

Infantile Colic

What is colic?

In 1954, Dr. Wessel defined colic as “Paroxysmal Fussing in Infancy,” which means episodes of inconsolable crying and fussiness. It is thought to be a self-limited behavioral syndrome. The characteristics of crying that constitute colic are typical of normally developing infants, but they are more intense or occur more frequently in infants thought to have colic. The fits of crying tend to occur in the evening, but many infants do not follow a predictable pattern. The crying and fussiness can last for hours at a time and the infants are comfortable and happy in between episodes.

How common is colic?

What causes colic?

Colic is very common. Nearly 1 in 4 newborns are affected. The reason for the irritability is not totally clear but includes an immaturity of the baby’s nervous system, sleeping disruption, hypersensitivity to the environment and sensory overload. Only a small fraction of the children with colic will actually be suffering from identifiable medical conditions, which will be discussed with your health care provider before a diagnosis of colic is made.

What are the symptoms of colic?

Typically, colic follows the “rule of threes”: crying begins by 3 weeks of age, it lasts for at least 3 hours a day and it occurs for at least 3 days a week. The colicky baby will start crying as if in apparent pain—turning red-faced,

SPECIFIC INSTRUCTIONS :

grimacing, fists clenched, legs flexed, backs arched, legs kicking, spitting-up, and passing gas. Sometimes, feedings will temporarily stop the screaming, only to resume when the nipple is taken or pushed away. Importantly, colicky infants continue to gain weight and grow normally, which is reassuring and helps to exclude other diagnoses.

How is colic diagnosed?

Colic is diagnosed by taking a careful history of the pattern of crying and by confirming that the baby is healthy in all other respects by a thorough physical examination. No tests are needed to confirm this diagnosis.

How is colic treated?

There is no specific treatment, but much can be done to minimize the impact on the parents of this exhausting problem. The baby’s formula may be changed to one that is hypoallergenic. Some breastfeeding mothers will modify their own diet,



removing gas forming foods or dairy products. The most effective treatment is time and patience. Parents and other family members should take turns with the baby’s care. Infant massage, soothing music, and swaddling can help the days pass for a colicky baby. Seek medical care immediately if your baby’s behavior or body language changes or he or she begins to vomit suddenly. Infants with colic are challenging for most families and often times exhausted care givers become inpatient and frustrated. Please seek help or take a break. Often fussy babies become victims of child abuse—**NEVER SHAKE YOUR BABY!**

What can you expect?

Colic will hopefully resolve by the time your baby is three months old. Sometimes, the fussiness lasts for a few more weeks or months. The prognosis is excellent. If you are worried, or you note any changes that concern you, always discuss them with your health care provider.

For more information or to locate a pediatric gastroenterologist in your area please visit our website at: www.naspghan.org

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

