

## Colic in the Breastfed Baby Jack Newman, MD, FRCPC

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Colic

The Big Myth- Nothing to do but suffer or change to formula

### What is it?

- Gas?
- Immature gastrointestinal system?(Term BF baby does not have an immature system)
- Overfeeding?
  - May be something to this
- Tense milieu?
  - Often occurs in first borns
  - Said to be less common in developing countries

### Is it something else?

Hunger

- It is incredible how many women come to the clinic and say my baby isn't gaining well and he also has colic
- Possible even if the baby is gaining well
  - Often due to "breastfeeding rules" or "inefficient" feeding (poor latch)

Medical Problems

Medical problems should be considered:

- Fractures
- Hernias
- The baby with colic is typically a thriving baby, usually obviously well

### What is Colic?

- Crying most evenings, lasting as long as 3-4 hours, starting about 2-3 weeks of age
- Baby is often inconsolable, but may get better with settling
- All tricks work about 2 days or less
- Usually settles within 3 months

### What can be done?

- Sometimes BF babies have typical colic and there is nothing to do but wait
- Changing to formula is not a good idea
- Changing to formula may not make any difference, and often makes it worse
- Changing to formula is risky

*Dr. Jack feels colic increases with formula use*

### Causes?

\***Foreign proteins** in the mother's milk:

It does happen that proteins in the mother's diet appear in her milk and may affect the baby. (See Jakobsson in Bib) It is good usually, if the proteins enter the milk with antibodies, and other immune factors, thus desensitizing the baby and making him less likely to be allergic (Theory, not proved. Enters with sigA)

### What we can do:

\*Take the offending protein out of the mother's diet. This is easier said than done. Most likely offender is cow milk protein, but it is hidden in our diets and often found in prepared foods in solid hidden forms.

Sometimes mother thinks she needs to drink milk to make milk or for the calcium. *Sensitivity to milk protein has nothing to do with lactose intolerance*

Dr Lawrence believes there is a link between brain growth and lactatose that is available.

#### **Other Possibilities:**

Egg Protein

Peanut Protein

Wheat Protein

Soy Protein (50% of kids sensitive to cow protein in formula will be sensitive to soy protein)

Protein from nuts

Protein from seafood

#### **Food Elimination**

Do not stop all foods which may offend

One food at a time, starting with the most likely (cow milk) Try at least a week for each food. If it works then find another way to supplement mom's diet with needed nutrients.

If no relief, restart food and try next likely

By the time all foods are tried, baby is better.

#### **Anything Else?**

- Pancreatic enzymes (e.g. Pancrease 4)
- The mother takes 1 capsule with each meal
- The enzymes break down protein in her diet so that they cannot be absorbed whole and passed on through the milk
- Works

#### **\*Over active letdown**

What is it?

-Milk ejection reflex which is so strong that the baby is unable to handle the flow and will choke at the breast, cough, pull off the breast and cry.

#### **How does it cause colic?**

By several mechanisms:

-Fast flow causes some babies to fuss at the breast, pull off, cry

-Babies tend to drink only the milk that flows quickly, thus getting only low fat milk

-Baby dislikes fast flow, but also hates slow flow

-Babies respond to rate of milk flow

#### **Preventing this Problem**

Prevention is best, as fixing is sometimes very difficult

-Get BF started right from day 1

-These babies are often latched on poorly, but because the mother has an abundant supply, the baby usually gains weight well

-A good latch is important as the baby can control the flow better

#### **Important**

- "Finish" the first side before offering the second side
- "Being on the breast" for 10 (15,25,60) minutes is not the same as feeding for 10(15,25,60) minutes

- No timing rules

### **What to do?**

- Offer the breast lying down and/or reclining position. *Babies tend to prefer this position.* (If mom needs to, she should sit on the edge of the bed to latch on infant and then lay down with the baby)
- Offer two feedings/side, even more
- Express "foremilk" before offering the breast (Dr. Newman doesn't truly believe in this)
- Stall for time because eventually it gets better (usually)

### **Last Resorts**

- Nipple shield
- Breastmilk in the bottle
- Breastmilk in the bottle plus lactase drops

### **Lactase Drops**

- Should not work in theory if putting in baby's mouth before, during or after feed
- But sometimes they do. How?
- Expensive, but not as expensive as formula

### **Not enough Hindmilk?**

(Woolridge Bib)

Lactose intolerance?

### **Blood too?**

- I think so, though I have no proof
- Look at these babies; bottoms: they often have terrible diaper rashes, re, eroded, even bleeding
- If the stool can do that to their bottoms, why not to the gut? (Yes, gut has protective factors, but...)

### **Wat to do?**

- Fix the latch
- Finish the first breast first

### **Do not change to formula!**

Remember that the problem will almost always resolve on its own! Choose breastfeeding!

Remember the risks of not bf

Choose breastmilk

### **Colic and "Parenting"**

- Accept! This will pass. Say it over and over to yourself
- Learn to enjoy your baby when it is possible
- Hold your baby, comfort your baby

### **What else?**

- Lie down with your baby
- Sleep with your baby at night
- Walk around the block with your baby
- A glass of wine won't hurt. (for mother, father, grandparents)
- You will be proud when you get past this

### **Other causes of colic:**

\*Baby not getting enough of the high fat

\*Mom smokes