

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

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

Consider differential diagnosis if sudden onset
Also see *Unsettled Baby Pathway*

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 and sleeping patterns
- Mother's diet if breastfeeding
- Family history of allergy (*see Allergy Focused History form*)
- Parent's response to the baby's crying
- Factors which lessen or worsen the crying
- Red flag symptoms which may suggest a more serious underlying issue

Treatable causes

- Hunger or thirst
- Too hot / too cold / too itchy
- Nappy rash
- Poor feeding technique
- Wind (*ensure infant is upright if bottle feeding*)
- Constipation if bottle fed
- Gastro-oesophageal reflux disease (*GOR Pathway*)
- Cow's milk protein allergy (*CMPA Pathway*)
- Transient lactose intolerance
- Parental depression or anxiety
- Mother's intake if breastfeeding: anecdotal, e.g. medication, high intake of caffeine/ alcohol/certain foods
- Rare serious causes (*seizures, cerebral palsy, chromosomal abnormality*)

Treatable causes and serious differentials excluded

Do not recommend

Simeticone (eg Infacol®),
Lactase drops (eg Colief®),
Probiotic supplements,
Herbal supplements,
Spinal manipulation or
Cranial osteopathy due to
lack of good quality
evidence and risk of harm

Management

- Reassure and acknowledge (do not ignore/dismiss concerns) colic usually improves by 3-4 months, resolving by 6 months
- Offer ongoing support and review
- Advise soothing strategies e.g. Holding baby through crying (*although putting the baby somewhere safe is sometimes needed*) or Gentle motion or White noise or Bathing in warm water
- Encourage parents to look after their own health and access appropriate support
- Encourage to continue breastfeeding wherever possible
- **Seek specialist advice** if parent unable to cope or infant is not thriving, or symptoms are severe or persist after 4 months

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

The worldwide prevalence of infantile colic is estimated to be about 20% [[Vandenplas, 2015b](#)]. A meta-analysis of 28 diary studies (n = 8690 infants) found the prevalence of colic was higher in the first 6 weeks of life (17–25%) compared with 11% by 8–9 weeks of age, and 0.6% by 10–12 weeks of age [[Wolke, 2017](#)]. One in six families with children with colic symptoms consult a healthcare professional [review: [DTB, 2013](#)]. Colic occurs equally in breastfed and bottle-fed infants, and equally in both sexes [[Johnson, 2015](#); [Vandenplas, 2015a](#)]

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).

Possible complications

- Parental stress, anxiety and/or depression
- Parental sleep deprivation
- Family tension and parent-infant attachment difficulties
- Premature cessation of breastfeeding, or premature introduction of solid foods
- Increased risk of child maltreatment

Useful resources for parents and health professionals

- Cry-sis for families: www.cry-sis.org.uk Helpline number: 08451 122 8669 (9.00-22.00 daily)
- NHS information leaflet www.nhs.uk/conditions/colic/
- FHT safety netting leaflet <https://blackcountry0-18.nhs.uk/professionals/safety-netting-documents-parents/crying-baby>
- NICE Clinical Knowledge Summary, March 2022 cks.nice.org.uk/colic-infantile