

# The Fussy Breastfed Baby

LincolnPedsGroup.com  
402-489-3834

## Is it from:

1. Colic
2. Hunger
3. Maternal medication, smoking, caffeine
4. An abundant maternal milk supply
5. An overactive milk let-down reflex with rapid milk flow
6. Gastro-Esophageal Reflux Disease (GERD)
7. Food sensitivities in the infant



- Breastmilk is best. Hang in there so a diagnosis can be narrowed down and a management plan put in place to at least improve the crying as you keep breastfeeding.
- Be reassured that most babies gain weight well and eventually outgrow the cause of the fussiness.
- Below is a summary of the common causes of fussiness, with further details found elsewhere.
- This information will inform you of symptoms to watch for and report to the doctor.
- Sometimes, there are several underlying issues that contribute to the fussiness, symptoms may overlap, and one issue can impact other issues. This can be challenging to sort out as there is no quick diagnostic test.
- You will need to partner with the doctor and be patient, because medical judgment will be necessary and trial and error will likely be part of the process.
- It is always a good idea to address one possible diagnosis at a time in order to avoid confusion about which therapy is making the difference.

### 1. **Colic** refers to a fussy and inconsolable baby who is gaining weight well and is otherwise healthy.

- Colicky babies are thought to have trouble “changing states” from fussiness to calm.
- Crying spells typically occur in the evening starting at 2-3 weeks of age, and finally stop at about 3 months old.
- Repetitive motions, such as walking, rocking, vibrating or riding in a car, may help them calm temporarily, and swaddling may help.
- Often times, babies thought to cry due to colic may actually have another issue as described below.

### 2. **Hunger** is a common cause of chronic fussiness, but is often overlooked in breastfed babies because volumes of milk intake cannot be measured.

- The first step to figure out why a baby is fussy is to weigh them.
- If they aren't gaining weight, they are hungry!
- If a scale is not readily available, offer extra milk after nursing and see if she is happier.
  - Remember to pump if supplemented!
  - Give the extra milk (expressed milk, donor milk or formula) in a bottle so you can measure it.
  - If the baby simply keeps going back to an empty breast, she may console briefly, but then act hungry and fussy shortly thereafter.

### 3. **Maternal medication, smoking, caffeine**

- Rarely, a medication passes through breastmilk and contributes to fussiness, especially if combined with nicotine from smoking and/or excessive caffeine intake by mom.

### 4. **An abundant maternal milk supply**

- If you produce more milk than baby needs and she doesn't empty a breast during a nursing session, she will consume too much foremilk and not enough hind milk.
- This foremilk is low in fat (skim milk) so passes through the stomach quickly and dumps into the intestine.
- This foremilk is also high in lactose (milk sugar) which is too much for the lactase digestive enzyme to handle.
- A “relative lactose intolerance” results in gassiness, fussiness and mucousy and/or explosive green watery stools.
- The baby also acts hungry all the time because the low calorie milk is like eating lettuce all day. Thus she eats a lot but never feels full.
- Management of this issue involves “block feeding,” ie nurse from only one breast for a 3 hour block of time, or said another way, nurse 2 or more feedings in a row on one breast before switching to the other side for 2 or more feedings. (described elsewhere)

# The Fussy Breastfed Baby.....continued

## 5. An overactive milk let-down

- Some mothers' milk lets down easily and flows out faster than baby can swallow, causing her to gulp rapidly, cough, choke and swallow air.
- She may come off the breast, back away, get sprayed with milk and re-latch repeatedly.
- Later, she may get impatient when the flow slows.
- She may be very fussy at the breast and even start refusing to nurse.
- An abundant milk supply may be part of the problem, so this should be addressed.
- Lean back while nursing so milk has to flow "up-hill" against gravity.
- Consider catching the initial "flood" of milk in a cup.
- Avoid pumping before nursing, as supply may increase even more.

## 6. Gastro-Esophageal Reflux Disease (GERD)

- This causes heart burn pain that results in symptoms of fussiness, back arching and body stiffening which occur during episodes of spitting up or burping.
- The spit up may "launch" from the mouth or nose, dribble over the chin, or only reach the back of the mouth and result in chewing, gagging and re-swallowing that parents don't realize is reflux.
- Poor weight gain and coughing and wheezing (from aspiration) are uncommon.
- Most spitty babies are messy but "happy spitters." These babies have the very common problem, Gastro-Esophageal Reflux without "disease."
- Your baby may spit up a couple times per day, with every feeding, or randomly.
- Some days are worse for no apparent reason.
- The reflux may look like fresh milk, curdled milk, or water, or it may be yellow, greenish or bluish, as breastmilk takes on different hues of color.
- Further details and management of reflux is discussed elsewhere.

## 7. Food sensitivities

- The baby may be sensitive to a food that mom eats a lot of, most commonly cow's milk protein, soy protein, eggs, wheat, corn, beef and nuts.
- The protein molecule makes its way to the breastmilk and then irritates the baby's gut, causing almost constant fussiness and "grunting" as if they're constipated.
- These babies act hungry but don't enjoy nursing and are often fussier after nursing.
- Stools might be mucousy with blood, but are often normal yellow seedy.
- An elimination diet trial is a way to figure out if food sensitivities is the cause of fussiness, which can be difficult and confusing.
- Further details and management of food sensitivities is discussed elsewhere.

**Accept all the help that anyone offers during this crying and trying time.  
It is important to stay in contact with your baby's doctor to monitor  
proper growth and development and to identify any new issues which may come up.**