Baby Colic

A typical baby with colic

Colic is common. A healthy newborn baby may have periods of crying. For no apparent reason he or she cries as if in pain. The usual methods of comforting do not work very well. He or she does not want to feed, and may pull up their knees. Sometimes the baby's abdomen (tummy) appears to rumble. The cry may sound different and more piercing than normal. He or she may appear to be settling when suddenly another bout of crying occurs. This may go on and off for several hours until he or she settles and falls asleep.

The rest of the time he or she is fine. However, the bouts of colic occur regularly, commonly every evening, but can occur anytime. Bouts of colic gradually become less frequent, and have gone in most babies by the age of 3-4 months.

Variations on a theme

In some babies, a period of restlessness in the evening may be all that you notice. In some babies with severe colic, the crying may go on for many hours throughout the day (and/or night). However, babies with colic are fine between bouts of colic. They feed well, grow well, and do not show any other signs of illness.

What causes colic?

The cause is not clear. The term colic is used as it is thought the baby has pain in the abdomen. Research suggests this may be related to a change in the level of hormones that control the movement of gut muscles. Another theory is that babies with colic may have an abnormal balance of bacteria in their gut, which gradually corrects itself over a few weeks. Another theory is an intolerance to lactose which is in milk. Smoking during pregnancy and being in a smokey atmosphere (passive smoking) seem to increase the risk. It may be a mixture of these or other unknown causes. Some parents feel that they have done something wrong in some way. This is not the case.

How is it diagnosed?

Colic is diagnosed by excluding other causes of persistent crying. In the majority of babies who cry a lot, no illness can be found and colic is often the cause of this. Remember, a baby with colic will have spells when they are perfectly fine in between bouts of crying. Conditions sometimes mistaken for colic include:

- Severe nappy rash.
- Scratches in the eyes because the baby’s nails are too long.
- A twist in the bowels (volvulus).
- A part of the bowel telescoping into itself (intussusception).
- Strangulated hernia.
- A twisted testicle.
- Non-accidental injury (child abuse).

If you are unsure as to the cause of a distressed or crying baby, then see a doctor.
Helping colicky babies and their parents

There is no treatment that cures colic. Every parent has their own way of coping and may find different things helpful. Try not to despair. You have to remember that there is nothing that you have done to cause the colic. Also, that colic usually goes away by 3-4 months of age, often much sooner.

One or more of the following may help.

**Check for causes of discomfort**
Make sure the baby is not cold, is not hungry, and is changed often enough.

**Reducing anxiety**
Even newborn babies may sense anxiety. This can make things worse. Try to create a relaxed atmosphere. If possible, have a rest and meal before the colic begins (usually in the evening). The more rested and relaxed you are, the better you will be able to cope.

Colic happens more frequently when the mother has postnatal depression or feels very down after the baby was born. If this is the case, see your doctor for some help.

**Soothing**
It is natural to try to soothe a crying baby. Holding a baby through the crying episode may help to soothe. However, a colicky baby may simply not be comforted or soothed. At such times it is acceptable to leave a baby to cry for short periods if you are satisfied that he or she is not hungry, too cold, too hot, wet, or unwell. Remember - never shake a baby. If you need a break from the crying, or if you feel at the end of your tether, gently place the baby in his or her cot and leave the room for around 10 minutes. You could then do something which will help you - perhaps have a cup of tea, a snack or phone a friend.

**Time out**
Friends or other family members may be willing to help. However, try to avoid several people fussing at once as this may cause anxiety. It may be sensible to leave the coping to one person at a time. Take it in turns if you have help. If possible, it is good to have time out and leave someone else to look after your baby for a few hours.

If you have a partner, it can be worth taking it in turns to do the 'night shift'. Many mums, even with partners, always try to do the nights themselves. This can be exhausting. It may be sensible to take it in turns to get a good night's sleep. If you are breast-feeding, you may be able to express enough milk in the day for a feed to be given in the night by your partner.

**Lactose intolerance**
Research suggests that some babies with colic may be intolerant to lactose. Changing from cows’ milk to milk which is free from, or low in, lactose can be tried (for example, soya milk or casein hydrolysate milk). These milks are sometimes called hypoallergenic. Another method which can be tried is to add lactase drops to the milk, which breaks down lactose. Once things settle down you should try the baby with ordinary milk again, as lactose may play a part in keeping the bowel healthy in the long term.

**The diet of breast-feeding mothers**
If you breast-feed, there's some evidence that it may help if you do not have cows' milk, dairy products, eggs, wheat, nuts and caffeine (which can also be found in some painkillers). Some women find cutting out spices or garlic is also helpful, although there's little scientific support for this. If there's no improvement after you've made changes for a week, go back to your normal diet.

**What about medicines?**
If simple things don't work, you could try a medicine called simeticone. Dicycloverine used to be used but is now considered unsafe. Some people find gripe water helpful, but its use is not supported by research.
**Popular but non-proven advice**

The following tips are often given. However, the advice is based on individual experiences and no research studies have proved that they help. So, they may or may not help.

**Noise**

Some people say that white noise helps to soothe colicky babies. White noise is background, nonspecific noise such as that made by vacuum cleaners, washing machines, etc. You can even buy CDs of white noise which claim to soothe crying babies. There is a lack of research that proves that this works in most babies, but it may be worth a try.

**Rides and carrying**

Crying babies may settle on car journeys. It is possibly the white noise of the car engine and the gentle movements of the car that do the trick. Pram rides seem good too - it may be the movement that helps to soothe some babies. Or, simply walking with the baby in a sling or baby carrier may help to soothe.

**Complementary and alternative remedies**

Many alternative therapies are promoted and advertised for colic. Apart from a technique called minimal acupuncture (which involves very light pressure on the backs of the child’s hands) none has been proved to be effective with research studies, and they may be expensive. **Note:** not all alternative therapies are without risk. For example, some herbal products, such as star anise, have caused serious reactions in some babies, and are not recommended.

**A possible new treatment**

There is some evidence that taking certain probiotics may help to ease symptoms in some babies with colic. Probiotics are nutritional supplements that contain good bacteria. That is, bacteria that normally live in the gut and seem to be beneficial. The theory is that there may be some relationship between the balance of the normal bacteria in the gut and colic.

In particular, a study published in 2010 (cited at the end) gave some interesting results. In this study, 50 babies with colic were either given some drops each day that contained a bacterium called *Lactobacillus reuteri* or placebo (dummy) drops. After three weeks of treatment, babies who took the treatment drops cried for an average of about a half hour a day. This compared to babies who received the placebo who were still crying, on average, for an hour and a half each day. At the beginning of the study, babies in both groups were crying for five to six hours a day. So, this study suggests that colic became less of a problem in babies who took drops that contained *Lactobacillus reuteri*. This is just a small trial and more research is needed to confirm the results. But, it seems a promising possible new treatment.

**Your feelings**

Sometimes parents become angry, tearful, or resentful towards a baby with colic. These are normal and common emotions. The crying can seem distressing, intolerable and very frustrating.

If you are finding it hard to cope then do see your health visitor or doctor, or call CRY-SIS for advice.

**CRY-SIS**

Helpline: 08451 228 669 - 9.00 am until 10.00 pm, 365 days a year.
Web: [www.cry-sis.org.uk](http://www.cry-sis.org.uk)

This is a support group and helpline for families with excessively crying, sleepless, and demanding babies and children.
References