

Flowchart for managing Colic in Infants

Infant presenting with Colic (repeated episodes of excessive and inconsolable crying)

- Started in the first weeks of life
- Crying most often occurs in the late afternoon or evening
- The baby draws its knees up to its abdomen or arches its back when crying

Consider differential diagnosis if sudden onset

Take history and examine

- General health of the baby including growth
- Antenatal and perinatal history
- Onset and length of crying
- Nature of the stools
- Feeding assessment
- Mother's diet if breastfeeding
- Family history of allergy
- Parent's response to the baby's crying
- Factors which lessen or worsen the crying

Treatable causes:

- Hunger or thirst
- Too hot / too cold
- Too itchy
- Nappy rash
- Wind
(Ensure infant is upright if bottle feeding)
- Constipation if bottle fed
- Gastro-oesophageal reflux disease (See GORD section)
- Cow's milk protein allergy (See CMPA section)
- Transient lactose intolerance
- Parental depression or anxiety
- Rare serious causes (seizures, cerebral palsy, chromosomal abnormality)
- Mother's diet if breastfeeding (anecdotal, e.g. caffeine, cabbage, garlic, spicy foods...)

Treatable causes excluded

Management:

Reassure and acknowledge (do not ignore/dismiss concerns) colic usually resolves by 4 months

Offer ongoing support and review

Advise strategies one at a time:

Holding baby through crying (although putting the baby somewhere safe is sometimes needed)

Gentle motion

White noise

Bathing in warm water

Encourage parents to look after their own health

Only consider medical treatment if parents unable to cope (see notes overleaf):

- 1 week trial of OTC simeticone drops (e.g. Infacol[®], Dentinox[®]) OR
- 1 week trial of OTC lactase drop (e.g. Colief[®], Care-Co Lactase infant drops[®])

Only continue if improvement. **Simeticone can be prescribed if strong rationale present** but Lactase drops are not licensed for colic even if some small trials have shown some effects.

Low lactose and /or lactose free formula are NOT recommended.

Colic in Infants additional notes

Although infantile colic is considered to be a self-limiting and benign condition, it is often a frustrating problem for parents and caregivers. It is a frequent source of consultation with healthcare professionals and is associated with high levels of parental stress and anxiety.

Infantile colic is defined for clinical purposes as repeated episodes of excessive and inconsolable crying in an infant that otherwise appears to be healthy and thriving [[National Collaborating Centre for Primary Care, 2006](#)].

Researchers use more specific definitions, often that of Wessel and colleagues: 'paroxysms of irritability, fussing or crying lasting for a total of three hours a day and occurring on more than three days in any one week for a period of three weeks in an infant who is otherwise healthy and well-fed' [[Wessel et al, 1954](#)].

Estimates of prevalence range from 5–20% of infants, depending on the definition used for colic (NICE CKS 2014).

The underlying cause of infantile colic is unknown.

- Suggested underlying causes include:
 - Parenting factors (for example overstimulating the baby and misinterpreting cries)
 - Gastrointestinal causes (for example gastro-oesophageal reflux and constipation)
 - Cow's milk protein allergy
 - Transient intolerance to lactose (rare)
- Others have suggested that colic is just the extreme end of normal crying, or that it is due to the baby's temperament (for example a baby with a sensitive temperament).

What are the complications?

- Infantile colic can cause significant distress and suffering to the parents.
- Stress on the parents may affect their relationships with the child.
- Breastfeeding might be stopped earlier, or weaning on to solid foods begun sooner, than would otherwise have happened.
- Infantile colic usually resolves by 3–4 months of age, and by 6 months at the latest, although it may persist for longer if it is associated with other conditions such as constipation, gastro-oesophageal reflux disease, and cow's milk protein allergy.

Note on simeticone and lactase drops

- Although studies of simeticone have not provided evidence of benefit in infantile colic, a 1-week trial as a placebo may still be worth a try because simeticone is easily available, cheap, licensed for this indication and has no reported side effects.
- Lactase drop has been shown to be moderately effective but the studies are small. However, these are not licensed for prescribing for colic under ACBS rules, so advise to buy over-the-counter.

The simple act of being able to give their babies something may help parents cope better with the crying

Useful resources for parents and health professionals

- CRY-SIS support group: www.cry-sis.org.uk Helpline number : 08451 228 669 (9.00-22.00 daily)
- NICE Clinical Knowledge Summary, November 2014 cks.nice.org.uk/colic-infantile