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

Monday, 01 June 2009 00:00 - Last Updated Monday, 09 December 2013 09:02

Colic in one of the mysteries of nature. Nobody knows what it really is, but everyone agrees on an opinion: in a typical colic situation, the baby starves to eat 30 to 60 minutes after birth, and then must nurse doing 3 to 4 times a day, usually more than 30 times per day, and at least 3 or 4 times every hour. It is true that the baby is gaining weight well and is otherwise healthy. The mother should eliminate all milk products for 7–10 days. 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 even if she does not take extra calcium. The baby will get all he needs.

A mother who takes all this advice at once might find that she is eating nothing but white bread, while the baby reacting. One week off milk products will not cause any problems. Actually, evidence suggests that breastfeeding may protect a mother against the development of osteoporosis,

Some proteins present in the mother's diet can be excreted into her milk and could affect the baby. The most common of these is cow's milk protein. Other proteins have also been shown to cause colic in the breastfeeding baby. This is not a reason to switch to lactose-free formula.

if necessary to keep him swallowing longer), but if he wants more, then offer the other side. The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If you have not already done so, try feeding the baby one breast per feed. In some situations, it might be helpful to feed the baby two or more feedings on one side before switching over to the other side for two or more feedings.

A nipple shield may help, but use this only if nothing else has helped and only if you have time, express some milk (an ounce or so) before you feed the baby. Giving the baby two to four drops of commercial lactase (the enzyme that metabolizes 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 explosions, watery, greenish bowel movements. This may occur even during the feeding. These babies are not lactose intolerant. They have problems with lactose because of the rapid flow. This is not a reason to switch to lactose-free formula.

The baby may be unhappy with the rapid flow, and impatient when the flow slows. If there has been a change for the better, the mother should then slowly reintroduce milk products. If there has been no change, the mother can reintroduce milk products.

Colic is not the answer. Because of the more regular flow, some babies do improve on formula, but formula is not breast milk. In the mother's milk is not necessarily a bad thing. Indeed, it should be considered a good thing. Some proteins present in the mother's diet can be excreted into her milk and could affect the baby. The most common of these is cow's milk protein. Other proteins have also been shown to cause colic in the breastfeeding baby. This is not a reason to switch to lactose-free formula.

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