Baby crying & colic

**Intro**

Welcome to Sense by Meg Faure, the podcast that's brought to you by Parent Sense, the app that takes guesswork out of parenting. If you are a new parent, then you are a good company. Your host Meg Faure is a well-known OT infant specialist and the author of eight parenting books. Each week, we are going to spend time with new moms and dads, just like you to chat about the week's wins, the challenges and the questions of the moment. Subscribe to the podcast, download the Parent Sense App and catch Meg here every week to make the most of that first year of your little one's life. And now meet your host.

**Bailey:** Hello and welcome to another episode of Sense by Meg Faure. If this is your first time tuning in, it is so great to have you here. My name is Bailey Georgiades, I'm a media personality, a podcaster, proud mom of two little boys and Meg Faure is our very own parenting and baby expert. Well, you'll often hear parents mutter, “Why don't these kids come with their manual?” Well, this podcast and Meg is as close as you're going to get to having that parenting manual. I love our time together. How are you today? Meg?

**Meg:** I am so good. Thanks Bailey. It's always good to chat with you and to have all the questions come through and to answer those tricky topics that come up in early parenting.

**Bailey:** Well, this is a very hot topic. We're going to get straight into it. I want to talk about the C word. Okay, get your mind out the gutter, the C word being colic. So for lots of new parents, colic means lots of hours of crying pretty much at the same time every day. And you have absolutely no idea why or even how to console your little one. They are screaming. You are panicking. You're feeling a million emotions. It's really frightening. It's frustrating. And it's absolute hell if it goes on for an extended period, and I just want to give the biggest virtual hug right now, if you are going through this, this is horribly, horribly tough. I know so many moms who have visited the PED or physio or chiro or something, worried that their little one has colic or reflux. Medication doesn't seem to help, so Meg, help us please. Every new parent out there wants to know why their baby is crying for hours on end and what we can do, if anything, to actually prevent colic in babies.

**Meg:** Yeah. So colic is such an interesting thing. And, you know, I can remember like, throw back to 24 years ago, almost when my first born was born. I'm showing my age now, but I can remember that in hospital I wasn't feeding him as regularly I should, and he ended up crying a lot. And I'll never forget a nurse walking in, holding him in the middle of the night and saying to me, this little one is going to have colic. And it was like, she told me that he had some sort of like death sentence or syndrome, you know, and I'm my heart absolutely lurched. And I thought, oh, goodness me, not colic. And so I was absolutely dreading it, but actually colic really is not something to fear. And it's something that we can really pretty easily actually address as parents. And I think it's important to start right at the outset and talk about the fact that colic is actually a misnomer. And by that I mean that the word colic does not actually describe the condition.

So colic, if you look it up in the dictionary means abdominal discomfort. So that's why a horse actually can get colic. In fact, horses die of colic, but it's really got to do with abdominal discomfort. Now, the reason that early infant crying is called colic is that when a little one is crying like that, you immediately think that they must have a sore tummy with abdominal discomfort because they cry, they go purple in their face. It's also called purple crying and they pull up their legs and they scrunch into a ball. And you are convinced that this has got to be to do with something with their stomach. And so for many years, all the solutions that was sort, and all of the kind of reasons for colic that we've given centered around this abdominal discomfort, which actually has led to being called colic, which is actually a misnomer.

And many years ago I attended a talk in Cape Town by Dr. Ronald Barr, who's one of the world's experts on…He's from Canada and he's one of the world's experts on colic and checking baby syndrome actually, which are connected because there's a connection between, and that's why colic is something we take seriously. And I can remember him saying, it's not the word we should use. We should use unexplained early infant crying. Now you can actually just realize exactly why it's not called unexplained early infant crying, because that's a mouthful. So for that reason, colic is stuck.

**Bailey:** Okay, so is colic not interchangeable with reflux then?

**Meg:** No two totally different conditions. Um, colic, if we look at the definition of colic, it was actually defined by a medical doctor called Vessels and he defined what's called the Vessels Rule of Threes, which is that colic happens for three hours of a day, more than three days of a week for more than three weeks in a row.

