

Let's Talk About...

Colic

What is colic?

Colic [KOL-ik] occurs when a healthy baby cries more than 3 hours a day for more than 3 days a week and for at least 3 weeks. This is a common condition (not a disease) and will eventually go away on its own.

What does colic look like?

A baby with colic usually begins crying and fussing around 3 to 6 weeks old. Colic usually ends when the baby is 3 to 6 months old. Your baby will cry around the same time each day or night, often after feeding. It starts suddenly and ends suddenly.

Your baby will show signs of gas discomfort, and their tummy may look very full and feel hard. Babies with colic may pull their knees up to their chest, clench their fists, flail their arms and legs, and arch their back. Your baby will also be restless, irritable, and fussy.

What causes colic?

It isn't always known why babies get colic. There are likely many causes of colic. Colic has different causes in different babies:

- **Brain development.** Most often, colic is just part of the normal brain development in a baby who is extra sensitive to stimulation from sights, sounds, and sensations of digesting food. Unfamiliar sights and sounds may overload an infant. Babies who are easily overloaded often have more severe colic, fussiness, and difficulty sleeping.
- **Digestion issues.** Many times, colic may be caused by digestion issues. Newborns have a young digestive system that has never had food in it. Their systems are learning how to work. Muscles that support digestion have not developed the proper rhythm to move food efficiently through the digestive tract. Babies may not have the normal bacteria in their intestines to help digestion. This may explain why almost all infants outgrow colic within the first 6 months as their digestion becomes normal.
- **Gas.** Some babies with colic have gas. It is not clear if the gas causes the colic or the baby has gas from swallowing too much air when crying.
- **Reflux and spit-up.** Some people think that the normal reflux and spit-up irritates some babies more than others.
- **Cigarette smoke.** Smoke can likely cause colic in some babies. Infants whose mothers smoke are more likely to have colic.
- **Intolerance to food.** Intolerance, or an extreme sensitivity or allergy, to the milk or soy protein in formula is an uncommon cause of colic. Breastfed babies could develop an intolerance to food in the mother's diet, but this is also an uncommon cause of colic.
- **Medical problems or illnesses.** Colic is rarely caused by a medical problem or illness.



How is colic treated?

Unfortunately, no medications have been shown to help a baby with colic or gas. But there are ways to make life easier for you and your colicky baby.

- Do not continue a feeding if your baby is crying but is not hungry. Instead, comfort your baby. Do not worry that you are “spoiling” your baby with attention.
- Walk with your baby or sit in a rocking chair. Try various positions.
- Offer a pacifier to your baby, but do not force them to accept it.
- Burp your baby more often during feedings.
- Place your baby tummy-down across your lap and rub their back.
- Put your baby in a swing or vibrating seat, but not during sleep. This may have a soothing effect.
- Take your baby for a ride in the car. The vibration and movement of the car are often calming.
- Play music. Some babies respond to sound as well as movement.
- Some babies need less stimulation and may do well swaddled in a thin blanket in a darkened room.
- Place your baby in the same room as a running clothes dryer, white noise machine, or vacuum. Some infants find low constant noise soothing.
- Talk to your pediatrician about changing your diet if you breastfeed your baby. Occasionally, removing certain things, such as dairy, eggs, nuts, or wheat, from a breastfeeding mother’s diet will help. If the colic is worsened by something in the mother’s diet it may take a few weeks before you see a decrease in colic.
- Talk to your pediatrician about protein hydrolysate formula for formula-fed babies. If the colic is caused by protein sensitivity, you would see a decrease in colic within a few days.

Caring for the caregiver

Caring for a colicky baby can be extremely frustrating. Be sure to take care of yourself. Do not blame yourself or your baby for the constant crying. Try to relax and remember that your baby will eventually outgrow this phase. For many babies, crying is a normal part of brain development. It is also normal for you to need a break.

Friends and relatives are often happy to watch your baby so you can have some time out of the house. If no one is available, put the baby down in the crib and take a break before trying to console them again.

If at any time you feel you might hurt yourself or your baby, put the baby down in the crib and call for help immediately. Tell everyone who takes care of your child to never shake the baby, no matter how impatient or angry they might be.

When should I call my pediatrician?

Contact your baby’s pediatrician if your baby:

- Does not feed well or does not have a strong suck. Colicky babies have a healthy suck and a good appetite. They are otherwise healthy and grow well.
- Seems uncomfortable when held or is difficult to console. Colicky babies like to be cuddled and held.
- Vomits forcefully or is losing weight. Colicky babies may spit up, but repeated vomiting is not from colic.
- Has diarrhea or bloody stools (poop). Colicky babies have normal stools.

Call your baby’s pediatrician right away if your baby:

- Has a temperature of 100.4°F (38°C) or higher
- Is crying for more than 2 hours at a time or is not consolable
- Is not feeding well
- Has diarrhea or has forceful or green vomit
- Is less awake or alert than usual
- If you think your baby may be crying because of an illness

Call your baby’s pediatrician if you have any other questions or concerns.

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