

Colic

What is it?

- Infantile colic is a self-limiting condition, characterised by repeated episodes of excessive and inconsolable crying, lasting more than 3 hours per day, occurring more than 3 days per week, in an otherwise healthy infant.
- The aetiology is thought to be a combination of abnormal gastrointestinal motility, changes in intestinal microflora and psychosocial factors.
- Symptoms usually start as early as week one of life and typically persist until the third or fourth month.
- Features include crying in the late afternoon and early evening, drawing up of knees and arching of the back.

What should I do?

A) HISTORY:

Evaluate the crying episodes, feeding, sleeping and bowel patterns, any features to suggest gastrooesophageal reflux disease and cow's milk allergy. (see relevant sections in this document)

B) EXAMINATION:

Evaluate growth, appropriateness of clothing to maintain optimum body temperature, any oral pathology causing feeding problems, corneal abrasion from baby's finger nails and any signs of serious pathology including sepsis and child abuse.

C) MANAGEMENT:

- Reassure carers that infantile colic is a common and benign problem that should resolve by 4 months of age.
- Advice on identifying symptoms which may suggest a more serious underlying cause.
- Advice to parents on responses to crying, coping strategies and support available.
- Advice on feeding, including positioning, fast-flow teats, ensuring optimal winding techniques and soothing strategies such as holding, rocking, or bathing the infant.
- Identify and manage parental anxiety and post-natal depression, if identified.
- There is insufficient good-quality evidence for: use of Simeticone (Infacol) or lactase (Colief) drops, changing the milk formula or diet modification of breastfeeding mothers.
- Support from health visitor and breast-feeding advisor, as required.
- Signpost to support groups such as Cry-sis (www.cry-sis.org.uk), which runs a national telephone helpline (0845 122 8669)

When should I refer?

- When there is a suspected alternative underlying cause for the symptoms
- Infant is not thriving
- Symptoms are not starting to improve or are worsening after 4 months of age.
- Parents/carers feel unable to cope with the infant's symptoms despite reassurance and advice in primary care.

RED FLAGS:



Persistent vomiting:

Gastro oesophageal reflux disease, Pyloric stenosis

Bilious vomiting:

Surgical causes like malrotation, volvulus

Fever, lethargy, sleepiness, fits:

Sepsis, Meningitis, Non-accidental injury, Seizure disorder

Weight loss/poor weight gain:

Feeding problems, underlying systemic illness.

Parent Information leaflet - Colic

What is colic?

Colic is excessive, frequent crying in a baby who otherwise appears to be healthy. It is a common problem that affects up to one in five babies. Colic tends to begin when a baby is a few weeks old and usually stops by four months of age. The cause of colic is suggested to be indigestion, trapped wind, or a temporary gut sensitivity to breast and formula milk. Colic occurs equally in boys and girls, and in babies who are breastfed or bottle-fed.

Features:

- intense crying bouts that can last several hours
- crying in the late afternoon or evening
- your baby's face being red and flushed, when they cry
- your baby clenching their fists, drawing their knees up to their tummy, or arching their back while crying

What can I do?

While there is no proven remedy for colic, there are several measures that may help:

- holding your baby during a crying episode
- preventing your baby swallowing air by sitting or holding them upright during feeding
- burping your baby after feeds
- gently rocking your baby over your shoulder
- bathing your baby in a warm bath
- gently massaging your baby's tummy

Remember that although your baby appears to be in distress, the crying outbursts are not harmful, and your baby will continue to grow and develop normally.

Do I need to see my GP?

See your GP if you are concerned about your baby, or if nothing seems to be working and you are struggling to cope.

Get medical help immediately if your baby:

- has a weak, high-pitched, or continuous cry
- seems floppy when you pick them up
- is not feeding
- vomits bile (green or greenish-yellow fluid)
- has blood in their poo
- has a fever
- has a bulging fontanelle (the soft spot at the top of a baby's head)
- has a fit (seizure)
- turns blue, blotchy, or very pale
- has breathing problems, such as breathing quickly or grunting while breathing

Key points to remember:

- Caring for a baby with colic can be very difficult for parents, particularly first-time parents.
- It is important to remember that:
 - › your baby's colic is not your fault – it doesn't mean your baby is unwell, you are doing something wrong, or your baby is rejecting you.
 - › your baby will get better eventually – colic normally improves by four months of age.
 - › you should look after your own wellbeing – if possible, ask friends and family for support as it's important to take regular breaks and get enough rest.
 - › Support groups, such as Cry-sis (www.cry-sis.org.uk), can also offer help and advice if you need it. You can contact their helpline for advice on 0845 122 8669 (9am-10pm, seven days a week).