

Introduction:

The causes for crying in infants are too large to list, however a great portion of children from newborn to 3 months life have what is referred to as Developmental Crying.

Colic represents the upper extreme of this behavior.

The cause is likely related to the young infant's inability to smoothly regulate mood states (tired, awake, hungry, etc.)

Mood states in these young infants are often described as "all or none" (i.e. eat hard, sleep hard, awake etc.)

As the child matures neurologically the child's regulation of mood states becomes much smoother.

The cause is likely developmental since it follows a characteristic pattern with 90% resolving in 3 months without long term adverse outcomes.

The role of the Pediatrician is to evaluate (and treat) for less benign causes of crying before assuming Developmental Crying.

Typical Developmental Crying /Colic patterns:

Strong episodes of crying (often inconsolably) often during the daytime and often in late afternoon and early evening.

The infant appears normal in-between episodes.

Mostly occurs in the evening however it is often hard to tell.

The pattern is often Diurnal (within the day) with evening clustering

Unrelated to anything in the environment

It is unpredictable: Can occur when carrying, put down, picked up, no difference

Can go from happy to full crying in seconds

Occurs shortly after returning home from the nursery

Peaks at 6 weeks or within the second month

May not be responsive to soothing: even after feeding

Facial grimace as if in pain and becomes flushed

Legs are flexed over the abdomen

Hard distended abdomen

Arches back

Gassiness per rectum

Tense abdomen

Occasional regurgitation

90% resolve by the three months with 10 – 15% resolving by 4 months

The Wessel Criteria for Colic (the rule of threes)

Cries 3 hours a day on the average

Cries 3 days a week

Cries 3 weeks

Think of Colic as less as a condition and more as a Behavior that children have to do.

Outcomes of children with Colic:

Children who have colic do not go on to have difficult temperaments.

Temperament implies that the behavior is a reaction to the environment where Colic comes about without a trigger

Colic is transient where temperament is long term.

Is there evidence for possible medical influences to Colic?

Some Evidence: Cow's milk protein allergy, isolated fructose intolerance, Prozac per breast milk, infantile migraines, anomalous Left coronary artery, reflux esophagitis, infantile abuse

Weak Evidence: Lactose intolerance, Glaucoma, Arnold Chiari malformation, UTI

Only approximately a small percent of Infants meeting the Clinical criteria for colic have an Organic Etiology. (<5%)

Clues that my child's crying is not colic or has a Medical cause; hence my child requires a Doctor's appointment

- Fever or temp >100.4. This is especially important if your child is less than 2 months old.
- Decreased feedings or poor growth (most colicky infants feed or suck more as a possible way to self-soothe)
- The child becomes irritable with movements. Though many colicky infants are not always consolable, picking them up should not make the infant worse.
- An unusual high pitched cry unusual for an infant (high frequency not volume) with arching of back and pattern is not diurnal (within the day)
- A very weak and lethargic cry (somewhat mournful)
- The infant is lethargic, not acting normal or poorly responsive between bouts of crying.

- Late onset of increased crying (crying onset at three months rather than onset after arrival home with 6 weeks peak)
- Crying that persists beyond 4 months
- Other symptoms or signs other than crying (i.e. rashes, red eyes, poor use of an extremity, poor visual tracking or poor weight gain etc.)
- Any suspected trauma or injury

Treatment of Colic:

Understand that only about 50% with true Colic will respond to one or more of the below recommendations.

If you are concerned about a possible medical cause for crying (see above) it is important to bring your child to the doctor to be evaluated.

- Evaluate your earlier expectations of the ideal happy infant and understand that Colic does not mean you will have an unhappy baby.
- Understand colic and its behavioral pattern and it gets better
- Understand the normal patterns of crying
- Understand that you are not a bad parent to have negative feelings
- Understand that you are not a bad parent if you are unable to soothe your child
- Do not feel over pressured by your spouse, parents and friends to immediately "fix things" or fix the child. Educate them on what are normal crying behaviors in children.
- Increase closeness of caretaking with increased frequency. Understand that while physical closeness may not always stop crying, it can decrease the length of the crying bouts and promote bonding.
- Provide a constant, rhythmic stimulation for the infant (with physical closeness)
- Swaddling may help some (especially in the infants younger than 8 weeks) however has no benefits over holding and comforting the child.

- Hypoallergenic formulas (Alimentum & Nutramigen) may help in a small few infants if there are an underlying cow's milk protein allergies. Though infants may improve with these formulas, it may not necessarily mean the child will have life long cow's milk protein allergies. Many drink milk in later life without problems.
- Try a sucrose solution. Though affective in the nursery it may not be as effective at the 6 week peak of colic as in the newborn period. When beneficial, it may be helpful for 30 minutes only. When giving sucrose solution do not substitute it for a normal feeding.
- Liquid Simethicone drops (Mylicon) as directed may help with the secondary gas associated with crying. If it works continue as directed however if no difference stop.
- Some have tried Chamomile tea with good results. Give no more than 5 ounces in a 24 hour period.
- Look to the future, if you are having problems being attracted to your infant due to persistent crying.
- Get help for yourself if the frustration too great or signs and symptoms of depression.
- Take time out or respite when you need it.
- Get child care help from families members
- Get sleep when possible but understand it normal for an infant to feed every 3 to 4 hours during the day with one to two nighttime feedings. Recruit help from spouse to help with nighttime feedings.
- Do not shake the infant since it can easily cause brain injury.
- Make sure there are no other medical causes for the infant's crying. (see above)

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Developmental Crying/Colic