And then the fourth three is under three months of age. So it's a very classic syndrome that we see; it hasn't got to do with a clinical condition that we see a symptom necessarily for, whereas reflux obviously does have. So reflux is totally different. A reflux is where, and in fact, most babies actually have a degree of reflux and it's where there's little milk curds or those stomach contents after your baby's fit, move from the stomach, back up into the esophagus through the valve. And it's that gastro esophageal valve that kind of doesn't seal very nicely. And it's often a little bit choppy in the early days, and so the milk curds just move back up the esophagus a bit and then they move back down again. And that's actually what reflux means. Reflux can happen in many different organs in the body. It can actually happen in your kidneys as well. It means that the liquid is going back from your bladder into your kidneys. And that's not a good condition.

But reflux per se is not a terribly challenging condition unless it develops into gastro esophageal reflux or unless it is so severe, that it’s causing aspirations, which is when a baby is actually bringing up reflux of stomach curds and then inhaling them into their lungs, and then they get a lung infection. So there are circumstances where reflux is a medical condition that we would want to treat. There are more conditions where reflux is actually not a medical condition, it's really just something that happens and babies can live with. But either way, whether it's that kind of benign and kind of, I call them the happy puckers, those babies who kind of just kind of bring up and swallow back down, or bring it up quite happily. Whether you got a happy puckers or whether or not you've got a reflux condition gastro esophageal reflux, or reflux that's leading to aspirations and lung infections, and so on.

Regardless of what type of res you have, it is completely different to colic because colic has got to do just with the symptom of crying, and that's really what it's about as opposed to actually being a medical condition that we are concerned about.

I**nterlude**
This episode is brought to us by Parent Sense, the all in one baby and parenting app that help you make the most of your baby’s first year. Don't you wish someone would just tell you everything you need to know about caring for your baby, when to feed them, how to wean them, and why they won't sleep? Parent Sense App is like having a baby expert on your phone, guiding you to parent with confidence, get a flexible routine, daily tips and advice personalized for you and your little one. Download Parent Sense App now from your app store, and take the guesswork out parenting.

**Bailey:** All right, I think that helps a lot, because I think the minute that we see babies sort of curling up, we immediately go, oh, it's they digestive system, it's reflux, and people get that so confused. I know that you've mentioned that colic is really common and it affects lots of babies, but why do some babies get it and others don't?

**Meg:**

Yeah, it really is really common. I mean, we probably see about 20% of babies suffering from colic. So I mean it's like really one in five babies will have a very high level of crying that's more than three hours of a day. And the reason that it is so common is that, and I think for a long time, people just thought, well, it's got to do with an immature gut system. So because we thought it was well, cause we call it colic and because it has to do, then we think. With the abdomen, we then think it must have to do with what's going on in the gut. But the problem with that theory is that it really doesn't explain why colic happens in the evening and for the 90% of babies that colicky patch, those three hours happen between five and 10 in the evening. So late afternoon, early evening, those three hours are likely to happen.

Now, logically if you think about it, if it is an abdominal discomfort, it would never be centered around one specific period in the day, couldn't be, it would be across any hours of the day. The distribution would be three hours as likely to be three hours at eight o'clock in the morning as eight o'clock in the evening. And it just simply isn't like that colic really does happen in the late afternoon, early evening. And that's our clue; that s the clue to tell us why it happens and what lies behind colic. Now, the way that the human brain works is we are taking in sensory information all day, every day through all of our sensors and you and I have done a fabulous podcast, which people must go back and listen to on the sensory personalities and anybody who has followed me knows that all my work centers around the sensory systems, because they really do impact very heavily on every aspect of development; from sleep, to feeding, to play development stimulation, but also colic crying.

