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## Staying Connected

with Tina Millican

### How Long Does this Last?

Your Baby and Colic

*It seems that every time my friends and I take our newborn babies to the doctor for excessive crying, fussiness, or odd behavior, they chalk it up to colic and say, “Your baby will usually grow out of it by four months.” In the meantime our babies are still suffering and we can’t stand to see them in pain or discomfort. What really is colic and what can we do to help?*

As parents we want to do what we can to help our child at any age be free of pain, discomfort and general sadness. With newborns, it is very hard to understand where pain and discomfort is coming from and difficult at times for parents to know how to help. Fussy and crying are normal for infants, and a fussy baby doesn’t necessarily mean a baby has colic. Labeling a baby as colicky has become a very general term and can mean a variety of different things. It’s a frustrating time for parents, especially when you aren’t sure what colic really is.

According to experts, colic isn’t really a disease or condition, but rather a grouping of symptoms. Typically, when a pediatrician determines a baby is colicky one or more of the following signs are present: inconsolable crying (often screaming), unexplained crying, passing gas, extending or pulling legs up into a fetal position, reflux, grunting, pushing and clenched fists. A baby’s stomach may often be enlarged or distended with gas. According to the Mayo Clinic, colic is typically defined by what is called the *rule of three*: three or more hours a day of continual crying, three days a week for three weeks in a row. Colic episodes typically follow a feeding and they are often worse in the evening. The signs of colic generally start at 2 to 3 weeks and last up to 6 months.

Having said that, with all our medical advancements, researchers still don’t understand what actually causes colic – all they really know is that colicky babies cry more than others. There are many theories on why it happens including acid reflux, allergies, lactose intolerance, an immature digestive system, brain immaturity and maternal anxiety.

One theory is that the digestive tract cannot keep up with the rapid growth experienced in the first months of life. As a result, the baby’s intestines may be overactive, creating cramps and/or spasms. Another theory is that it is mainly gas that creates the problem. Many doctors link colic to diet. In some cases there appears to be a connection between breastfeeding moms consuming dairy products and colic. In this instance, a slight change in the mother’s diet often fixes the problem. All of these theories are essentially based on the baby’s behavior during the crying spells. It looks very much as if the baby is in great pain.

Other doctors believe that that colic is a result of emotional stress. Fussy babies are known to suffer from colic more than babies that have a more content temperament; so many experts suggest that temperament plays a part.

We can all relate to the idea of being over-stimulated says Harvey Karp, *author of Happiest Baby on the Block*. And, young infants encounter a flood of new sensations. Considering how exciting the world is, it's a wonder that all babies don't get over-stimulated! Fortunately, most are great at shutting out the world when they need to. However, if your baby has poor state control (state describes your baby's level of wakefulness or sleep), even a low level of activity may push him into frantic crying. He may start to sob because of a tiny upset, like a burp or loud noise, but then get so wound-up – by his own yelling – that he's soon raging out of control. These babies cry because they get over-stimulated...and then stuck in "cry mode". If one could translate their shrieks into English, they would probably mean something like, "Please...help me...the world is too big!"

The American Academy of Pediatrics states that most often, colic simply means the child is unusually sensitive to stimulation or cannot "self-console" or regulate his immature nervous system. "As strange as it sounds," says Karp, "your baby doesn't want – or need – peace and quiet. What he yearns for are the pulsating rhythms that constantly surrounded him in his womb-world. In fact, the under-stimulation and stillness of our homes can drive a sensitive newborn every bit as nuts as chaotic over-stimulation can!"

Still, many babies who are fussy are wrongly labeled as having colic. While colic is common in infants, other causes such as acid reflux may be responsible for a baby who cannot be calmed. According to Bryan Vartabedian, M.D specializing in pediatric gastroenterology and author of Colic Solved, "Your baby is screaming for a reason. It's a cry for help." In most cases, acid reflux is the cause of these painful screams. It is estimated that about 1 of 5 babies has unexplained irritability. Over the years, says Vartabedian, colic has evolved into one of our culture's greatest urban legends – a mythical explanation meant to explain the seemingly unexplainable.

It is estimated that between 40 and 60 percent of all newborns have some degree of baby reflux in the early months due to an undeveloped lower esophagus sphincter (LES). That means that half of all newborn babies experience physical distress due to stomach acid in the esophagus. Baby reflux is the regurgitation or spitting up of the stomach's contents and painful acids due to an immature muscle connecting the stomach and the esophagus or reaction from something in the diet. It usually begins at birth or shortly thereafter, diminishes by 6 months, and disappears by one year. A baby need not spit up in order to experience baby reflux. This is called baby silent reflux and many of these babies will be mistakenly diagnosed with colic. While it's more convenient from a laundry standpoint, silent reflux can be more painful for your baby than spitting up since the acid burns on the way up *and* on the way down, causing twice as much discomfort and damage to the throat.

