Encourage breastfeeding mothers of babies with colic to continue breastfeeding. Mothers of babies diagnosed with colic are at risk of premature weaning. It is important to address the subject of colic and feeding and encourage these mothers to continue exclusive breastfeeding for the recommended six months.

There is not sufficient evidence to judge whether replacing breast or cow’s milk with any of the following are effective in reducing crying time:
- Casein hydrosylate milk
- Low lactose milk
- Soya-based infant formula
- Whey hydrosylate formula

Soya milk is associated with possible long-term harmful effects on reproductive health.

Infantile colic is defined as excessive crying in an otherwise healthy and thriving baby. It typically starts in the first few weeks of life and ends by 4-5 months. Colic results in one in six families consulting with a health professional.

**Treatment**

Gripe water is commonly used by parents for treating infant colic. There is no published evidence for its effectiveness.

Simethicone (Infacol) has not been studied sufficiently to judge whether or not it is effective. Neither of these treatments has been shown to have any adverse effects and are widely used on the basis of common consensus. They may have a placebo effect for parents.

Sucrose and water has a very limited short-term beneficial effect on colic. It is best avoided in breastfed babies as it disrupts breastfeeding, replaces breast milk and may have adverse effects on the mother’s milk supply.

Lactose (Lactaid) is of no benefit for relief of colic. This product is added to expressed breastmilk which is then given to the baby in a bottle. Its use may undermine a mother’s confidence in her milk and make her feel her milk is inadequate. It is best not to advise this for breastfeeding babies.

Studies examining other measures for calming infants were too small to allow conclusions to be drawn. These include:
- Reduced stimulation
- Crib vibration
- Infant massage
- Focused counselling
- Spinal manipulation
- Cranial osteopathy

While some babies respond well to being held close in a sling, advising parents to increase the time spent carrying the infant (by at least three hours) does not reduce crying time and may increase parent anxiety.
Unfortunately, there is no single proven treatment for treatment of colic. Some of the above measures may have a placebo effect. Colic is equally common in breastfed and bottle fed babies. It is a self-limiting condition which is not known to have any long term negative effects.

Parents of babies with colic may need frequent reassurance and support. Mothers of breastfed babies need additional reassurance that continuing to breastfeed is the best course of action. Because colic often stops at 4-5 months, an age when a lot of mothers introduce formula milk, they may believe that breastfeeding caused the condition and this may influence their decision not to breastfeed a subsequent child.

References
2. Howard et al. Parental responses to infant crying and colic; the effect on breastfeeding duration. Breastfeeding Medicine; 1(3); 146-55 2006