

# Baby Colic (Infantile Colic) – Symptoms and Treatment

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**Pediatric colic is a very common symptom that occurs in infants during the first few months of life and tends to disappear by the fourth month. Its causes are poorly understood and there are various theories explaining it as a reaction to food allergies, parental stress, gastrointestinal immaturity, maternal smoking, and other factors. This article gives an overview of the condition with its epidemiology, etiology, symptom, diagnosis and differential diagnosis, and treatment.**



## Definition of Pediatric (infantile) Colic

Pediatric colic is a common symptom that occurs in infants **during the first few months of life**. Colic describes an infant's behavior when they have episodes of inconsolable screaming or crying while drawing up the legs.

To distinguish colic from normal crying, colic is said to be defined by the **“rule of three”**:

1. Crying for more than **three hours per day**,
2. Crying for more than **three days per week**, and
3. Crying for longer than **three weeks** in an infant who is well-fed and otherwise

healthy.

### **Mnemonic “It criess”:**

- **I** - Infections (UTI, meningitis, osteo)
- **T** - Trauma (non-accidental)
- **C** - Cardiac issues
- **R** - Reflux, allergy to formula
- **I** - Immunizations, insect bites
- **E** - Eye (corneal abrasions)
- **S** - Surgical issues: volvulus, intussusception, inguinal hernia
- **S** - Strangulation from hair tourniquet

## Epidemiology and Etiology of Pediatric Colic

Colic is a common behavioral problem among infants with an estimated prevalence of **3 - 28%** in different studies. The causes of colic are still poorly understood. The term “colic” is used because it is assumed that this symptom occurs in infants as a result of colicky abdominal pain; the drawing up of the legs is thought to be due to a tense abdomen with abdominal pain.

However, this is controversial. Some believe that colic represents the upper limit of normal crying. Various theories have also been proposed, such as **infant temperament, food allergy, parental stress, gastrointestinal immaturity and maternal smoking** that contribute to the etiology of the colic in infants.

## Symptoms and Diagnosis of Pediatric Colic

Colic is a clinical diagnosis, albeit a **diagnosis of exclusion**, based on the complete and detailed history from the parents. The common organic causes for crying should be first excluded before labeling the condition as colic.

Infants with colic have **attacks (paroxysms) of screaming and crying**, during which they draw up their legs. The crying is more common in the late afternoon and evening hours. The infants cannot be comforted, even by feeding. Typically, the colic starts at two weeks of age, peaks at the age of six weeks, and usually resolves by sixteen weeks of age. There is no significant vomiting and bowel motions are normal. The colic appears to be unrelated to the environmental events.

The physical examination is normal and is done to **exclude organic causes** of the infant’s irritability. The infants with colic are healthy, thriving, and having normal growth patterns. The diagnosis of colic should be doubtful and reconsidered if there is a failure to thrive. Laboratory testing is unnecessary but is performed in cases where an organic cause is suspected.

## Differential Diagnosis of Pediatric Colic

- **Gastroesophageal reflux disease** (episodes of fussiness accompanied by emesis and symptoms, usually present just after feeding).
- **Milk protein intolerance** (associated with diarrhea or hematochezia).
- **Intussusception** (during episodes, the infant becomes pale, and, over time, appears very unwell and lethargic).
- **Infection** e.g. otitis media, meningitis, and urinary tract infection (fever is

present).

## Therapy of Pediatric Colic

Treatment for colic is only **supportive**. The most important aspects of therapy are regular follow-ups and a sympathetic physician.

**Parental education and reassurance** are essential. The parents must be informed that the infant is not sick and that the excessive crying is a behavioral problem and is not harmful. It usually resolves by sixteen weeks (four months) of age. Continued inconsolable crying in infants can lead to anxiety, frustration, and feelings of inadequacy in parents. These feelings should be acknowledged and properly addressed.

Simple interventions may be helpful in improving some cases of colic. Parents should check if the infant is hungry and needs feeding, is tired or soiled. If this is the case, the infant may be settled by feeding, sleeping or having their diaper changed. Otherwise, parents can soothe their crying baby with techniques such as swaddling the infant, gentle rocking motions or non-nutritive sucking.

If the crying persists, parents can allow the infant to cry for a short period of time. Parents should look after themselves too. Getting the support of other family members or friends can be helpful in reducing stress.

It is also important to consider the risk of [abuse of infants](#) with ongoing colic, especially in family situations that are unstable, and, in such cases, referral to children's services is essential.

## Progression and Prognosis of Pediatric Colic

Symptoms of colic are generally present in the **first three months** of life and tend to disappear by the fourth month.

## References

Kliegman, R.M., Stanton, B.M.D.; St. Geme, J., Schor, N.F., & Behrman, R.E. (2011). Nelson Textbook of Pediatrics: Expert Consult.

Miall, L., Rudolf, M., & Smith, D. (2012). Paediatrics at a Glance. John Wiley & Sons.

South, M. J. & Isaacs, D. (2007). Practical paediatrics. Elsevier Health Sciences.

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