

Colic: The Crying Young Baby

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What Is Colic?

Infantile colic is defined as excessive crying for more than 3 hours a day at least 3 days a week for 3 weeks or more in an otherwise healthy baby who is feeding and growing well. The crying must not be explained by hunger, pain, overheating, fatigue, or wetness.

Roughly one in five babies have colic, and it is perhaps the most frustrating problem faced by new parents. Contrary to widespread belief, a truly "colicky" baby is seldom suffering from gas pains, although every baby certainly has occasions of gas pain and bloating.

When Does Colic Occur?

The crying behavior usually appears around the time when the baby would be 41-44 weeks post-conception. In other words, a baby born at 40 weeks might first show their colicky nature by 1-4 weeks of age. The condition usually resolves, almost suddenly, by age 3 to 4 months.

Most colicky babies experience periods of crying for 1-3 hours once or twice a day, usually in the evening. During the rest of the day, the baby usually seems fine, though it is in the nature of colicky babies to be sensitive to stimuli. A small percentage of colicky babies are known as "hypersensory-sensitive"; these babies cry for what seems to be most of the day, all the while feeding and sleeping well.

What Causes Colic?

No one fully understands colic. We do know that more often than not, colic is a personality type, rather than a medical problem. Babies who are colicky are commonly seen to grow up to be very bright, and "right-brained" (artistic, creative, theatrical, and often talk and read very early). They also tend to become children who are described as "sensitive", especially to such things as heat, cold, touch, pain, and to the fit of their clothing.

The presumption therefore is that colicky babies are thus similarly sensitive. They cry due to sensory overload. They cry more in the evening, suggesting that the crying is a release of emotion and frustration from the stimuli of the day. They often need to be swaddled. They often need to be rocked, walked, bounced, or other soothing repetitive movements. They usually enjoy car rides, the sound of a washer/dryer or dishwasher, and the sound of a vacuum cleaner.

Since colic is seldom related to gas, extra burping, gas medications, or special nipples usually won't help. The baby often looks to parents as if it is having abdominal pain because its legs are drawn up – but a baby's abdominal muscles tense up and its legs draw up during crying as well.

It is VERY important to realize that colic is not the result of poor parenting, so don't blame yourself! However, if you are tense, your baby will pick up on that, and it may increase her time spent crying.

What Can We Do?

You will not be able to eliminate all of your baby's crying. Every baby cries at times, with hunger, heat, cold, wetness, or gas. But some of the following suggestions might help to reduce the amount of time spent crying by a colicky baby:

- Keep the amount of stimuli of the day to a minimum. Encourage visitors to stop by in groups in the morning, usually the baby's best time of day. Trips out of the house should be somewhat brief, also best in the morning. Keep the house somewhat dim, and with little background noise such as television or music.
- Have a set, predictable response to the onset of crying. Ask yourself, "Is she hungry, is she wet, is she too hot or too cold, is her clothing or diaper on too tightly, has she scratched herself?"
- Attempt to swaddle, then cuddle, then rock your baby. Sit in a location with little light or sound. Try to sing softly to her, or recite soothing nursery rhymes. Sometimes holding them like a football, facing outward, is preferred by the baby.

- If this fails, try walking around and gently bouncing or swinging your baby in your arms. If this fails, consider a windup swing (with baby lying flat on her back), or a vibrating “bouncy chair”, or a walk in the stroller, or a ride in the car.
- Be sure to try each intervention for at least 3 to 5 minutes before giving up. Switching too rapidly from one intervention to the next might only serve to increase her sensory overload, and make matters worse.
- If nothing works despite 30 minutes of these attempts, try to put your baby down in her bassinet or crib to see if she can settle herself down to sleep on her own. If the crying is not fading within 5 minutes, pick her back up and start over.
- Don't feed her every time she cries. Colicky babies often become overweight, as parents read the crying as hunger. The colicky baby will usually eat, but the crying will often resume once finished. They are also then more likely to have tummy gas, or to regurgitate and spit up, sometimes with pain.
- Give a baby the freedom to cry a little bit, and to cry it out occasionally. All babies cry up to a total of one hour daily.
- Again, know that you cannot fix every cry, and that's okay. If you find yourself getting frustrated, hand the baby off to your spouse, or call a friend or relative to come over and give you a break. Colicky babies are also the most abused babies, due to extreme and mounting frustrations and exhaustion from dealing with this “high-demand” baby. Sometimes simply handing off the baby results in the crying stopping – the baby didn't start out crying because of you, but she cried harder and longer because she was picking up your tensions, frustrations, and even anger. These are normal emotions, especially post-partum, but it is very important to learn to recognize them, and put the baby down or hand her off before letting these emotions get out of control.

Nothing Is Working. What Else Should We Consider?

- Occasionally, colic is the result of a dairy allergy. If a mother is breastfeeding a colicky baby, she might consider taking herself off all dairy products for a minimum of 7 days to see if it changes the baby's behavior. If bottle feeding, consider a one week trial of a hypoallergenic formula (such as Nutramigen, or Alimentum). Discuss this beforehand with your doctor or your doctor's nurse.
- Even less commonly, colic in the breast fed baby can be the result of other food allergies. The possibilities include: peanut, egg, wheat, soy, or tree nuts. Most babies with colic resulting from a food allergy also with exhibit eczema, dry, flaky, red skin usually on the face and upper chest, but possibly all over the body.
- Sometimes, colic is the result of Gastroesophageal Reflux Disease (GERD), more commonly known as heartburn. Such babies are noted to often (but not always) spit up, to arch their backs and writhe and stiffen with crying (as opposed to drawing up their legs), and to cry less or not at all when kept upright. Sometimes GERD is the only sign of a dairy or soy allergy. If you suspect GERD, discuss this with your doctor or your doctor's nurse. Some children with GERD and colic improve greatly when treated with simple acid-blocker medications, such as Zantac or Prilosec.
- A few natural health products have been shown to be beneficial in some babies with colic. Fennel seed oil seems to help in some babies, though may occasionally cause allergic rashes or wheezing. Herbal teas containing fennel, chamomile, vervain, licorice, and lemon balm (or Gripe Water, containing many of the same ingredients) also have been shown to be effective in some babies with colic. Probiotics (lactobacillus) can also be helpful if given 1 to 2 times daily, but it may take 1 to 4 weeks to see the benefit. Each of these interventions is widely considered safe to try, but only try one thing at a time, and try each 1 to 2 times a day for at least a week before determining their benefit.