

Coping with Colic

All babies cry when they have a need that must be met. But it's different when your baby's crying is due to colic, the medical term for pain from spasms or stretching caused by an obstruction in an infant's stomach or intestine. According to the American Academy of Pediatrics, if your baby is crying a lot between 2 weeks and 5 months of age and you don't know why, he may have colic. Some estimates suggest that 10-20 percent of babies in the United States have colic.

Examination

Dr. Morris Wessel, a pediatrician, was the first to medically define colic by "the rule of threes." He did so because colic begins in the first 3 weeks of life and the crying lasts for 3 hours a day, 3 days a week for 3 weeks. Fortunately, colic normally ends after 3 months of age.

But before a diagnosis of colic is made, it is very important for a newborn baby to be seen by a healthcare provider. They'll need to know your baby's medical history and do tests to make sure there are no serious medical problems. They'll also test to see if your baby is having problems with certain types of food.

Calming Techniques

Patting a colicky baby on his back 60-70 times a minute can help calm him. Other times, a colicky baby can be calmed by doing things that make him feel like it did inside mom's womb.

Dr. Harvey Karp, in his book, "The Happiest Baby on the Block," outlines five such steps for calming a colicky baby. He calls the steps the "Five S's":

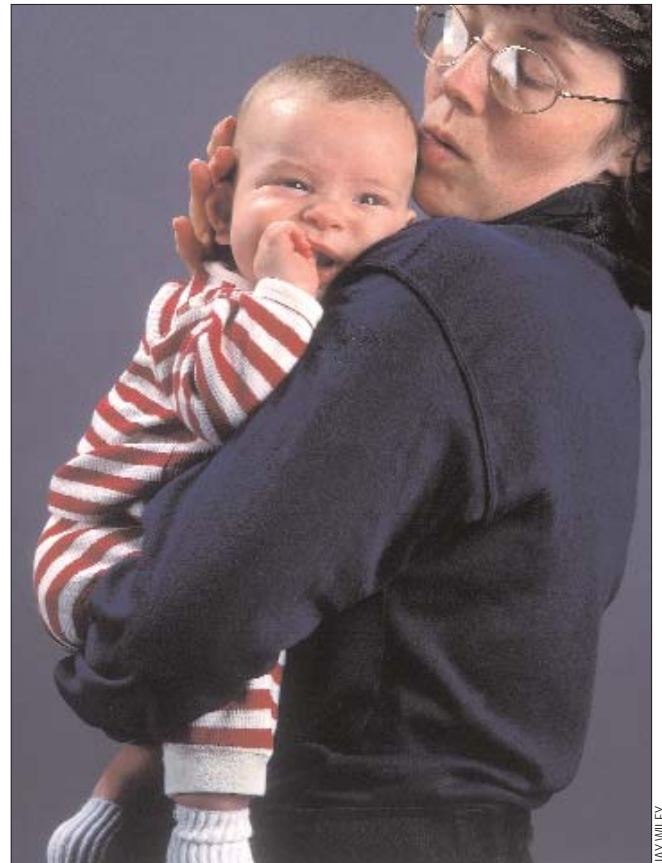
Swaddling — Wrap your baby snugly in a soft blanket with his arms held straight down at his sides to limit uncontrolled arm movement.

Side-Stomach — Put your baby in your lap on its side or stomach. **WARNING:** Never let your baby sleep on his stomach unsupervised as this can cause sudden infant death syndrome (SIDS).

"Shhh ..." — Hold your baby closely to you and make "shushing" sounds close to one ear. This noise is similar to the sounds your baby probably heard while inside you and can help calm him. A vacuum cleaner creates a similar noise, but they are loud and should only be turned on in another room of the house in order to keep it from upsetting your baby.

Swinging — Rock your baby in your lap or place him in an infant swing. Let your baby decide if he wants to be rocked quickly or slowly. You'll be able to tell by his response to the swinging motion. Swaddling and swinging together often keeps the infant calm longer. **CAUTION:** A baby should not be put in an infant swing until he is at least 3 weeks old, and he must be calmed before he is put in the swing. Otherwise, the baby may become more upset by the swinging. Always make sure the baby's head is supported and that he is strapped securely in the swing.

Sucking — Ultrasounds show babies suck their fingers in the womb.



JAY WILEY

Offering the baby the nipple of one of your breasts, a finger or a pacifier is normally calming. If the baby still cries after sucking for a few minutes, he may be hungry. (If your baby is being fed enough, he should have 6-8 wet diapers in 24 hours and also be producing bowel movements.)

Your baby may respond to one of the "S" techniques or he may require all five to calm him. Each step has to be performed correctly, and it may take several tries for it to work. Once the infant starts to respond, it may take 10 minutes or more before he falls asleep.

As the baby matures, the steps used to soothe colic can be withdrawn gradually. It is instinctive to respond to a baby's cry, but it is a learned skill to soothe.

Information compiled by Carol M. Tighe, RNC, CCE, who has experience in neonatal nursing, neonatal intensive care unit, and maternal health. She lives in Naples, FL.

Resources

American Academy of Family Physicians. (2003, May). *Colic: Prevalence, risk factors and potential sequelae*. Retrieved July 1, 2005 from the World Wide Web: <http://www.aafp.org/aafp/20030501/tips/9.html>

Karp, H. (2003). *The happiest baby on the block*. New York: Bantam Dell Publication Group.
Morris, D. (1997, Reprint). *Intimate behavior: A zoologist's classic study of human intimacy*. New York: Kodansha Globe.

The purpose of this patient education handout is to further explain or remind you about a medical condition. This handout is a general guide only. If you have specific questions, be sure to discuss them with your healthcare provider. This handout may be reproduced for distribution to patients.