You may have heard the term colic applied to any baby who cries a great deal. Not all crying babies have colic, but all colicky babies cry and they cry hard. They may stiffen their little bodies, or curl up as if in pain. They may cry so hard that they don’t seem like they even know you are there. When babies cry like this, they take in a lot of air, which creates gas and more pain, which makes them cry even more.

Researchers are still unsure of colic’s exact cause. Some experts believe that colic is related to the immaturity of a baby’s digestive system. Others theorize that a baby’s immature nervous system and inability to handle the constant sensory stimulation that surrounds her cause a breakdown by the end of the day, when colic most often occurs.

Dr. Harvey Karp, in his book The Happiest Baby on the Block (Bantam Books, 2002) introduced a new theory. He believes that babies are born three months too early, and that some babies find their new world too difficult to handle. They yearn for the comforting conditions that occurred in the womb.

Whatever the cause, and it may be a combination of all the theories; colic is among the most exasperating conditions that parents of new babies face. Colic occurs only to newborn babies, up to about four to five months of age. Symptoms include:

- A regular period of nonstop, inconsolable crying, typically late in the day
- Crying bouts that last one to three hours or more
- A healthy and happy disposition at all other times of the day

Can colic be prevented?
Given that we aren’t sure what causes colic, we don’t know if it can be prevented. Even if you do everything “right” and take all the steps to discourage colic, it still may happen. If you think your baby has colic, talk with your pediatrician and take your baby in for a checkup to rule out any medical cause for your baby’s crying. If your baby is given a clean bill of health, then you’ll know colic is the culprit in the daily crying bouts.

Since colic occurs in newborns, parents often feel that they are doing something wrong to create the situation. Their vulnerability and lack of experience puts them in the position of questioning their own ability to take care of their baby. Hearing your baby cry with colic, and not knowing why it’s happening or what to do about it is painful for you; I know this because one of my four children suffered with colic. Although many years have passed since then (Angela is now 15), I remember it vividly. Hearing my baby cry night after night and not knowing how to help her was gut wrenching, heartbreaking, and frustrating. The most important piece of research I discovered was this: It’s not your fault. Any baby can have colic.
Things that may help your baby

Remember that nothing you do will eliminate colic completely until your baby’s system is mature and able to settle on its own. That said, experienced parents and professionals can offer ways to help your baby though this time ask around! I did, and from what I uncovered, I compiled the following suggestions for helping your baby feel better. Look for patterns to your baby’s crying; these can provide clues as to which suggestions are most likely to help. Stick with an idea for a few days to see if it helps. Watch for any signs of improvement (not necessarily complete quiet). If the particular course of action doesn’t seem to change anything, don’t get discouraged; just try something else:

• If breastfeeding, feed on demand (cue feeding), for nutrition as well as comfort, as often as your baby needs a calming influence.

• If breastfeeding, try avoiding foods that may cause gas in your baby. Eliminate one possible cause for a few days and see if it makes a difference. The most common baby tummy offenders are dairy products, caffeine, cabbage, broccoli, and other gassy vegetables. But don’t assume the culprit, if there is one, will be obvious: I know one mother whose baby reacted loudly and consistently after any meal that included eggplant, asparagus or onions.

• If bottlefeeding, offer more frequent but smaller meals; experiment with different formulas with your doctor’s approval.

• If bottlefeeding, try different types of bottles and nipples that prevent air from entering your baby as he drinks, such as those with curved bottles or collapsible liners.

• Hold your baby in a more upright position for feeding and directly afterwards.

• Experiment with how often and when you burp your baby.

• Offer meals in a quiet setting.

• If baby likes a pacifier, offer him one.

• Invest in a baby sling or carrier and use it during colicky periods.

• If the weather’s too unpleasant for an outside stroll, bring your stroller in the house and walk your baby around.

• Give your baby a warm bath.

• Place a warm towel or wrapped water bottle on baby’s tummy (taking caution that the temperature is warm but not hot).

• Hold your baby with her legs curled up toward her belly.

• Massage your baby’s tummy, or give him a full massage.

• Swaddle your baby in a warm blanket.

• Lay your baby tummy down across your lap and massage or pat her back.

• Hold your baby in a rocking chair, or put him in a swing.

• Walk with Baby in a quiet, dark room while you hum or sing.

• Try keeping your baby away from highly stimulating situations during the day when possible to prevent sensory overload, and understand that a particularly busy day may mean a fussier evening.

• Lie on your back and lay your baby on top of your tummy down while massaging his back. (Transfer your baby to his bed if he falls asleep.)

• Take Baby for a ride in the car.

• Play soothing music or turn on white noise such as a vacuum cleaner or running water, or play a CD of nature sounds.

• As a last resort, ask your doctor about medications available for colic and gas.

Tips for coping

As difficult as colic is for a baby, it is just as challenging for the parents. This can be especially hard for a mother who has other children to care for, who has returned to work, or who is suffering from the baby blues or postpartum depression. Even if everything else in life is perfect, colic is taxing. Here are a few things you can do to take some of the stress out of these colicky times:

• Know that your baby will cry during his colicky time, and while you can do things to make your baby more comfortable, nothing you can do will totally stop the crying. This is not a result of anything you’ve done or not done.

• Plan outings for the times of day when baby is usually happy, or if outings keep your baby happy, plan them for the colicky times.

• Take advantage of another person’s offer to take a turn with the baby, even if it’s just so that you can take a quiet bath or shower.

• Keep reminding yourself that this is only temporary; it will pass.

• Avoid keeping a long to-do list right now; only do what’s most important.

• Talk to other parents of colicky babies so you can share ideas and comfort each other.

• If the crying is getting to you and making you tense or angry, put your baby in his crib, or give him to someone else to hold for a while so that you don’t accidentally shake or harm your baby. (Shaking a baby can cause permanent brain damage, so if you feel angry, and colic can do that to you, put your baby down.)

• Know that babies do not suffer long-term harm from having colic.

When should I call the doctor?

Anytime you are concerned about your baby, call your doctor. That goes for anything concerning your precious little one. In the case of colic, be sure to make that call if you notice any of the following:

• Your baby’s crying is accompanied by vomiting.

• Your baby is not gaining weight.
• The colicky behavior lasts longer than four months.
• Your baby seems to be in pain.
• Your baby has a fever.
• Your baby doesn’t want to be held or handled.
• The crying spree isn’t limited to one bout in the evening.
• Your baby does not have regular bowel movements or wet diapers.
• You notice other problems that don’t appear on the previous list of symptoms.
• Your baby’s crying is making you angry or depressed.

This article is an excerpt from Gentle Baby Care by Elizabeth Pantley. (McGraw-Hill, 2003)