INFANT COLIC

All infants cry in the early weeks of life. Crying serves an important developmental function, enabling the infant to release tension. Later, crying becomes a means of communicating sensations such as hunger, pain, fear, or cold; as well as a way to signal the desire for physical contact. You will gradually learn to understand your infant’s cries and discover comforting techniques that work best for you.

The amount of crying usually reaches a peak at six weeks of age, when the average infant cries about 2-1/2 to 3 hours a day, however, infants vary greatly in the amount they cry. The amount of crying begins to lessen as the baby discovers new ways of releasing tension and reaching out to others.

The term “colic” is imprecise and is frequently overused. Most physicians consider babies to be colicky if they cry continuously for 3 or more hours every day. All infants have fussy periods and fussy days, but colicky babies have prolonged crying bouts that are repeated every day, often at the same time each day.

Colic affects about 10 to 15 percent of newborns. It usually begins during the first 2-3 weeks of life, and is usually over by 3 months of age. Frequently the crying episodes are confined to the evening hours, 6 p.m. to midnight. Unfortunately, this is the time when parents may be the most tired and least able to cope with stress. In a smaller number of infants, the crying is almost non-stop from morning through night.

Colicky infants are otherwise healthy. They gain weight at a normal rate and are often exceptionally alert and active. They show no apparent long-term effects of this early experience. As one physician has concluded, “Colic is not serious unless you are the parent(s) of the suffering baby.”

Although the cause of colic remains unknown, many theories have been proposed. At various times in the past 60 years, colic has been attributed to tension in the home, mom’s anxiety, faulty reading of signals from the infant, immaturity of the infant’s gastrointestinal tract, spasms of the colon, trapped intestinal air, deficiency of the hormone progesterone, allergy, a sensitivity to cow’s milk protein, faulty feeding techniques, and a host of other factors.

Today, most researchers believe that several of the above mentioned factors are present together in infants with colic. Its origin is most likely neither totally organic nor totally emotional, rather, colic appears to be a complex phenomenon, with several factors combining to create the distress. The causes differ from baby to baby. Parents will only become frustrated if they try to pinpoint exactly what caused their baby’s colic and should instead focus on ways of easing the infant’s discomfort.
TREATMENT AIDS AND SUGGESTIONS

1. THERE IS NO MAGICAL CURE for colic. Your sanity will require some creative experimentation as each infant is unique! These may help:
2. Try using a wind-up swing to soothe the infant.
3. A warm water bottle to the stomach or warm water bath may be helpful.
4. Riding in the car may be helpful.
5. Placing the infant safely on a blanket on top of a warm running clothes dryer may be helpful.
6. Soft, monotonous sounds such as seashore sounds, a hair dryer, or even a heart beat recording. One pharmaceutical company manufactures a device that both emits “white” noise and also attaches to the under-frame of the infant bed and vibrates it to simulate a ride in the car or a ride on top of the clothes dryer. Please ask if you would like more information on this.
7. Burp the baby frequently when feeding.
8. Avoid overfeeding - your child may cry and want to eat to excess, only resulting in more stomach upset. Frequent small meals may be the best way to feed your child.
9. Try a pacifier instead of feeding to satisfy your baby’s sucking urge.
10. MOST IMPORTANT - Get away for an hour or two each day to preserve your sanity - so you don’t view your infant as a “bad baby”.
11. Check your baby and after making sure he is dry, safe, etc., IT IS OKAY TO LET HIM CRY.
12. If you are formula feeding - sometimes a switch to a more elemental formula is helpful. Give the trial several weeks. Please do not change formulas without asking your physician first.
13. If you are breastfeeding - remove some of the following foods from the diet for a one week trial period for each food:

   a) milk and milk products       f) nuts
   b) chocolate                   g) eggs
   c) strawberries                h) broccoli
   d) tomatoes                    i) green peppers
   e) caffeine                    j) onions

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