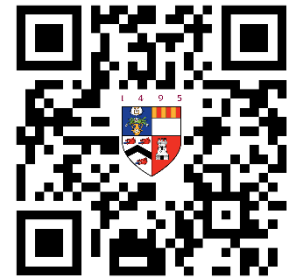




PARENTCRAFT  
PODCASTS



## Infant crying and Colic

Welcome to this podcast, my name is Dr Deborah Shanks and I am a consultant paediatrician in Raigmore Hospital in Inverness. This podcast has been developed as part of a parentcraft project with healthcare professionals and parents. This podcast is in addition to parentcraft education in your area and the Ready Steady Baby book that you will have received from your midwife. This podcast aims to inform parents about infant crying and colic, to alleviate potential concerns and worries and help you to identify when to seek professional support.

### Why do babies cry?

When they are born all baby animals and birds bleat or chirp to attract their parents' attention. This is important to bring the parent close to shelter them and to feed them. You can hear and see this in the spring in the fields or near nests. Human babies are just the same and usually cry for up to 3 hours a day for the first 3 months. During this time the baby and parent start to develop other means of contact such as looking into each other's eyes and smiling at each other.

### How will I know if my baby is crying too much?

A baby crying is one of the most concerning things to happen in the first few months of being a parent. It can be really hard when you have fed and comforted your baby if the baby starts crying again or the crying doesn't stop at all. You can feel very helpless. Sometimes parents feel they're not doing a good job and this can cause stress. Understandably parents will take all the advice they can get but often no two people say the same thing! Bear in mind that each baby is their own unique little person. No two babies are going to experience the world in the exact same way. Some are active little adventurers whilst others are placid and take-it-all-in-their-stride types. This is naturally going to influence how much they cry as well.

This can give a parent a very different experience when taking care of their first infant when compared to other babies they may have. For example, a parent who has an easy going personality may find their first baby who also has an easy going temperament pretty easy to manage. Then baby number two comes along with a more active curious personality and you can feel a bit out of your depth because what worked to help the first baby is not working with the

second baby. It is not about doing anything wrong but about adjusting your parenting approach to the different needs of the baby.

## **What can be done to try and help?**

Gentle rocking in a cradle is something used across the world to soothe babies. The trick is 'gentle'. Walking up and down rocking the baby has been shown to be helpful. BUT too much work trying to settle a baby can be counterproductive. Jiggling, patting, passing around, distracting with a toy all keep a baby aroused and awake. So try not to do this. Slings are a great resource also and enable you to walk around with baby and have your hands free. There is a Highland Sling Library and also a few baby wearing peers who can loan you a sling for short term use. Rock your baby backwards and forwards in the pram, or go out for a walk or a drive. Lots of babies like to sleep in cars. Even if they wake up again when you stop, at least you'll have had a break.

Other options include finding something for them to listen to or look at. This could be music on the radio, a CD, a rattle or a mobile above the cot. Try stroking your baby's back firmly and rhythmically, holding them against you or lying face downwards on your lap. You could also undress your baby and massage them with baby oil, gently and firmly. Talk soothingly as you do it and keep the room warm enough. Try a warm bath. This calms some babies instantly, but makes others cry even more. Singing to your baby can also help, in particular if you sing a song that you have sung while pregnant.

Another option may be to try using a dummy or pacifier, however, using this in the first 6 – 8 weeks of breastfeeding is not recommended as it can mask feeding cues and reduce the numbers of breastfeeds which can affect supply of breastmilk in the early days and weeks of breastfeeding. Some older babies will take a bit of cloth to use as a comforter.

## **How do I know my baby isn't ill?**

If in addition to crying that can't be consoled your baby is hot, is sick or has diarrhoea, or is breathing faster than usual, get medical attention as soon as you can. Crying too much in an otherwise healthy baby is unlikely to be because they are ill and medical assessment is not indicated. Gastric reflux is common in young infants and although unpleasant rarely makes a baby cry too much. This is covered in the feeding problems podcast.

