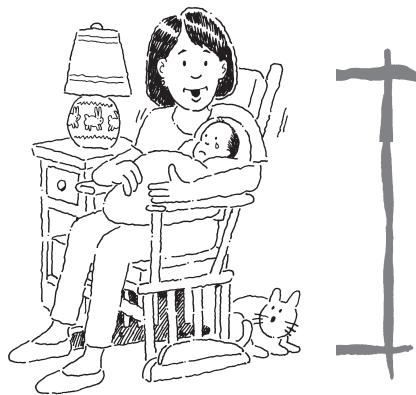


Crying and Your Baby: How to Calm a Fussy or Colicky Baby



Babies cry for different reasons. Crying is one way babies try to tell us what they need. They may be hungry, have a soiled diaper, or just want a little attention. (See checklist at the end of this brochure.) If a crying baby cannot be comforted, the cause may be colic. Read on for more information from the American Academy of Pediatrics about colic and ways to calm a crying baby.

What is colic?

Colic is a word used to describe healthy babies who cry a lot and are hard to comfort. No one knows for sure what causes colic, but it may be an immaturity of the digestive system. In general, babies with colic will be fussy but continue to gain weight and develop normally. If you are concerned, it is best to check with your child's doctor to make sure there is not another medical cause.

Who gets colic?

About 1 out of every 5 babies develops colic. Each baby is different, but in general

- Colic starts when a baby is 2 to 4 weeks of age and usually peaks around 6 weeks.
- Colic usually starts to get better when babies are cooing and smiling sociably, around 8 weeks.
- Colic usually resolves by 3 to 4 months but can last until 6 months.

How can I tell if my baby has colic?

Here are different ways babies with colic may act.

- Crying is intense, sometimes up to 3 to 5 hours a day. Between crying episodes, babies act normal.
- Crying is often predictable, often at the same time each day. It usually occurs in the late afternoon to evening.
- When crying, babies often pass gas, pull their legs up, or stretch their legs out.

Ways to calm a fussy or colicky baby

Here are ways you can try to comfort a crying baby. It may take a few tries, but with patience and practice you'll find out what works and what doesn't for your baby.

- **Swaddle your baby** in a large, thin blanket (ask your nurse or child's doctor to show you how to do it correctly) to help her feel secure.
- **Hold your baby** in your arms and place her body either on her left side to help digestion or stomach for support. Gently rub her back. If your baby goes to sleep, remember to always lay her down in her crib on her back.

- **Turn on a calming sound.** Sounds that remind babies of being inside the womb may be calming, such as a white noise device, the humming sound of a fan, or the recording of a heartbeat.
- **Walk your baby in a body carrier or rock her.** Calming motions remind babies of movements they felt in the womb.
- **Avoid overfeeding your baby** because this may also make her uncomfortable. Try to wait at least 2 to 2½ hours from the beginning of one feeding to the next.
- **If it is not yet time to feed your baby, offer the pacifier or help your baby find her thumb or finger.** Many babies are calmed by sucking.
- **If food sensitivity is the cause of discomfort, a change in diet may help.**
 - For breastfed babies, moms may try changing their own diet. See if your baby gets less fussy if you cut down on milk products or caffeine. If there is no difference after making the dietary changes, resume your usual diet. Avoiding spicy or gassy foods like onions or cabbage has worked for some moms, but this has not been scientifically proven.
 - For bottle-fed babies, ask your child's doctor if you should try a different formula. This has been shown to be helpful for some babies.
- **Keep a diary of when your baby is awake, asleep, eating, and crying.** Write down how long it takes your baby to eat or if your baby cries the most after eating. Talk with your child's doctor about these behaviors to see if her crying is related to sleeping or eating.

Baby's Daily Log

Date:

- **Limit each daytime nap to no longer than 3 hours a day.** Keep your baby calm and quiet when you feed or change her during the night by avoiding bright lights and noises, such as the TV.

What your baby may need checklist

Here are some other reasons why your baby may cry and tips on what you can try to meet that need.

If your baby is...

Hungry. Keep track of feeding times and look for early signs of hunger, such as lip-smacking or moving fists to his mouth.

Cold or hot. Dress your baby in about the same layers of clothing that you are wearing to be comfortable.

Wet or soiled. Check the diaper. In the first few months, babies wet and soil their diapers a lot.

Spitting up or vomiting a lot. Some babies have symptoms from gastroesophageal reflux (GER), and the fussiness can be confused with colic. Contact your child's doctor if your baby is fussy after feeding, has excessive spitting or vomiting, and is losing or not gaining weight.

Sick (has a fever or other illness). Check your baby's temperature. If your baby is younger than 2 months and has a fever, call your child's doctor right away.

Overstimulated. See Ways to calm a fussy or colicky baby.

Bored. Quietly sing or hum a song to your baby. Go for a walk.

Parents and caregivers need breaks from crying babies

If you have tried to calm your crying baby but nothing seems to work, you may need to take a moment for yourself. Crying can be tough to handle, especially if you're physically tired and mentally exhausted.

1. Take a deep breath and count to 10.
2. Place your baby in a safe place, such as crib or playpen without blankets and stuffed animals; leave the room; and let your baby cry alone for about 10 to 15 minutes.
3. While your baby is in a safe place, consider some actions that may help calm you down.
 - Listen to music for a few minutes.
 - Call a friend or family member for emotional support.
 - Do simple household chores, such as vacuuming or washing the dishes.
4. If you have not calmed after 10 to 15 minutes, check on your baby but *do not* pick up your baby until you feel you have calmed down.
5. When you have calmed down, go back and pick up your baby. If your baby is still crying, retry soothing measures.
6. Call your child's doctor. There may be a medical reason why your baby is crying.

Try to be patient. Keeping your baby safe is the most important thing you can do. It is normal to feel upset, frustrated, or even angry, but it is important to keep your behavior under control. Remember, **it is never safe to shake, throw, hit, slam, or jerk any child**—and it never solves the problem!

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
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