Infant Colic

All babies cry some of the time, but a baby with colic cries much more of the time. Caring for a baby with colic can be stressful. Colic usually stops by about three months of age and there are no long term effects. There is help available for ‘colicky’ babies and their parents.

Causes of babies crying

Crying and being unsettled is very common in young babies up to 4 months old. Reasons why babies cry may include:

- Hunger
- Pain or discomfort
- Too hot or too cold
- Need to suck
- Wind (gas in the baby’s gut)
- Overtired
- A need to be cuddled and comforted
- Wet or dirty nappy, especially if the baby has nappy rash
- Uncomfortable position.

Sometimes there is a medical reason for crying. A doctor can check for a medical condition or injury that may be causing the baby to cry.

Signs and symptoms of colic

Babies with colic may fuss and cry intensely for some hours. The crying usually begins suddenly at about the same time every day, often in the late afternoon or evening. They are usually calm at other times of the day and are healthy and growing well.

They may pull up their knees or stretch their legs out stiffly, clench their fists and scream, as if in pain. None of the usual methods (e.g., cuddling, feeding, changing nappy) seem to comfort the child.

Colic usually starts within three weeks of birth and lasts until three to four months of age when it disappears by itself.

What causes colic?

No one knows what causes infant colic. Possible causes include:

- Pain due to intestinal spasms or due to wind (intestinal gas)
- Pain due to reflux of stomach acid back up the oesophagus
- The baby’s intestines have not yet fully matured
- The baby is anxious
- The baby senses parent’s anxiety or family stress
- Food sensitivities or allergies the baby may have.

If the baby is breast fed, symptoms may be related to the mother’s diet

Important

Consult your doctor promptly if you feel you are not coping or if your baby has:

- Blood in his/her bowel motions
- Blood or a green tinge in his/her vomit
- Loss of appetite (refusing feeds or feeding less) or fails to gain weight
- Woken up over and over in the night, with screaming not related to feeding
- Vomiting and/or diarrhoea that is getting worse or has lasted for more than 24 hours
- Constipation

- Changed from being alert when awake, to being sluggish
- Severe, long lasting swelling of the belly
- A high temperature (38°C or more).

Remember

- Comfort your baby if she/he seems distressed.
- Always check with a doctor before deciding a baby’s crying is colic.
- Consult a pharmacist or doctor before giving any medicines to a baby.
- *Never shake a baby.*
• Smoking – there is some evidence that a woman who smokes is more likely to have a baby with colic.

**Self care**
Parents may need to try different approaches to find out what (if anything) makes a difference to their baby’s colic.

**Relieve wind**
Babies may swallow air when crying or feeding. Air may be swallowed during feeding because milk flow is too fast or too slow, or because baby is sucking on an empty breast or bottle. Burping the baby after a feed can reduce wind.

If milk flow is too fast, try expressing a little breast milk before beginning the feed or if bottle feeding, try a teat with a smaller hole.

If milk flow is too slow, check how baby is sucking or try a teat with a larger hole.

**Relax and calm baby**
**Soothing strategies include:**
- Cuddling and comforting your baby
- Wrapping (swaddling) – some babies feel comforted when wrapped snugly
- A pacifier (dummy) – may help calm a baby with a strong need to suck
- Movement such as rocking, patting, walking with the baby in a sling, driving in the car, riding in a pram
- Soft music – try something with a definite beat or rhythm
- A warm bath
- Gentle massage of stomach and shoulders.

If colic occurs at a regular time, it may help to relax the baby before the usual colic time begins.

**Take care of yourself:**
- Be patient – colic usually stops when the baby is about three months old
- Prepare for evening colic (e.g., prepare the evening meal early, rest during the day)
- Take a break – ask a relative or friend to look after the baby for a while
- Share your thoughts and feelings with someone else. It is normal for parents in this situation to feel helpless and frustrated

- Share caring for the baby and the cooking and household duties with someone else
- Make feeding time quiet and relaxed
- Keep the phone number of the Australian Breast Feeding Association, or a help-line, close at hand
- Learn and practice relaxation techniques
- Remember – you are not to blame and colic will not harm the baby. Babies with colic still grow and develop normally
- Don’t smoke near your baby – it may make colic worse.

If you feel frustrated, maybe even to the point of shaking the baby, put the baby down in the cot and leave the room until the feeling goes. Never shake a baby – it may cause permanent damage.

**Medicines**
Certain medicines may help to settle a baby with colic.

For example simethicone helps gas bubbles in the stomach and intestines to escape more easily and may help if the baby has wind.

There is no scientific evidence that herbal medicines help with colic.

**Related fact cards**
- Nappy Rash
- Relaxation Techniques
- Smoking series
- Vomiting and Diarrhoea

**For more information**
Australian Breast Feeding Association (formerly Nursing Mothers) – listed under ‘A’ in the white pages of the phone book or website www.breastfeeding.asn.au

Your local Baby, Child or Infant Health Centre – listed in the white pages of the phone book.

HealthInsite – website www.healthinsite.gov.au

Lifeline – phone 13 11 14 (24 hours, Australia-wide) or website www.lifeline.org.au

Consumer Medicine Information (CMI) leaflets – your pharmacist can advise on availability.

NPS Medicines Line – phone 1300 888 763 Monday to Friday, 9am to 6pm EST.

The Poisons Information Centre – in case of poisoning phone 131 126 from anywhere in Australia.

Pharmacists are medicines experts. Ask a pharmacist for advice when choosing a medicine.