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10-11-2000

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### Recommended Citation

Keeler, Sharon, "UNH Research Sheds Light on Colicky Infants" (2000). *UNH Today*. 3049.  
<https://scholars.unh.edu/news/3049>

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## UNH Research Sheds Light on Colicky Infants

By *Sharon Keeler*  
UNH News Bureau

October 11, 2000

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DURHAM, N.H. -- While the persistent crying of a colicky baby can lead many parents to believe their child is in pain or discomfort, a University of New Hampshire researcher says there may be nothing wrong.

A recent study by Barbara Prudhomme White, UNH assistant professor of occupational therapy, studied infant daily behavior journals, as well as behavioral and physiological responses to a planned stressful event (a pretend well-baby exam), involving 40 infants and their parents. Results showed that the colicky infants -- while they cried more and were difficult to soothe -- were no more stressed physiologically than their noncolicky peers.

"This study suggests that, at least for the first few months of life, crying might not always indicate distress or pain," says White. "It may merely be a signal to communicate needs to caregivers."

An infant is considered colicky if he or she is under three months old, and cries for at least three hours daily for more than three weeks. An exam reveals no physical abnormality or milk allergy. The crying behavior peaks at eight to 10 weeks of age, and subsides at around four to five months.

Previous explanations for infant colic -- milk sensitivity, excessive gas, immature gastrointestinal system, difficult temperament, parent-child interaction problem -- have not yielded clear answers in scientific studies.

White's research supports a more recent view of colic that suggests these infants may simply be exceptionally good signalers of their needs. Their crying reflects robust health, which enables them to cry for long times without substantial metabolic cost.

"Because crying is metabolically costly, a logical expectation would be that infants who cry more than three hours per day would either eat a lot more or weigh less than infants without colic," White explains. "Yet, in our study, the infants with colic weighed similar to

infants without colic, even though feeding habits were similar."

The behavioral diaries kept by parents also revealed that the colicky infants had less well-defined sleep/awake patterns. They also had less of the hormone cortisol -- an established circadian (day-night) marker of maturity -- when compared to the infants without colic behavior.

"The cause of colic, then, may be a mix of infant characteristics, including a normal instability of circadian linked functions such as sleep/awake patterns, matched with a caregiving environment that is not necessarily in tune with the infant's demands," White explains. "In non-Westernized cultures where an infant is kept close to a parent nearly 24 hours a day for the first few months and is fed on demand, the concept of colic is unfamiliar."

The message for parents: Although a colicky infant is difficult to care for, he or she is healthy. The biggest mistake parents can make is to assume their infant will grow into a fussy child.

"There is no evidence to suggest that colicky behavior extends into childhood," says White. "Infants learn to regulate their behavior and soothe themselves with direction from their parents. By expecting irritable behavior, parents may subtly enable it later on. Instead, they should view the crying as a sign their baby is strong and healthy, and take comfort in knowing that it won't go on forever."

### **TIPS FOR PARENTS WITH COLICKY INFANTS**

Rather than focusing on the crying itself, UNH Professor Barbara White offers this advice to keep a high-need infant content:

- Increase the amount of time you carry your infant throughout the day.
- Try short, continual feedings throughout the day.
- Try sleeping with or in close proximity to your infant.

Once the infant has a crying bout, parents can try a variety of passed-down methods to help the baby soothe. These include:

- Car rides.

- Vacuuming while carrying the infant or close to the infant in an infant seat.
- Placement of an infant seat (well-monitored) on a noisy clothes dryer.
- Gentle bouncing/rocking.
- Walks outdoors.
- Any safe activity that uses rhythmic noise and movement.

Sometimes, White adds, nothing can be done to stop the crying and the infant just needs to cry for an hour or so.

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