

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 ☞ Bile-stained vomit
- ☞ 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

Most likely diagnosis

Infantile colic

- 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

Most likely diagnosis

Cow's Milk Protein Allergy (CMPA)

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

Most likely diagnosis

Transient lactose intolerance

- 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

Gastro-Oesophageal Reflux Disease (GORD)

- Reassure and support:
- Advise soothing strategies (see Pathway)
 - Safety netting advice
 - Never shake a baby
 - Continue breastfeeding where possible

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/dairy free diet**

Trial of **Extensively Hydrolysed Formula (EHF)**
Alimentum, Aptamil Pepti
(Prescribe 2 tins initially)
+ **Milk free diet** if weaning

Trial of **Lactose free formula** (Purchase OTC)
e.g. **Aptamil LF, SMA LF**
+ **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)

- Visit the diagnosis specific clinical Pathway pages for more detailed information
 - Give parent relevant diet sheets
- <https://frimley-healthiertogether.nhs.uk>

Trial of pre-thickened formula (need large hole/fast flow teat):
Anti-reflux Aptamil (carob bean gum), **Cow&Gate** or **HiPP** or thickening formula (needs to be made up with cooled water)
SMA Anti-reflux (potato starch) or thickening powder to add to usual formula
Instant Carobel (carob bean gum) *All the above are OTC*