

Which colic treatments work and which don't?

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Everyone has an opinion on infant colic. But what new parents really need is reassurance and facts.

In the latest issue of Australian Prescriber, Murdoch Children's Research Institute research fellow Dr. Valerie Sung discusses the latest thinking on colic, one of the most common conditions experienced by babies under four months of age.

While colic is considered benign and self-resolving, it can have significant impacts on the family.

"Colic is one of the most common presentations to [primary health care](#) in a baby's first months of life," says Dr. Sung who is also a Royal Children's Hospital paediatrician.

"It has adverse associations including maternal depression, child abuse and early cessation of breastfeeding."

Physiological and psychosocial factors are thought to lie behind the condition, but none are definitive according to the article.

Dr. Sung discusses the latest management options for colic, such as ruling out organic causes of crying, offering parents support with infant feeding, settling, sleep and acknowledging the reality of stress colic can cause in families.

"Families can often be reassured by understanding the self-resolving nature of colic and acknowledging that it may be difficult, if not impossible, to teach their infant to self-soothe during the first few months of life," Dr. Sung says.

"Most of all, it is vital to recognise that the family is usually doing the best they can for their baby, to allay any feelings of failure or guilt, and to encourage them to take adequate breaks from their crying infant."

More information: Infantile colic. *Aust Prescr* 2018;41:105-101 Aug

2018. [DOI: 10.18773/austprescr.2018.033](https://doi.org/10.18773/austprescr.2018.033)

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