Dear Alice,

I have a two-week-old baby who has been diagnosed with colic. The pediatrician suggested mylagon and Tylenol, but then I read an article about colic babies that said gas pain theory wasn't necessarily correct. Have you any additional information on colic and what can be done about it? Thanks.

Answer

Dear Reader,

Even hearing the word, “colic,” reminds many parents of what is sometimes one of the most challenging parts of having a new baby. Picture a cheerful infant who suddenly begins to scream and can't be comforted, whose stomach is hard and swollen, whose legs are drawn up, whose hands are clenched, and whose face is flushed. Now imagine this going on for hours, only stopping when the baby is exhausted. Colicky babies generally have these episodes at least three hours a day, at least three times a week. That can be really exhausting for parents and babies alike. While terribly unpleasant, colic is not uncommon, affecting as many as 40 percent of babies under three months old. Despite years and years of research, experts have not been able to find a therapy that works for all babies with colic. There is good news, however: Colic almost always disappears by the time a baby is three months old. So even if you can’t find a treatment that works for you and your baby, there is hope: colic won’t last forever!

Even though there is no standard of care for treating colicky babies, pediatricians and other healthcare providers will often suggest a variety of treatments to try to get babies (and their parents!) some relief, including:

- Establishing regular and careful feedings, including good burping.
- Giving your baby a casein hydrolysate formula (for bottle-fed babies).
- Switching to low allergen maternal diet (if your baby is breast-fed).
- Maintaining a calm atmosphere in the home.
- Behavioral changes such as increased motion (like a car ride) or "lap" work for the baby.
- Giving your baby medications intended to help relieve gas pressure.
Part of why there is no standard treatment for colic is because no one is really sure what causes it in the first place. Is it gas or dietary intolerance? Is it feeding problems or an infant cycle that adults can't figure out? But nobody really knows for sure. Like the article you read said, the gas pain theory hasn’t been proven correct. However, other competing behavioral and pharmacological theories don’t really seem to explain colic either.

Since your baby has already been diagnosed with colic, it is recommended that you stay in contact with your pediatrician so that s/he can help you care for your child in this challenging time. Parents who suspect that their child may have colic, may want to make an appointment with a pediatrician. S/he will be able to determine whether your child has colic, something else, or is just a normal but fussy baby.

The prognosis for families with colicky babies is good. Babies don’t suffer any long term effects once the colic passes. Any impediment to parent-child bonding that happens because of the colic usually fades with time, as well. Since it eventual goes away, any destabilizing effects that all the crying has had on you and your family is also expected to be temporary. That being said, colic still poses serious challenges for parents. Many often feel as if they are bad parents or that they are doing something wrong. This is simply not the case. You have already shown how much you care about your newborn by reaching out your pediatrician and doing some research of your own on the topic. Sometimes having a baby with colic can feel isolating for parents whose friends and families don’t always understand what they are going through. If you feel like you are not getting enough social support, you may want to check out a support group for parents who have babies have colic. There are many places online (like colicsupport.com or CafeMom) you can go to find out about support groups and to connect with other parents who are going through experiences similar to yours. One word of caution, though. If you find medical information on the internet, it’s best to speak with your health care provider before you start any new treatments.

If you are having a hard time dealing with the stress of having a baby with colic or if you just want someone to talk to, you may want to make an appointment with a therapist or counselor.

Remember, this too shall pass (and probably in about three months!),

Alice!

Category:
General Health [4]
Miscellaneous [5]

Related questions
What's up with eye drops for newborns? [6]
Air travel before and after baby is born [7]
Finding a name for my baby-to-be [8]
Exercise motivation... for stress reduction [9]
Stress, anxiety, and learning to cope [10]
What's up with eye drops for newborns? [6]