

Management

Primary Care management includes

- Exclude common causes of excessive crying such as hunger and discomfort from pain, cold, heat, and itch.
- Reassure parents that:
 - Although most babies do not respond to treatment, no physical harm is done by colic.
 - Most infants are free of symptoms by the age of 3-4 months.
 - Parents are in no way at fault.
- Parents may need additional support by Health Visiting Team.
- Advise the parents they should share caring for the baby.
- Interventions such as increased carrying, early/delayed response to crying, soothing motion, or 'white noise' have not been shown to be effective, but they may be worth trying as they are safe, inexpensive, and involve the parents.
- Some herbal products (e.g. star anise) have poisoned babies, and are not recommended.
- Many alternative therapies are promoted, but none have been shown to be effective, and they may be expensive.
- Consider therapeutic intervention after weighing up the following factors:
 - The level of distress of the parents.
 - The ability of the parents to cope
 - The evidence to support therapeutic interventions is limited and the interventions may be costly f or prolonged treatment.
 - Consider sequential trials of eliminating lactose then cows' milk protein, or a trial of simeticone (activated dimeticone) or whey hydrosylate milk.

When to refer

Emergency [discuss with on-call specialist]

- Refer to paediatrician or paediatric gastroenterologist as appropriate if a serious medical condition is suspected in the baby.
- Refer as appropriate if a serious psychosocial disorder is suspected in parents.

Refer to the health visitor if the parents/carers are struggling to cope on their own.

Refer to dietician if cows' milk allergy is strongly suspected.

Refer to CAS

- Uncertain diagnosis
- Severe symptoms or severe parental concern

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.