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COLIC SOLVED; UNDERSTANDING REFLUX, COLIC AND THE CARE OF THE MISERABLE INFANT

Features include:

- Why breastmilk is the preferred substrate for babies with acid reflux
- Why nearly all babies can continue breastfeeding after a diagnosis of allergy
- How the “fourth trimester of gut development can impact breastfeeding
- How to help parents advocate for their miserable babies
- Myths and misconceptions about the care of the miserable baby.

Case of Baby Hannah

Hannah was seen at two months referred by her pediatrician who had exhausted his resources. Hannah would not stop crying and he did not know why. Crying started at two weeks. Feedings started strong but then became difficult with arching and reattaching resulting in hour long feeds. Crying progressed throughout the day. She had constant hiccups and needed to be held and moved. Her sleep was interrupted with piercing screams and painful gas. The pediatrician stopped the breastfeeding because he thought that was the cause. She had multiple formula changes and would cry after feedings still hungry. Colic medications did not make a difference.

I Truth about Crying Babies

II Reflux 101

III Care and Handling of the Reflux Baby

IV Protein Allergy – Other Colic

V Advocate for the Bundle of Misery

A group of physicians got together in 1954 and coined the name colic which was a description of symptoms and not a diagnosis. The suggested criteria is crying for three or more hours per day. Today we have endoscopy with ph probe technology, increased knowledge of gut immunology and physiology, super drugs and dietary modification. Acid reflux is a treatable condition but not conclusively. A study of 60 screaming babies were treated for allergy and had endoscopy and ph probe. Of these 66% had an abnormal ph probe; 43% had an abnormal acid reflux. In another study for allergy where 27 babies with colic were put on a hypoallergenic formula, twenty four got better. With return to cow’s milk based formula eighteen had colic. They were treated for protein hypersensitivity. The literature for allergy is richer than the literature for reflux.

Do all screaming babies have reflux? Other reasons for screaming babies include:

1. Temperament
2. Weird and wonderful: anal stenosis, metabolic disease, cerebral palsy
3. Parental expectations

4. Non acid reflux which does not respond to reflux medication. It occurs in 50% of reflux. Bile can be caustic.

How often is reflux serious? A study from Pediatrics in spring took 267 screaming babies who came to the emergency room. Only 5% of the cases were of a serious diagnosis and most of these were UTI.

What is reflux? Reflux is the passage of gastric contents to the esophagus or pharynx . All babies have reflux but it becomes disease when the physiology creates problems in the ability to strip and clear the esophagus.

GERD babies have the following:

1. Poor gastric emptying
2. Valve relaxations
3. Liquid diets
4. Gravity

On any given day Dr.Vartabedian may have three twelve week old infants. One may spit up twenty times a day and be happy. One may spit up ten times a day and be arching and screaming and can't stay on the breast and one not spitting up but have ratty lungs.

The signs of reflux are:

1. Spitting and vomiting. The sickest may not spit at all.
2. Hiccups
3. Feeding Disturbance
4. Irritability
5. Sleep Disturbances
6. Chronic Congestion

On a reflux grading scale you have the happy spitter at one end who is growing and feeding well. On the other end you have the sick baby who has the inability to feed, poor growth, lung disease and profound irritability. The middle ground is the one who is gaining weight and growing well who may be overlooked but who is a fretful feeder.

Simple measures to help are:

1. Breastfeeding - You need to advocate for these babies as it is one of the first things to go.
2. Elevation
3. Frequent burping
4. Thickened feeds – There is little evidence to support this and only industry funded studies show this. Independent studies do not support it. It adds calories, is difficult to express from the nipple and contributes to constipation.

Positioning for these babies is;

1. Back to sleep
2. Back with 30 degree elevation
3. Left side down

These babies like to sleep on their stomach because the valve lies toward the back. When asked by parents because of back to sleep Dr. Vartabedian says if supervised and using tight mattress etc.

In a 1983 study by Orinstein it was noted that the car seat crunches the area. A few babies prefer the car seat, however.

In treating reflux overfeeding is overrated. Small feeds do not fix reflux. Babies must make up for lost calories. This is the problem with Baby Wise. They can't be scheduled. Babies with profound irritability may just be hungry.

According to the Martin study 5% still have reflux at one year but not necessarily warranting a visit to the gastroenterologist. A study in Pediatrics showed 88% resolved at twelve months.

Milk protein is the "other colic". There is more in the literature supporting this type of colic than any other colic. It is found in five per cent of babies. It is a reaction to the milk at the lining of the intestine resulting in a red inflamed colon which when touched with a scope bleeds easily. There is blood and mucus in the stool at two to three weeks of age. It can occur in bottle fed and breastfed infants causing them to exhibit "colic" behavior. It is important to explain to mothers that the baby is reacting to proteins in her milk and not to her milk itself. There can be streaks of blood in the stool and sometimes a rash.

Initial treatment for these babies is restricting casein and whey from the diet. Fifty per cent of infants are allergic to soy. It may take two to three weeks to clear. You do not need to pump and dump as they are not sick enough. The breastfeeding mother should eliminate the proteins as well as possible.

If you have a happy, healthy, growing baby with a streak of blood every three days let that baby continue to bleed. If you take a hemocult it could be positive. Dr. Vartabedian suggests to physicians not to take the hemocult. "Don't ask." "Don't tell."

It was one time thought that goat's milk would be a good substitute; the myth started because it has a softer curd. Allergy to goat's milk equals that of cow's milk. It has dangerous levels of sodium and potassium. It is high in protein and subsequently hard on the kidneys. It is deficient in D, C, B12, and folate.

A study in Italy in early 2007 using probiotics showed a significant decrease in crying. Twenty three babies were put on Simethicone and twenty three were given Lactobacillus Reuteri. Lactobacillus Reuteri was discovered first in breastmilk.

We need to advocate for and empower our mothers as breastfeeding is one of the first things to go.