So what happens is as this baby is taking in all the sensory information all day. Now you've got to remember these babies are taking the sensory information from a busy world in comparison to the womb where they've come from. And so the womb world is calming on every level; it's learning movement, white noise, muted visuals, muted sounds deep pressure, you know, consistent touch, neutral warmth all the time. So it's got this beautiful, perfect sensory environment and babies then, they’re are born into this really, really busy, hectic sensory world. And what happens is for all of us is that as we take in all of the sensory information through the day, we take it in, take it in, take it in. As we get to the late afternoon, our threshold for sensory information becomes lower and lower, and so we start to become more over stimulated, a little bit more fractious, a little bit more reactionary. And you know, you and I have experienced that. You've got toddlers. I mean, you can deal with the toddler at eight o'clock in the morning, at nine o'clock in the morning, but five o'clock in the afternoon when you're tired, they're tired, it's the end of the day, they've been hanging all over you, and now they come and they hang all over you. They've got sticky paws. They put their sticky hands in your face. And they squeal and they shout and suddenly all of that sensory…

**Bailey:** I’d swear you have a camera in my house, how do you know these things?

**Meg:** And all that sensory information becomes an insult to our sensory systems, and so we are really overstimulated. Now the same thing happens for a new baby, except that their threshold is even lower than ours because they've come from this calming womb world, they're into this busy world, and so by five o'clock in the afternoon, the newborn baby is reaching the end of their tether, literally, and they start to fuss and cry. And that's how the colic cry starts. And then what happens is as a mother, we get a massive knot in our stomach, a lump in our throat, our hands turn sweaty, our heart starts beating, and we think, “Shove it, I have got to stop this crying because last night it went on for three hours and I can't do that again.” Like I have to solve this, and so what do we do? We quickly change the nappy. We quickly re-feed. We quickly change position. We pick them up, we jiggle them up and down. We take them to sit in front of the TV. We walk back down the passage, we change the nappy. We give them a baby massage. We swaddle them, we un-swaddle them. We re-feed them. We give them another dummy. And so you can see what we've done in this frenetic march of trying to stop the crying. We've just added more and more and more to that sensory load. And so what started off as a five minute cry before long, it’s a three hour cry, and that's really the nuts and bolts of colic.

**Bailey:** And, you know, as a mom, you're doing the best that you can, but when you break it down, so simply like that you realize quickly, actually we are just completely over stimulating again. So there is light at the end of the tunnel. How long **does [ 12:07 colictivity??]** last?

**Meg:** So colic has interesting, and this crying curve has been defined in research all over the world. It's been done with populations in New York City and Manhattan. It's been done in the Kalahari; it's been done all over the world where we've looked at, how do babies cry in the first three months of life? And what's quite interesting is that babies classically have a two week period of what we call the honeymoon period where they're very calm and it lasts for about 10 days to two weeks. So any mom, who's got a baby who's under two weeks of age and your baby's stretching three hours between sleeps and is so calm and doing so well. And you think you've got it nailed. Don't say anything because it can all change at 14 weeks.

**Bailey:** Don't jinx it, don't jinx it.

**Meg:** Yeah. So at about 10 to 10 days to 14 days, little ones actually do start to end up fussing and crying a little bit more. And all babies do that, that fussing and crying escalates until they're around six weeks. And this crying curve happens for all babies. Even a calm baby will have their peak of crying, even though their peak of crying is not a lot, because they're calm. But the peak of crying happens at six weeks and at six weeks babies start to find another way of communicating, which is smiling, which happens at six weeks. And so from there, colic starts to decrease until three months when colic disappears altogether. And for more than 80% of babies who do have colic. So that's not 80% of babies. That's 80% of babies who have colic. It'll completely disappear at 12 to 13 weeks. There's a very small percentage that it continues for a little while longer and those are the ones have what we call infant regulatory disorders. And that's a whole another story. It's got nothing to do with colic.

**Bailey:** Okay. All right, so you mentioned that mom goes into a knot and hand starts sweating and you start panicking going, oh, can't do another three hours of this. What are some strategies that moms and dads can use when they are in the midst of the crying episode?