According to Dr. William Sears, there are several key differences between colic and acid reflux.

#### **Onset**

Colic typically starts by the time the baby is three weeks old. Acid reflux can begin at any time and can be present at birth.

## **Behavior**

With colic, the baby is inconsolable for several hours per day. While certain positions and activities may work to calm the baby, parents generally have to learn to deal with the crying. Acid reflux can also result in crying, but parents usually identify this cry as indicating the baby is in pain and not just crying to cry.

## **Duration**

To be classified as colic, the baby must have episodes that last at least three hours for at least three days per week. With uncontrolled acid reflux, the baby is usually fussy at each feeding and following the feeding. Colic is usually outgrown by three months, whereas acid reflux can last until 12 months.

## **Treatment**

There is no known treatment for colic. With acid reflux, certain medications can be prescribed and adjustments can be made with feeding positions, giving smaller feedings and having the baby sleep in an inclined position. Severe cases may require surgery.

Finally, infants with mothers, who are highly anxious or prone to depression, have been found to have higher incidents of colicky babies. Researchers have also linked colicky babies and maternal depression to a decrease in overall family functioning. “We found that severe depressive symptoms in the mothers were related to fussy, or difficult infant temperament, more parenting stress, lower parental self-esteem and more family –functioning problems,” says Barry Lester, Ph.D with the Bradely Hasbro Children’s Research Center and Brown Medical School. Other studies have shown that depression can alter the way a mother perceives and responds to her baby’s cry signals. Women who are prone to depression can have their depression triggered by an objectively irritable newborn. Thus, infant crying and colic may be influenced more by parental and family vulnerability, rather than solely as an infant phenomenon.

## **How can parents help?**

Although you may simply have to wait it out (I know – been there), there are many things parents can do to try and provide some relief to their baby who may be suffering from colic besides the treatment plan your Pediatrician recommends. Remember all babies are different and you may need to try multiple techniques before finding the one that works for your baby.

1. Learn and perform infant massage (The “I Love You” massage is a good one to try).
2. Considering changes to child’s diet.
3. Feed baby in an upright position to eliminate too much air from being swallowed.
4. Do not overfeed your baby – generally wait 2 to 2.5 hours from the start of one feeding to the start of the next.
5. Try a warm (never hot) tummy wrap.
6. Shhh-Shhhh loudly in your babies ear (Harvey Karp)
7. Hold baby close; swaddling makes a baby feel secure and can often calm a fussy baby.
8. Avoid things that overstimulate your baby – sometimes babies just need calm and quiet.
9. Sing or talk softly to your baby – babies often respond well to their parent’s voice.
10. Try turning your baby on his side when holding him and giving him something to suck on like a pacifier or your finger.

11. Take your baby out for a ride in the car or stroller.
12. Try burping your baby more regularly.
13. If breastfeeding, try changing your diet (often cutting out dairy for a while).
14. Do not smoke around or near your baby.
15. Remain calm and do not get too frustrated (this only adds to the challenges at hand) – take turns with a partner or time-outs for yourself if necessary.

It is completely normal for parents to feel helpless and frustrated having a colicky baby. When you have reached your limit, get some help from a friend, your partner/significant other, a grandparent or even a Postpartum Doula. You are never a weak or “bad” parent for seeking help and support during this transitional period. You may be doing your baby a necessary favor. The more upset and frustrated you get, the more he will pick up on this, and ultimately extend the time for coming out of the colic stretch.

By about 6 to 8 months, babies should be out of the colic phase and should learn to self-soothe. The crying will become less frequent and the first roller coaster ride of parenting will come to an end.

If you are convinced there is something more, please revisit this with your pediatrician or get a second opinion. Typically, colic does not involve fever or diarrhea. If your child displays these symptoms, please seek a doctor’s assistance immediately.

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### **Further Readings and Resources:**

To Learn how to perform the “I Love You” infant massage click the link below.

<http://www.doulaservicesnw.com/ArticlesandResources.htm>

#### **Books:**

*Colic Solved: The essential guide to infant reflux, and the care of your crying, difficult-to-soothe baby*, Bryan Vartabedian, M.D.

*Why is My Baby Crying*, Barry Lester, Ph.D

*Happiest Baby on the Block*, Harvey Karp, M.D.

#### **Article:**

*Colic*, Mayo Clinic ([www.mayoclinic.com](http://www.mayoclinic.com))

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