

Colic in the Breastfed Baby

Modified from **Jack Newman, MD** 2005

Colic is one of the mysteries of nature. Nobody knows what it really is, but everyone has an opinion. In the typical 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 the baby cries, he is often inconsolable, though if he is walked, rocked or taken for a drive, he may settle temporarily. For a baby to be called colicky, he must be *gaining weight well* and be *otherwise healthy*.

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

Aside from the colic that any baby may have, there are **three known situations in the breastfed baby that may result in fussiness or colic**. Once again, it is assumed that the baby is gaining adequately and that the baby is healthy.

- 1. Feeding both breasts at each feeding**
- 2. Overactive letdown reflex**
- 3. Foreign proteins in the mother's milk**

1. Feeding both breasts at each feeding can give some babies too much foremilk, especially if the mother has an over-abundant milk supply.

Human milk changes during a feeding. One of the ways in which it changes is that the amount of fat increases as the baby *drains more milk* from the breast. If you automatically switch 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 may result in the baby getting fewer calories, and thus feeding 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 which digests the sugar (lactase) may not be able to handle so much milk sugar at one time and the baby will have the symptoms of lactose intolerance-crying, gas, and explosive, watery, green bowel movements. This may occur even during the feeding. These babies are **not** lactose intolerant.

- Do not time feedings.
- Feed the baby on one breast, as long as the baby *actually gets milk from the breast* until the baby comes off himself, or is asleep at the breast. If the baby feeds for a short time only, compress the breast to keep the baby swallowing, *not just sucking*. Compressing the breasts ensures an efficient feeding. *If, after "finishing" on the first side, the baby still wants to feed, offer the other side. Do not prevent the baby from taking the other side if he is still hungry.*
- The next feeding, start the baby on the other breast in the same way.
- Your body will adjust quickly to the new method, and you will not become engorged or lop-sided.
- Just as there should be no "rule" for feeding both breasts at each feeding, there should be no rule for one breast per feeding. Let the baby finish on one breast (use compression to keep him *feeding* longer) but if he wants more, then offer the other side.
- In some cases, it may 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.
- This problem is made worse if the baby is not well latched on to the breast. A good latch is the key to easy breastfeeding.

2. An overactive letdown reflex can create an irritable baby at the breast

A baby who gets too much milk too quickly, may become very fussy, very irritable at the breast and may be considered "colicky". Typically, the baby is gaining very well. Typically, also, the baby starts nursing, and after a few seconds or minutes, starts to cough, choke or struggle at the breast. He may come off, and often, your milk will spray. After this, the baby frequently returns to the breast, but may be fussy and repeat the performance. He may be unhappy with the rapid flow, and impatient when the flow slows. This can be a very trying time for everyone. On rare occasions, a baby may even start refusing to take the breast after several weeks, typically around 3 months old.

- If you have not already done so, try feeding the baby one breast per feed. In some situations, feeding even two or three times on one breast before changing to the other breast may be helpful. If you experience engorgement on the unused breast, express just enough to feel comfortable.
- Feed the baby before he is ravenous. Do not hold off the feeding by giving water or a pacifier. A ravenous baby will "attack" the breast and may cause a very active letdown reflex. Feed the baby as soon as he shows any sign of hunger. If he is still half asleep, all the better.
- Lying down to nurse sometimes works very well. If lying sideways to feed does not help, try lying flat, or almost flat, on your back, with the baby lying on top of you to nurse. Gravity helps decrease the flow rate.
- If you have time, express some milk (an ounce or so) before you feed the baby. This is not the first thing to try.
- The baby may dislike the rapid flow, but also become fussy when the flow slows too much. If you think the baby is fussy because the flow is too slow, it will help to compress the breast to keep up the flow.
- This problem is made worse if the baby is not well latched on to the breast. Ensure a good latch.
- As a last resort, rather than switching to formula, give the baby your expressed milk by bottle.

3. Foreign proteins in the mother's milk can irritate baby's gut

Sometimes proteins present in your diet may appear in your milk and may affect the baby. The most common of these is cow's milk protein. Other proteins have also been shown to be excreted into some mothers' milk. **The fact that these proteins and other substances appear in the mother's milk is not usually a bad thing. Indeed, it is usually good, helping to desensitize your baby to these proteins.** Thus, in the treatment of the colicky breastfed baby, one step would be for you to stop taking dairy products or other foods, *but only one type of food at a time*. When a food protein has been changed (denatured), as in cooking for example, there should be no problem.

Dairy products are the most common culprit, and include **milk, cheese, yoghurt, ice cream** and anything else that may contain milk. *Please note: Intolerance to milk protein has nothing to do with lactose intolerance, a completely different issue. Also, a mother who is lactose intolerant herself should still breastfeed her baby.*

- Eliminate all milk products for 7-10 days. If there has been no change, reintroduce milk products.
- If things are better, slowly reintroduce milk products into your diet, if these are *normally* part of your diet. (There is no need to drink milk in order to make milk). Some babies tolerate absolutely no milk products in the mother's diet. Most tolerate some. You will learn what amount of dairy products you can take without your baby reacting.
- If there is concern about your calcium intake, calcium can be obtained without taking dairy products. However, 7-10 days off milk products will not cause any nutritional problems. Actually, evidence suggests that breastfeeding may protect women against the development of osteoporosis even if they do not take extra calcium. The baby will get all he needs.

Be careful about eliminating too many things from your diet. Everyone will know someone whose baby got better when the mother stopped eating a certain food. Our diets are too complex to be sure exactly what, if anything, is affecting the baby. Although it is not very common for babies to react to foods that their mother eats, here is a list of foods that are known to sometimes cause a problem. The offending food is usually one that the mother eats a lot of. You can eliminate all foods at once or just a few at a time, depending on how severe the colic is. It sometimes takes up to two weeks for a food to get out of your system, so be patient. If you determine which food might be causing a problem, slowly reintroduce it in small volumes and see how the baby reacts.

Dairy products	Peanuts	Fish	Corn
Soy products	Tree nuts	Chicken	Gassy vegetables:
Eggs	Chocolate	Beef	Broccoli Onion
Wheat	Caffeine	Citrus fruit	Cauliflower Green peppers
Prenatal vitamins with iron			Cabbage Tomatoes

Be patient. The problem usually gets better no matter what. **Formula is not the answer**, but because of the more regular flow, some babies do improve on it. In fact, the baby would also improve on breast milk from the bottle because of the regularity of the flow. Even if nothing works, time usually helps.