**Meg:** Yeah. So let's take one step back from that, and I'm going to address the, what's happens in the midst of the episode, but let's take one step back and how do we prevent it? And then we'll have a look at exactly how do we address it? So in preventing colic, there are a couple of really good principles. One is if we know it's about overstimulation, the first principles should be decrease the amount of stimulation. So don't worry about growing those brain cells and stimulating with all sorts of bright colored mobiles and outings and stimulation, other people and voices and whatever, reading to them like in the early days, those things just don't take precedence. They really take the backseat. So less is more is your first principle. The second thing is that one of the best ways to reset our sensory loaders with sleep, that's what we need to do. We go to sleep, we defrag, we sort ourselves out, we build up our threshold again and we can deal with more interactions. So, regular sleeps in the day are absolutely fabulous for preventing colic. And that's why the Parent Senses App is so useful because in the Parent Sense App, we have got the routine for the baby that includes the awake-times, how long they should be awake for before they go to sleep. So if you are a mom of a baby under 12 weeks, the best thing you can do is get hold of the app and watch those awake-times, and they shorten the early days. Your little one must be going to sleep very regularly. So that's principle number two is regular sleeps.

And then principle number three is that sometimes there can be an organic base to colic and crying. It's very unusual. It's probably about 8% of colicky babies. So it's not 8% of babies, but 8% of colicky babies will be for an organic reason. So it could be something that's really a problem like an infected umbilical cord would cause a baby to cry. So you need to get that checked out. So if your baby's feverish, listless, not feeding well and crying a lot, you do need to get that checked out. The other thing is that sometimes there is a digestive component and that happens for a small percentage of babies who have cosmo protein allergy, again, super unusual, but does happen. So you would want to rule that out and if your baby does have a cosmo protein allergy, even if you're breastfeeding, you'd want to cut out dairy in your diet, and if you're on formula milk, you'd want to have a non-dairy based formula.

And then of course you've got your lactose intolerance, which is also relatively unusual and certainly pathological lactose intolerance, which is really severe where babies are very ill and not gaining weight is very unusual, but that will cause babies to be very unsettled, so should be checked out. And the other thing is that you get lactose intolerance of early infancy and that's just a new baby doesn't have enough lactase enzyme to break down the lactose in the milk. And so they get these fluffy poos and, and kind of bubbly tummies. And so for those little ones you might want to space feeds a little bit because if you're overfeeding too much for milk, it can make that worse. And then you might just want to just maybe cut out cow milk again, just because it is extra dairy in there and extra lactose, although there's lactose in all animal milk, it's not going to make too much of a difference. So those are kind of the organic things.

So those are the three things I'd start with less is more, regular sleeps and then rule out the organic. And at that point you hopefully have prevented as much colic as possible. But now let's say your little one actually does end up in this really colicky patch. What do you do? So the first thing is, again, less is more, don't over-stimulate your baby. So the first thing is just to wait for five minutes and quite a nice strategy that I like to do is that at the last feed of the day, feed in the dark and feed your baby swaddled, really tightly swaddled. And for those of you who haven't done the Baby Sense course, which is inside the Parent Sense App, so go into your Parents Sense App and click on the Baby
Sense course; we go through a lot of detail actually about preventing colic, but also about swaddling, and there's a great video in there that shows you exactly how swaddle your baby. Swaddling is very good. So swaddle for that last feed of the day, once you've done that last feed, pop your baby down. And if she or he starts to fuss, sit with them and actually put your hands with deep pressure on your baby, containing them and holding them. And instead of picking them up and fussing with them and doing something with them, comfort them while they're lying down. And so what you're doing there is you're giving them your comfort. You're giving them your emotional connection, but you're not doing all the fussing and the moving and the picking up and the readjustment of postures and so on. So that's your first thing that you'll do.

Of course, if that's five to 10 minutes is passed and your little one is still really, really niggly, then pick them up. And then I recommend at the end of the day, a cluster of feed, that is just one extra feed. So you've done a full feed, you do another feed and then also do it swaddled, and then the same story, lay your baby down, really tightwad, see whether or not they'll settle again that way. And that often is just enough to get them through it. And then they're actually settling, they go to sleep for the evening. If your little one is very, very irritable at that point, I do recommend popping them into a carrier, and the carrier I like is the Snuggle Root carrier. And popping them into the carrier is actually fabulous because it just gives them like a warm space where you're not fussing with them. You're not moving them. You're not stimulating them. They're in this womb environment and they can just fall asleep against the comfort of your body and that kind of three step process of kind of settling and then a cluster of feed, and then into a carrier is often enough to short circuit the early evening colic

