Taking the history
The most important first step in managing colic is to conduct a short, semi-structured interview to make sure that the baby is otherwise healthy, apart from the symptoms of colic (severe crying, red/flushed face and drawn-up knees or arched back).

Colic symptoms can often present themselves in the first few weeks and often stop around 4 months of age. Good questions to ask include: Is the baby eating normally? Are they growing well? Do they have normal stools and does the crying follow a pattern? (at least 3 hours a day, 3 hours a week for at least 3 weeks, although a diagnosis can be made before 3 weeks) (NICE 2012).

Confirming by exclusion
Diagnosis of colic is not straightforward and you may not get clear feedback from the parent. Best practice is through a process of exclusion, ruling out underlying causes and acute onset conditions; such as infections (NICE, 2012). It may be worth asking the parent to complete a cry diary.

Could it be anything else?
Constipation and gastro-oesophageal reflux disease (GORD) can be confused with colic. Asking about bowel habits and consistency of the baby’s stools can help diagnose constipation (stools should be very soft if not a bit loose). Frequent attacks of hiccups, or coughing/vomiting up milk could suggest GORD - another common condition in young infants (NICE, 2012).

Red flags
There are key signs to suggest a baby is more seriously ill. It’s recommended that the parent seeks prompt medical advice if the baby is giving a weak, high-pitched continuous cry, seems floppy when lifted, has a fever of 38C or above, has breathing problems or has experienced a seizure (N.B. this list not exhaustive) (NHS Choices, 2014).

Recognise and reassure
Never underestimate the power of reassurance, especially to distressed and tired parents. Although colic is unlikely to have any long-term affect on the baby, parents may be very concerned that something is seriously wrong. Health visitors (HVs) should offer focused counselling (NICE, 2012).

More information on Page 2
Managing the Baby with Colic

Suggested practical measures

- **Support**
  Coping with an inconsolable baby is distressing and sometimes parents can feel guilty for needing time out. HVs should reassure parents that they have done nothing wrong to cause this. HVs can advise parents to put the baby down somewhere safe e.g. cot for time out. HVs can also help shift this mindset and remind parents to call on family and friends for help. The charity CRY-SIS can also offer valuable support: bit.ly/1qiP6C0 (NICE, 2012).

- **Comforting techniques**
  Demonstrating various comforting techniques can be helpful, such as the ‘Tiger in a Tree’ hold, carrying in a papoose/sling, rocking etc. Perhaps remind parents that there is no evidence to suggest that picking up the baby when they cry will ‘spoil’ them. Infant massage may help with gut motility as well as parent-infant interaction. Cot vibrators have also been found to be useful for reducing crying (Underdown et al, 2007).

- **Feeding tips**
  Reducing aerophagia (swallowing excess air) should be discussed whilst offering feeding advice or demonstrations. It is always worth checking a parent’s technique and feeding position in both breast and bottle-fed babies. Ensure parents are winding sufficiently during and after feeding. Breastfeeding mums can try avoiding caffeine, dairy, spicy food and alcohol, all of which may aggravate colic.

Treatments to suggest

- **Lactase drops (e.g., Colief® Infant Drops)**
  It’s thought that some colic symptoms are due to the baby’s inability to break down the natural sugar lactose in infant formula and breast milk, known as transient lactase deficiency (Kanabar et al, 2001). This can cause bloating, wind and discomfort. NICE (2012) found that lactase enzyme drops can help break down the lactose when added to infant formula or breast milk before feeding.

- **Simeticone drops (e.g., Infacol)**
  These help release bubbles of trapped air in the baby’s digestive system, which is useful if symptoms of indigestion are contributing to the colic. They are widely used, but have been found in double-blind cross-over studies to be no better than placebo (Lucassen et al, 2001). However, as they have no adverse consequences and are relatively cheap, they are unlikely to do any harm (NICE, 2012).

- **Hypoallergenic milk formula**
  Formula-fed babies may be switched to hypoallergenic milk if they are sensitive, as these milks have low levels of protein that may be causing the intolerance. You may wish to recommend a week-long trial to ascertain the helpfulness of the change.

- **Treatments that should not be recommended**
  HVs should be aware that dicyclomine/dicycloverine (trade name Bentyl®), used for stomach cramps, is now regarded unsuitable for infants under 6 months as it has serious side effects. There is limited evidence on the efficacy of alternative remedies and you should always recommend a parent consults with a pharmacist to ensure there’s no risk to the baby.

Evaluate

It’s important to ensure the parent is supported as well as possible throughout. Each time you recommend a technique or product ask the parent to let you know how they are getting on. Assess the parent closely for signs of postnatal depression.

References
Kanabar D., Randhawa M., Clayton P. Journal of Human Nutrition & Dietetics 2001; 14(5):359-63
NHS Choices, Colic (2014), bit.ly/1pnLejD

Author: Dawn Kelly Health Visitor, CPT and Nurse Lecturer.