

COLIC

INTRODUCTION

Colic is the term used to describe frequent and often prolonged bouts of forceful, fretful crying in an otherwise healthy infant. The child continues crying despite attempts to provide comfort. The face will often turn red and the legs may be drawn up to the stomach.

Colic is very common in newborn babies and it is thought to affect around 20% of infants. The condition normally starts a few weeks after birth, and continues for the first three to four months of life. Although it may appear that your baby is in distress, colic is not harmful, and your baby will continue to feed and gain weight normally. There is no evidence that colic has any long term effects.

SYMPTOMS

In an otherwise healthy and well-fed baby, symptoms of colic include:

- Persistent forceful crying.
- Cramping.
- Spasm.
- Flatulence (wind).
- Abdominal distension-stomach may feel hard to the touch.
- Unsettled and irritable after feeding.
- Difficulty sleeping.

CAUSES

The causes of colic are unknown. Colic is believed to be caused by the baby swallowing air during feeding. Air bubbles lodge in the stomach, causing cramping pains. In some cases however Colic may be due to lactose intolerance. Lactose is a natural sugar in milk. Stress may also play a part in colic.

Smoking, during pregnancy, doubles the chances of your baby developing colic.

TREATMENT

Comforting your baby

Tips include:

- Holding your baby during a crying episode can sometimes help, as can wrapping them snugly in a blanket (swaddling).

- Prevent your baby from swallowing air by sitting them upright during feeding.
- If you are breastfeeding, avoid drinking too much tea, coffee, and other drinks that contain caffeine. Some women also find that spicy food and alcohol can aggravate colic.
- Holes in bottle teats that are too small may cause babies to swallow air along with their feed. 'Fast flow' teats with larger, or several, holes are available and may be a useful alternative.
- Always burp your baby after a feed. To do this, sit your baby upright, or hold them against your shoulder, making sure that you support their neck and head. Gently rub their back and tummy until they burp. They may vomit a small amount of milk when you do this, which is normal.
- Some evidence suggests that 'over-stimulating' a baby by continually picking them up, and putting them down, may aggravate the crying. Gently comforting your baby in a quiet, darkened room may be more beneficial.
- Babies like movement, so pushing them around in their pram, or pushchair, or going for a drive, can be comforting. Rocking them over your shoulder, or carrying them around the house, may also be helpful.

MEDICAL TREATMENT

As colic always improves on its own, medical treatment is not normally recommended. However, if you find that you are having problems coping then you should contact your GP.

Unfortunately, there is no magic cure for colic. However, there are several treatments that may work, and it is worth giving them a try (one at a time) for a week or so. These treatments are outlined below:

- **Simeticone drops (eg) Infacol** - a one week trial; they are suitable for both breastfed, and bottle fed babies and are available in pharmacy.
- **Excluding cow's milk protein** - for breastfed babies: a one week trial of a dairy-free diet for the mother. For bottle fed babies, a one week trial of hypoallergenic formula (a formula designed to reduce the possibility of an allergic response).
- **Lactase drops (eg) Colief**- a one week trial that is suitable for both breastfed and bottle fed babies.

If your baby responds to the exclusion of cow's milk protein, or to lactase drops, it does not necessarily mean that they have permanent milk intolerance. In most cases, any milk intolerance is temporary and passes after a month or two.

Disclaimer: Information given is suitable for the person above only; Please ensure you consult with your healthcare professional before making any changes recommended

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