**Bailey:** That is fantastic. Thank you so, so much

**Interlude**

If you enjoy my podcast, I would like to share one of my favorite podcasts with you. The Honest Hour, Christina Masureik is mom to two boys and a third little boy on the way. She's an American expat living in Cape Town, South Africa, since 2008, and decided to start sharing her experiences in parenting since 2017. Having grown up in a dysfunctional family environment in her own childhood, which led to her adoption at the age of 10. Christina is passionate about finding purpose and presence in parenting, as well as exploring our own opportunity for healing and personal growth as we navigate the world of parenting our own children. Christina believes in ending the trauma cycle and that in parenting our own children, we can learn how to re-parent ourselves. So, pop on over to Christina's podcast—The Honest Hour.

**Bailey:** Now, I honestly believe that as new parents, sometimes we simply can't accept colic for what it is, and we do seek out medical help. And like you said, you've also got that organic situation, but when should we be concerned and see a doctor because you know, as mothers, we often slip between, oh, I don't want to be that mom who's always phoning the pediatrician every three seconds. And then at the same time going, oh gosh, I should have phone the pediatrician sooner. When do we actually seek medical advice?

**Meg:** So I think first of all, if there's a dramatic shift in your baby's behavior, you should seek medical advice. So if your baby's been really happy and chilled and is 10 weeks old and it suddenly starts with like what you think might be colic of like these periods of extended crying, that's an example of, yeah, go and see your doctor because it's unusual, it's not typical to your baby. And maybe that you should go and check out what what's going on with your doctor. Of course, if it happens in two weeks, then it could just be that shift into being a little bit more alert and a little bit irritable and colicky. But if there's a big shift, that's the first thing. The second thing is if a baby's not feeding, you've got to see a doctor, that's important. If your baby's not feeding, it's a sure sign that something's going down. And you know, that's usually accompanied by listlessness, maybe too much sleeping as well, can be some crying, so, in those sort of circumstances.

And then if there are any other symptoms accompanying the crying, so high fever or a diarrhea and vomiting, for instance, those are the type of things that you…Or like a red umbilical cord, those are the type of things that you would want to go and check out with your doctor. So there certainly are the things that you want to go and check out, but by far, the majority of early infant crying is actually benign and doesn't need to be seen by a doctor.

**Bailey:** Okay. You talked about colic typically happening in the evening. So you mentioned possibly doing a cluster feed. What is the perfect afternoon routine for a six week old baby to the likelihood of colic?

**Meg:** Yeah. So for a six week old baby, you're going to be looking at about 45 minutes to an hour, closer to an hour of awake-time. So you're going to bear that at the back of your mind. Again, at all times, you can go and look at this on the app, the awake-times are on the homepage of the app and you can just quickly pop in and see how long your baby's awake times should be. So you're going to really not extend past an hour. And that means that what I like to do, and in one of our previous podcasts, Bailey, you and I spoke about setting up a routine for a baby, and at six weeks old, you can start to guide them towards a sleep routine.

So what I like to do is I like to have a bedtime cast in stone for a six week old. So that would be about 6:00 PM in the evenings, can be a little earlier, can be a little later, but around about 6:00 PM. So I know that now my baby's going to go down at 6:00 PM. So I need to work backwards and I've got to subtract their awake-time, which would be an hour. So I know that their last sleep of the day, they need to be awake by about 5:00 PM. And so that's what you're working towards. So you then end up with a really nice routine for your baby awake by 5:00 PM. So they'll have a last afternoon sleep, which might be a short sleep, or it could be quite a long sleep, it doesn't matter, but awake by approximately five. I would then, with a six week old baby, be having a little bath time. If your little one is very colicky, we often move bath times to the mornings. So we don't actually bath in the evening because remember we spoke about that over stimulation. So if there are overstimulated in our colicky, don't do the bath time. If there are a calm-baby, you would then do your bath time. And then that is followed by a feed.

