vacuum or shower. Play soothing music (this may help baby and parents).
- Vibration. Put the baby in a car seat and place seat on top of a dryer. Watch the baby carefully.
- Lower lights and reduce excess noise in the home.
- Some overtired infants may need to cry themselves to sleep. Once you know your baby is not hungry, not soiled, has no fever, no open pins, and you have done all you can, put your baby down for sleep.
- Colic is distressing, but not harmful.
- Ask someone to take care of the baby in order to give you a break as often as possible. Parents need to get rest and try to avoid becoming too stressed.
- See your baby's health care provider if you are concerned about colic symptoms. A physical exam can be done to make sure there are no health problems. Other medical tests are usually not required.

MEDICATIONS

Drugs are usually not helpful for colic. Don't use any herbs or other supplements without medical approval.

ACTIVITY

No limits.

DIET

- Interrupt bottle feedings after every ounce and burp the baby. Interrupt breast-feedings every 5 minutes.
- Allow at least 20 minutes to feed the baby. Hold the baby in an upright position for 20 minutes after feeding.
- Breast-feeding mothers may try and adjust their diet. Avoid dairy, caffeine, foods that cause gas (beans, cabbage, and others) and spicy foods.
- A change in baby formula may be recommended.



NOTIFY OUR OFFICE IF

- Your baby has colic and you are concerned about it.
- You fear that you are about to lose emotional control.

Special notes:

More notes on the back of this page