## **What about colic?**

Colic is thought to occur in as many as 20% of babies (both breast and bottle fed). It is described as 'inconsolable crying'. It has been suggested that it is caused by trapped 'wind' or a transient lactase deficiency (lactase is an enzyme produced in the digestive tract that helps digest the sugar found in breast and formula milk), however despite a lot of research no definite cause has been found. It may be a symptom of different things which is why different things help people's babies.

Colic can be very distressing for babies but not harmful, it often starts in first few weeks following birth and usually settles around 4 months. Babies experiencing colic are usually very well thriving babies with no other signs of illness.

Colic episodes can last for several hours, often at a similar time of the day, it is more common in the evening. During these episodes of crying babies often arch their back and clench their fists. Due to the inconsolable nature of this crying it can be difficult and stressful for parents to manage.

## **How to cope with colic**

Despite a lot of investigation there is no proven treatment that cures or relieves colic. The following things may help though. If you are breastfeeding ensure your baby is attached effectively and a suck swallow pattern is evident – a baby who has short, frequent shallow feeds will get more lactose in the breast milk and changing position on the breast may help, seek help from a mentor, midwife, health visitor or breastfeeding advisor if you are worried about attachment to the breast. Every baby is different and you may find one of the following recommendations works best for your baby. Firstly, calming methods as for any crying – such as gentle rocking and also try to create a relaxed atmosphere for you and baby. It may feel hard when they are crying loudly but just holding and cuddling in a reassuring way may help. If you are tense your baby will sense this. Parents can help the baby's nervous system relax by their reassuring presence, calm voice and touch.

There are some over-the-counter treatments that some parents have reported beneficial although there is no scientific evidence to support them. Your pharmacist will be able to give advice on these.

Also parents need to develop their own coping strategies and some of those reported to be helpful are using family and friends to support you getting some rest. This might involve a nap or a quick walk in the fresh air. It can be good to share your feelings and coping strategies with other parents at a baby group, on the phone or online.

Be reassured if your baby is otherwise healthy and thriving that this is something that tends to improve on its own by about 3 months of age.

## **And if these things don't work?**

Some parents become exhausted with their baby's crying. This is especially true for mothers who may feel depressed anyway. Some get to the stage of feeling they want to get rid of the baby although they know they'd never do that. Parents sleep apart and because they feel helpless and very tired can start to quarrel. If you feel like this it is important to see your health visitor or doctor.

## **Will it ever stop?**

Normal crying for food and attention reduces after 3 months when the baby is smiling and using other ways of communicating with people. If your baby cries a lot it will eventually stop in the first

year. However, this doesn't mean that you can't be helped during that time because you want to enjoy being with your baby. For more information try this web page.

Hopefully this podcast has helped inform you of some of the reasons for crying and ways to manage it. If you are worried about your baby you should discuss this further with a health professional such as your midwife, health visitor or GP.

For more information on the project please visit  
[www.abdn.ac.uk/education/research/parentcraft.php](http://www.abdn.ac.uk/education/research/parentcraft.php)

## Useful sources of information

1. Cows' milk protein allergy in children

Last revised in June 2015

<http://cks.nice.org.uk/cows-milk-protein-allergy-in-children>

2. GORD in children

Last revised in March 2015

<http://cks.nice.org.uk/gord-in-children>

3. Diagnosis, Management and Treatment of Infantile Colic, Reflux, Constipation and Mild to Moderate Non IgE mediated Cow's Milk Allergy

Added 27 July 2015

<http://www.knowledge.scot.nhs.uk/taysidenutrition/resources-library/resource-detail.aspx?id=4064577>

4. NHS Choices

<http://www.nhs.uk/conditions/pregnancy-and-baby/>

5. NHS Highland Facebook page

<https://www.facebook.com/NHSHighland>

6. NHS 24

NHS 24 - Scotland's national Telehealth and Telecare organisation Call us free on 111 if you are ill and it can't wait until your regular NHS service reopens <http://www.nhs24.com/>

7. Highland sling library

<https://www.facebook.com/highlandslinglibrary>