Now Bailey, I breastfed and I was a really slow breast feeder it would take me 40 minutes to feed my little ones, their breastfeed. So, especially six weeks; so 20 minutes on one side, change of nappy, and then onto the other side for 10 to 15 minutes. And that is literally when you think about it an entire wake-time above that you know that everything would be fitted in there. So you're literally going to do a little bath, you're then going to feed and with a six-week-old, sometimes they're so hungry in the evening that they might actually want half a feed before bath. So then I would feed on one side bath, my baby, and then feed after the bath on both sides. And then you do that feed, and then the second side of that feed must be swaddled and then down. And then again, as I said, wait, those five minutes until they've passed through. And that if you're following that, that should end up in a situation where you actually have your little one going to sleep by six or seven in the evening, quite comfortably.

**Bailey:** That sounds so good. And then you've actually got time when you are happy, brilliant. Now what about rocking or driving? I know you mentioned popping them in the carrier, but the first thing is to instantly rock them when they're crying. Is that a no-no?

**Meg:** Well, so first of all, there's a couple of things that I want to mention here. So firstly, you can't spoil a newborn baby. So you know, you are going to have those people who say to you don't rock your baby, don't hold your baby. You're going to spoil them. You’re creating a rod for your own back. I don't know the crazy things that people say.

**Bailey:** Oh my gosh.

**Meg:** But, you really can't spoil a newborn baby and newborns need a lot of love and comfort on an emotional level, but also on a physical and contact level on a sensory level. And so there's nothing wrong with a rocking to sleep scenario or popping them on against your body, nothing wrong with that. Later on towards 12 weeks, we start to move them out of that. And so we start to aim to get them down without doing that. But a lot of little babies in the early days are actually contact sleeping and against their mom. So that's not the end of the world, but as they're approaching kind of 10 to 12 weeks, you're going to start to put them down swaddled, try and aim high, comfort them with your hands on them, lying down rather than the rocking or swaddling, I mean the rocking, or holding.

Having said that, as I mentioned just now, is if your little one is very susceptible to overstimulation, sometimes they become more overstimulated when you're carrying them around and rocking them. And in that case, it actually would be better to have them lying down. And so then you give them your comfort while they're lie down. So, you know, you can try it both ways. One of the reasons why driving works so well is that it has got the vestibular input, that movement input that rocking has, but it also has the white noise and of the background of the car noise. And it's the same with the washing machine in the background or whatever else works for babies. And white noise is actually a great strategy to use with colicky babies. And you can use it in one of two ways; the one is you can have it on in the background at very, very low volume, so no higher than 70 decibel, so just a speaking voice on, in the background in the nursery. And it often helps little ones to fall asleep quicker and to calm a lot better because it's like the sounds that they heard in the womb world. So using white noise is really, really a good strategy.

What also does work and you can go and see these on TikTok and on Instagram and Facebook and so on, where people have shared videos of playing white noise, very loud. So like a hair dryer in the room, which is much more than, you know, 70 decibels and the baby who's screaming, shuts up and actually goes to sleep. And that certainly does happen where very loud noise actually kind of stops the crying and the little one settled down to sleep. So you can try that as well. It wouldn't be such strategy I would try every night in long term, but it is a strategy you can try if your little one is really very, very fussy.

So yeah, in a nutshell, no major problems with rocking as long as you're not over-stimulating and likewise with driving, but having said that, as they approach that 10 to 12 week period, we do want them to start to be setting up sleep expectations that they'll have longer term, which means that they'll be lying down.

**Bailey:** Finally, finally, finally, colic has been demystified; why it happens, when it happens, and how to prevent it, from a very own baby expert, Meg. Thank you so much for today. I know so many people that are going to find this episode incredibly priceless and useful. So thank you so, so much.

**Meg:** Thanks Bailey. It's been really super connecting today.

**Bailey:** Don't forget to join Sense by Meg Faure again next week for more parenting with Sense. Thanks again, Meg.

**Meg:** Yes, Bailey.

**Bailey:** Bye.

**Outro**
Thanks to everyone who joined us. We will see you the same time next week. Until then, download Parent Sense App, and take the guesswork out of parenting.