

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 sheet <https://frimley-healthiertgether.nhs.uk/professionals/feeding-pathways-supporting-information>

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*