

Beating Colic: Tips from an experienced first-time mum

By Sarah McIver

It's 4 o'clock in the morning. You've just managed to creep into baby's room with her bundled in your arms and sneak her into bed for the 8th time. Slumping on the sofa, you look over at your husband, who has had his fair share of wearing a trench in the living room carpet trying to encourage bleary-eyed baby's eyes to close. He looks back at you, with a mixture of admiration, pride and downright exhaustion. You both breathe a huge sigh of relief. Time for a well deserved cup of tea. Just as the kettle is finishing its boil, the familiar but now dreaded sound of little baby's high-pitched wail interrupts the short-lived silence. You exchange altogether different glances now as the prospect of yet another 2 hours of feeding, burping and pacing seem almost unbearable. With a tear or two glistening over the bags under your eyes, you trudge back to baby. Again.

Does this sound all too familiar to you? It may seem slightly amusing to those who have been blessed with a perfect baby who hardly cries and sleeps like an angel, but for many parents, a colicky baby is no laughing matter. People are insisting that these first few months should be filled with the joy and happiness of a new experience, one of life's miracles, the starting out on a new branch of life as parents. For the parents of a colicky baby, this is not exactly what they had envisioned. The often painful-sounding endless screaming for most, if not all, of the night can really stretch the boundaries of even the most patient of parents, especially when all efforts to console the poor little mite are in vain. Lack of sleep, feelings of complete inadequacy as a parent and even regretful thoughts are common in these situations. Not to mention the stress and strain it can put on even the sturdiest of relationships.

Most doctors and health professionals can only tell the helpless parents that, sorry, there is no cure, but baby should 'grow out of it by 3 months of age'. This, of course, does little to console the parents of their little week old newborn. Advice is often to analyze the diet of the breastfeeding mother for unwanted effects of certain foods. This in itself can be a very difficult task, especially when regular meals can be near impossible to have at all. In addition, with the husband out earning the bread and butter, the first-time mother is already juggling to keep baby satisfied and trying to recover from the overwhelming experience of birth.

Unfortunately, it is common knowledge that there is no determined cause for colic, nor is there a set cure. It is believed, however, that wind is the villain, due to baby perhaps feeding a little too voraciously and gulping pockets of air. This air is difficult for the baby to raise herself so she requires a little help. My intention here is to give advice and tips from my own personal experience of what can become a nightmare for even the most experienced parent. Do bear in mind, however, that I am not a doctor or health professional and if you suspect your baby's crying is due to something more serious or you are at all concerned, do contact your health care provider. My advice is based on what worked for me at the time.

Firstly, taking wind as the major cause of colic, there is no difference between breastfeeding and bottle-feeding. Many parents assume, or have been told, that burping baby is not necessary for a breastfeeding mother. This is simply not true. You know yourself that if you gulp down any liquid too fast, you will burp. Babies are the

same. The discomfort of trapped wind for a baby, even just a little pocket of air, can be painful for them. Bear in mind that their stomach is barely bigger than the size of their fist. You can be sure it is wind if you hear their stomach gurgle while feeding. Bottle-feeding can make the situation worse if you are not careful about how you hold the bottle. You must make sure there is milk in the teat at all times, ensuring that you remove the bottle from the baby's mouth before she sucks a big gulp of air.

My next tip is the position in which you feed your baby. I'm sure if you have been unfortunate enough to have had very little sleep over the past few days and are at your wit's end, you will bend over backwards, literally, to better position your baby during her feed, regardless of any discomfort you may experience. I know I did! However, do try to make yourself as comfortable as possible. I found that by altering my position and baby's she actually didn't need to feed for as long to be satisfied. The position you are looking for is where baby is in as upright a position as is possible, making sure that her head is supported and she doesn't have to strain her neck. As we are all aware, any gas in a liquid will naturally rise to the surface, making it easier to be expelled, often without the follow-through of half digested milk.

Initially, to avoid over-excessive gulping, remove baby from the breast or bottle every few minutes to give her time to swallow what she has in her mouth before she sucks for the next mouthful. You can also avoid gulping by making sure you feed her as soon as she is hungry, ideally before she begins to cry. Babies tend to get over-excited and frustrated if they don't get what they need straight away. My little one would get so excited when she latched on that she would feel the need to suck the life out of me as if her little soul depended on it for the first 10 minutes of every feed. Soothing and reassurance can help baby settle down a little for the feed. Also, if breastfeeding, make sure she is properly attached. You should not hear any sucking or smacking sounds. If you do, gently remove and re-attach her.

Periodically through the feed, remove her from the breast/bottle to briefly burp her. Don't over-do it, though, as she will probably just become agitated. A short ten second burping should encourage a few releases or at least dislodge some small bubbles. The best burping techniques I have found are as follows: patting the back gently, just between the shoulder blades; rubbing the full length of the back in a circular motion; gently bouncing her on your knee. Try alternating between these techniques for the best results. Also bear in mind that if she burps like her father, she will probably have freed up enough space to want more milk.

Make sure she has finished feeding before you think about encouraging sleep. One problem I had was, with the old feeding position of her lying across my lap, she would always fall asleep mid-feed. Thinking she was finished, I would put her in bed, only for her to wake up crying for more 10 minutes later. This stopped as soon as I changed her feeding position and now the only reason she falls asleep is because she's finished and satisfied! When they have had enough, babies will usually come off the breast or bottle themselves, or refuse any more.

If, once she has stopped feeding, her eyes haven't clamped firmly shut of their own accord, as those of my baby did occasionally, much to my surprise, you can use the following techniques to encourage sleep. This technique in particular worked wonders for me and my baby. Sitting comfortably, bring your knees up towards your

chest and sit baby in the cup shape made by your body, with her head resting on your chest. If possible, try to achieve skin to skin contact, as this is comforting to the baby, as is the sound of your breathing and your heartbeat. Gently pat or rub her back, as if you were burping her. This has a dual purpose in that it frees any remaining air trapped in her stomach and the monotonous sensation lulls her to sleep. One of my main concerns when I changed the before-bed ritual was whether or not she would become more alert when I introduced my burping method. To my surprise, the burping techniques I used actually calmed and reassured her, thus easing her into a peaceful sleep. You can also rock or sway her in your arms if you find that more effective but try to maintain as much contact as you can. You should do this for at least 10 minutes, or until she is breathing more restfully.

The task of then transferring her to bed may seem daunting, but if the techniques mentioned here have been effective, she probably won't even open her eyes. Try to place her in bed on her left side, as this aids digestion and also helps to release any persistent air bubbles. If she does open her eyes, make her comfortable and leave her to see what she does for at least 2-3 minutes. Some babies like to make themselves comfortable or just check where they are before finally drifting off. If she seems to become agitated, do see to her straight away, perhaps with some gentle rocking.

The improvement in my baby girl's behaviour and disposition once I implemented these changes was nothing short of incredible. At almost 3 weeks old now she even cracks a smile at me when it's feeding time! If these particular techniques don't have the desired effects, play around with them. After all, all babies are different and respond to things in different ways. It certainly beats you and your husband comparing the sizes of the bags under your eyes!