Colic in the Breastfed Baby

Written by Jack Newman, MD, FRCPC
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Colic is one of the mysteries of nature. Nobody knows what it really is, but everyone has an opinion. In a typical colic situation, the baby starts to have crying periods about two to three weeks after birth. These occur mainly in the evening, and finally stop when the baby is about three months of age (occasionally older). When crying, the baby is often inconsolable, though walking, rocking, or taking the baby for a drive might settle her temporarily. To be called colicky, it is necessary that the baby is gaining weight well and is otherwise healthy.

The notion of colic has been extended to include almost any fussiness or crying in the baby, and this might be valid, since we do not really know what colic is. There is no treatment for colic, although many medications and behavior strategies have been tried, without any proven benefit. Everyone knows someone whose baby was cured of colic by a particular treatment. Almost every treatment seems to work— for a short time.

In breastfed babies, there are three known situations that may result in fussiness or colic. (Again, it is assumed that the baby is gaining weight adequately and that the baby is healthy.)
Colic in the Breastfed Baby

Written by Jack Newman, MD, FRCPC

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Colic is one of the mysteries of nature. Nobody knows what it really is, but everyone agrees that, in a typical colic situation, the baby starts to cry tiny periods about two to three weeks after birth. These occur mostly in the evening, and finally may when the baby is about three months of age (occasionally older). When crying, the baby is often incontinent, though not as often as before. To be called colic it is necessary that the baby is gaining weight well and is otherwise healthy. Nutrition of colic has been attempted to include almost any food or drink in the baby, and this might be useful, since we do not really know what it is. There is no treatment for colic, although medications and behavior strategies have been tried, with no proven benefit. Everyone knows someone whose baby was cured of colic by a particular treatment. Almost every treatment seems to work for a short time.

In breastfed babies, there are three known situations that may result in fussiness or crying. Again, it is assumed that the baby is gaining weight adequately and that the baby is healthy.

1) Feeding Both Breasts at Each Feeding

Human milk changes during a feeding. One of the ways in which it changes is that the amount of fat increases as the baby nurses longer at the breast. If the mother automatically switches the baby from one breast to the other during the feed before the baby has “finished” the first side, the baby may get a relatively low amount of fat during the feeding. This can result in the baby getting fewer calories, and may need to feed more frequently. If the baby takes in a lot of milk (to make up for the reduced concentration of calories), he may spit up. Because of the relatively low fat content of the milk, the stomach empties quickly, and a large load of milk sugar (lactose) arrives in the intestine all at once. The protein that digests the sugar (lactase) may not be able to handle such a large amount of milk sugar at one time and the baby will have the symptoms of lactose intolerance—crying, gas, and, occasionally, vomiting, diarrhea, sudden bowel movements. This may occur even during the feeding. These babies are not lactose intolerant. They have problems with lactose because of a low fat content of the feeding. This is not a reason to switch to lactose-free formula.

a) The mother should feed the baby on one breast, as long as the baby is gaining weight well and is otherwise healthy. The mother should switch the baby from one breast to the other only on the second side. If the baby feeds for only a short time, the mother can compress the breast to keep the milk flowing. Please note that a baby may do this for two hours, but the baby should get a very steady, not too fast, not too slow, but at least steady flow of milk. The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If there has been a change for the better, the mother should then slowly reintroduce milk products into her diet, if these are normally part of her diet. (There is no need to drink milk in pregnancy.)

b) The mother should feed the baby on one breast, and then stop eating or drinking any milk or dairy products for 7–10 days. The mother should eliminate all milk products for 7–10 days. If there has been no change, the mother can reintroduce milk products.

c) The mother should feed the baby on one breast, as long as the baby breastfeeds, until the baby is able to tell time. Breastfeeding problems are most prevalent in societies where everyone wears a watch. At the next feeding, the mother should start the baby on the other breast in the same way.

1) Overactive Letdown Reflex

The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If there has been a change for the better, the mother should then slowly reintroduce milk products into her diet. If there is no change, the mother can reintroduce milk products.

2) Feeding Both Breasts at Each Feeding

The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If there has been a change for the better, the mother should then slowly reintroduce milk products into her diet. If there is no change, the mother can reintroduce milk products.

3) Foreign Proteins in the Mother’s Milk

The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If there has been a change for the better, the mother should then slowly reintroduce milk products into her diet. If there is no change, the mother can reintroduce milk products.

4) Non-Responsive Baby

The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If there has been a change for the better, the mother should then slowly reintroduce milk products into her diet. If there is no change, the mother can reintroduce milk products.