

Colic

What is colic?

Colic is defined as episodes of inconsolable crying and fussiness in infants 1–4 months of age. While fussiness is typical in normally developing infants, those who experience colic have more intense and frequent episodes.

Crying occurs without any obvious cause. Fits of crying tend to occur in the late afternoon or evening, but many infants do not follow a predictable pattern. Crying and fussiness can last for hours at a time, and infants are comfortable and happy between episodes.

What causes colic?

There is not one single cause of colic. However, some factors include immaturity of the infant’s nervous system, sleep disruption, hypersensitivity to the environment, and sensory overload. The family dynamic is also important to consider in infants with colic. Most cases of colic are considered to be at the upper end of the normal “crying curve” in healthy infants.

How common is colic?

Colic is common and occurs in as many as 1 in 4 newborns.

What are the signs and symptoms of colic?

Infants with colic have episodes of inconsolable crying and fussiness that seem to start without any particular reason. Crying is often more intense and frequent in the late afternoon to early evening and can last several hours. Infants are usually happy in between episodes. Typically, colic follows the “rule of threes”:

- Crying begins by 3 weeks of age
- Crying lasts for at least 3 hours per day
- Episodes occur at least 3 days per week

A colicky baby will start crying as if in pain—turning red-faced, grimacing, clenching fists, flexing legs, arching back, kicking legs, spitting-up, and passing gas. Sometimes, feedings will temporarily stop the screaming, only to resume when the nipple is taken or pushed away.



It is important to note that colic is not caused by pain, even though the infant is upset and appears uncomfortable. Colicky infants continue to gain weight and grow normally, which is reassuring and helps exclude other diagnoses.

Colic usually resolves by 3–4 months of age, and peaks around 4–6 weeks of age. For premature infants, colic may last longer.

How is colic diagnosed?

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

What is the treatment for colic?

In more than 90% of infants with colic, treatment is focused not on “curing” the colic, but rather supporting the family throughout this stressful time in the baby’s development. The most effective treatment is time and patience.

Parents and other family members should take turns with the baby’s care. Infant massage, rocking, soothing music, white noise, and swaddling can help ease the day for a colicky baby.

There is little evidence that changing to hypoallergenic formula or removing dairy products from the diet of a breastfeeding mother is beneficial, but it is sometimes tried to see if symptoms improve. There is some evidence that certain probiotics are helpful for patients

with colic. Consult your healthcare provider before making any changes.

What can I expect if my child has colic?

Colic usually resolves by the time your child is around 3–4 months old. Sometimes, the fussiness lasts for a few more weeks or months. You may feel frustrated, overwhelmed, and exhausted at times, so ask for help and talk to your healthcare providers if you have questions or need support.

Fussy babies are at risk for abuse. Even if you feel angry or upset, NEVER SHAKE YOUR BABY!

When should I seek medical attention for my child?

Generally, infants with colic are healthy. You should contact your healthcare provider if your infant has any new symptoms, such as fever, rashes, vomiting, or poor weight gain.

Where can I find support for my child and family?

Talk to your healthcare provider and other parents. Colic is common and many families have experienced an infant with colic. If you feel overwhelmed or exhausted, ask for help from your support system, such as family and friends. It is also important to let your own doctor know if you are feeling sad or overwhelmed so you can receive further support if needed.

*Reviewed & Updated by:
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➔ Locate a Pediatric Gastroenterologist

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general educational information 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.



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