

COLIC, FUSSINESS, and SLEEP

Colic has been defined as being present when infants cry 3 or more hours a day, three or more days a week, for three weeks in a row. Some colicky babies are extremely difficult and cry for up to 12 hours and often sleep less than 6 hours a day. About 20% of otherwise normal infants suffer some periods of colic. Colic often peaks by 6 to 8 weeks of age and is said to resolve in most cases by 3 or 4 months of age. Infants with colic often develop problem sleep habits and go on to have sleep problems or to be described by the parents as poor sleepers. There are a few rare things that can be serious and confused with colic, so be sure to have your child examined as necessary for problems that don't fit the typical symptoms of colic.

If your baby has been crying and you've tried feeding, changing the diaper, burping, rocking, etc., it's okay to give both of you a break by putting the baby down in bed or a seat and allowing him or her to cry for at least 10 minutes. After this time, check on the baby and, if still crying, pick the infant up and again try your comforting routines. If crying persists, it's probably a good idea to try another 10-15 minutes of allowing babies to soothe themselves. Car rides are famous for allowing the infant with colic to fall asleep, but impractical at odd times. Substitutes can include automatic gentle infant swings, front-pack Snuggli carriers, or placing the infant in the car-seat on top a running clothes dryer. Many babies respond well to swaddling tight, but don't overheat.

For gassiness, try the gas relieving exercises which involve slow movement of your baby's bent legs toward the stomach and side to side, while the infant lies on the back. You may try this a few times per day in order to minimize gas build-up. While we generally try to avoid medications in newborns, you may try Mylicon (simethacone) anti-gas drops as a safe remedy. These are usually used 0.3 ml dropper doses four times a day. Sometimes we recommend switching to a soy formula or gentle formula to lessen any cow's milk protein sensitivity that may be confused with colic. Expect about four days to go by before such a switch becomes effective.

Gastroesophageal reflux disease (GERD) is the movement of food or liquid backwards from the stomach into the esophagus (swallowing tube). Sometimes this results in vomiting. Often the stomach contents are acidic and cause "heart burn". This may lead to feeding difficulty, poor weight gain and/or fussiness in infants. GERD is quite common in infants in its milder forms. Most infants with reflux outgrow this condition by 6 to 12 months of age. Treatment of milder forms includes possible thickening of formula with rice cereal, elevation of the head of the bed, side lying sleep positioning and upright posture after feedings. Some children with GERD require additional medications.

Limit feedings to a maximum of 4 ounces per feeding every 3-4 hours. Burp after every 1-2 ounces to decrease the amount of air in the stomach. For 20-30 minutes after each feeding, keep your baby in a semi-reclined position by putting her in an infant seat, on your shoulder or in bed with the head elevated. Elevate the head of the bed by rolling a towel or blanket and placing it under the mattress. Finally, thicken feedings by adding 1 teaspoon cereal (rice or oatmeal) per 2 ounces of formula to bottle. If necessary, crosscut the bottle nipple in order to allow the milk to flow more easily from the bottle. If constipation occurs with rice cereal, change to oatmeal. If constipation persists, you may give 1 or 2 ounces of full strength apple juice each day.

Infants of colic age usually need about 20-24 ounces of formula every day to grow. Limit feedings to a maximum of 4 ounces per feeding every 3-4 hours (approximately 5-7 feedings/day). Do not allow a feeding to continue for more than 30 minutes. Try to wait at least 2 to 2 1/2 hours from the beginning of one feeding to the beginning of the next. Feed in a quiet place (preferably not in front of TV) to avoid distractions.

Consider allowing Dad to give a bottle as the last feeding of the day - after you have retired for the night. This allows him an important and pleasurable role and the mom a few more precious moments of sleep.

Consider asking a friend or family member to babysit for brief periods so you can have a break. Try to nap, meditate or otherwise relax when your baby does. It is important to identify at least 30 minutes a day of "Mom Time" when you can read a book, watch a soap opera or go for a walk, as you please. It's important for you to try to eat regularly. Colic is **not** the result of bad parenting, so don't blame yourself.

Sleep: There are some other approaches to foster good sleep habits and to prevent the development of difficult-to-treat sleep problems such as persistent night waking, bedtime struggles, and sleeping with the parents, which should not be allowed.

Newborns usually sleep a total of 16 hours a day with a longest sleep period of 3 to 4 hours. By 4 months of age, the longest episode of sleep should be at least 6 to 8 hours and the average toddler might sleep 15 hours a day. At 6 months infants usually have 2 or 3 naps a day and 18 months they usually take only 1 nap a day. Your infant needs to have a regular bedtime, perhaps 8 PM. Develop a soothing, regular routine at bedtime to be done in your baby's room. This could include a quiet feeding, a bath, lowering the lighting in the room, singing a lullaby, listening to a music box or musical mobile, sharing a picture book, rocking and/or giving a special toy or blanket. Eventually this routine should end with you baby being placed into bed drowsy but still awake.

It's OK to pat your baby for a couple of minutes before leaving the room, but remember that you want the baby to learn to self soothe and put themselves to sleep. If your baby cries once you leave, try to allow a cry for 10 to 15 minutes before returning to room. This allows the infant to learn ways to self-soothe and put themselves to sleep. When the baby wakes at night, keep feedings "business only", which means to try not to wake either of you up very much, to feed at the bedside and get the baby back in bed as quickly as possible. Don't even change the diaper unless you feel it is necessary.

Limit daytime naps to a maximum of 2 1/2 to 3 hours each by waking the baby after this time. If your child naps in an infant seat or swing, consider putting it in a quiet room to limit distractions. **Good Luck!**