

Baby presenting with repeated episodes of excessive and inconsolable crying

History and Examination

- Onset and length of crying
- Factors which lessen or worsen the crying
- Parent's response to the baby's crying
- Antenatal and perinatal history
- General health of the baby including growth
- [Allergy focused history](#)
- Feeding assessment
- Mother's diet if breastfeeding
- Nature of the stools

Red flags

- ☒ Seizures, cerebral palsy, chromosomal abnormality ☒
- ☒ Unwell child / fever / altered responsiveness
- ☒ Unexplained faltering growth
- ☒ Severe atopic eczema
- ☒ Frequent forceful (projectile) vomiting
- ☒ Blood in vomit or stool (red or brown colouring)
- ☒ Bile-stained vomit (green colouring)
- ☒ Abdominal distention / chronic diarrhoea
- ☒ Late onset vomiting (after 6 months)
- ☒ Bulging fontanel/rapidly increasing head circumference
- ☒ Immediate allergic reaction / anaphylaxis
- ☒ Collapse

Best fit cluster of symptoms (with no red flags)

- Crying for more than 3 hours a day, 3 days a week for 3 weeks
- Crying most often occurs in late pm / evening
- Growing normally
- No overt vomiting
- No constipation/diarrhoea
- No skin symptoms
- No suspected underlying condition such as infection

- Family history of atopy
- 1 or 2 systems involved:
 - GI (usually present in 50-60% of CMPA)
 - Skin (50-70%)
 - Respiratory (20-30%)
- 2 or more symptoms (e.g. reflux AND constipation)
- Symptoms started with infant formula use

- Lower GI symptoms **only**:
 - Persistent diarrhoea (Occ. green)
 - Wind
- Recent gastroenteritis
- No atopy / family history of atopy

- Upper GI symptoms **only** (vomiting)
- Feeding-associated distress
- Worse when lying down/at night
- Happier upright
- No lower GI symptoms
- Recurrent otitis media or pneumonia

Most likely diagnosis

Infantile colic ☒

Most likely diagnosis

Cow's Milk Protein Allergy (CMPA) ☒

Most likely diagnosis

Transient lactose intolerance ☒

Most likely diagnosis

Gastro-Oesophageal Reflux Disease (GORD) ☒

Reassure and Support:
Provide strategies that may help (see pathway)
Safety netting advice
Never shake a baby
Only consider advising simeticone / lactase drops if parents not coping

NB: Lactose intolerance and vomiting (GOR) do not always warrant medical intervention if the baby is not particularly distressed

Breastfed

Formula fed

Formula fed

Breastfed

Formula fed

Trial of Maternal strict milk free diet

Trial of Extensively Hydrolysed Formula (EHF)
e.g. **Similac Alimentum**
(should be prescribed)
And milk free diet if started solids

Trial of Lactose free formula
e.g. **Aptamil LF, SMA LF**
Or Enfamil 0-Lac
And lactose free diet if started solids

Breastfeeding assessment by trained professional

Review feeding history, making up of formula, positioning...
Reduce feed volumes if excessive for weight (>150mls/kg/day)
Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)

➔ Follow clinical pathways from the SWL Infant Feeding Guidelines

Trial of pre-thickened formula (Need large hole/fast flow teat):
Anti-reflux Cow&Gate/HiPP Organic/Aptamil (carob bean gum)
Or thickening formula (Needs to be made up with cool water)
SMA Pro Anti-reflux (potato starch) / Enfamil AR (rice starch)
Or Thickening agent to add to usual formula
Instant Carobel (carob bean gum) (can be prescribed) Consider Dietician referral