The Fussy Breastfed Baby

Is it:
1. Colic
2. Hunger
3. An abundant maternal milk supply resulting in lactose overload in the infant
4. An overactive let down reflex
5. Gastro-esophageal Reflux Disease
6. Food sensitivities in the infant

1. Colic is a well known term which refers to a fussy and often inconsolable baby, who may settle temporarily if provided a repetitive motion such as walking, rocking, vibrating or riding in a car. Swaddling may help. Crying spells typically occur in the evening, starting at 2-3 weeks of age, and finally stop at about 3 months old. For a baby to be called colicky, she must be gaining weight well and be otherwise healthy.

Over the years, it has become more apparent that some “colicky” babies have underlying issues that are contributing to their fussiness. If the problems are diagnosed and managed, the fussiness resolves or at least improves. There are situations in breastfed babies, in addition to “colic,” that may result in excessive crying.

A baby may experience one or several of these issues and it is sometimes challenging to sort it out. Your doctor will need to rely on your observations and descriptions of symptoms, because there is no quick or accurate diagnostic test available. 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.

2. Hunger is easily diagnosed and treated, but is too often over looked. If a breastfeeding baby is fussy, an easy thing to do is offer her extra milk and see if she is happier. It is often necessary to give the extra milk in a device other than the breast, so it is clear that milk was actually consumed. If the baby simply keeps going back to the breast, but it is unknowingly empty, she may console but still act hungry shortly thereafter. If there is no expressed breastmilk available, formula or donor breastmilk must be used. The baby should also be promptly weighed to document appropriate weight gain.

3. An abundant maternal milk supply can result in lactose overload in the infant.
This is manifested as a “relative lactose intolerance,” which means there is simply more lactose (milk sugar) consumed than the digestive enzyme, lactase, can keep up with. Symptoms of lactose intolerance occur, such as gassiness, fussiness and mucousy and/or explosive green watery stools.

Why does this happen? During a feeding, the amount of fat increases as the baby drains more milk from the breast, ie skim milk (foremilk) comes out first and creamy milk (hind milk) comes out last. If you fail to empty the first breast before switching to the second breast, the baby will consume a lot of lower calorie skim milk from both breasts, but a relatively small amount of high calorie fatty milk (from the first breast). Thus the baby will have a belly full of low calorie milk and still feel hungry, as if she ate lettuce all day. She’ll thus want to nurse more frequently and then may spit up. Also, because of the low fat content of the skim milk (foremilk), the stomach empties quickly, and a large load of milk sugar (lactose) arrives in the intestine all at once. Lactose overload is the result.

See the separate handout for detailed management guidelines of abundant milk supply.
Briefly, always empty one breast before switching to the other breast (after milk is fully in). It is sometimes necessary to “block feed,” ie nurse from only one breast for a 3 hour block of time, which often ends up being the same as nursing 2 or more feedings in a row on one breast before switching to the other side for 2 or more feedings.

4. An overactive milk letdown can result in a fussy baby at the breast.
Some mothers’ milk may letdown more easily than others, but if an abundant milk supply is an issue, so might be an overactive letdown. The excess milk is under pressure and flows out fast, which can overwhelm the baby, who gulps rapidly, coughs, chokes and likely swallows air. She comes off the breast, backs away, gets sprayed with milk and re-latches repeatedly. She is frustrated with the rapid flow, but then becomes impatient when the flow slows. On rare occasions, a baby may start refusing the breast.
Address the issue by starting the abundant supply feeding regimen. Position yourself during nursing such that the milk has to flow “up-hill” against gravity, ie lean back while nursing. If the milk slows too much, lean forward again and compress the breast. Don’t pump milk before nursing, as your supply will increase make the problem worse. Try letting the initial “flood” of let-down flow into a cup held under the nipple.

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5. Gastro-esophageal Reflux Disease (GERD) is the term used to describe a baby who spits up and has troublesome symptoms associated with it. Most babies who spit up are “happy spitters” and don’t have symptoms other than messiness. These babies have gastro-esophageal reflux, but without “disease” (GER). Symptoms of GERD might include heart burn and fussiness, lack of weight gain, and/or coughing and wheezing from aspirating the reflux (stomach contents) into the airways. Some babies spit “up and out” so the reflux problem is obvious. Others will often just spit up into the back of their throat and re-swallow it after gagging or chewing. Still others reflux just into the esophagus and the only symptom is fussiness from heart burn. If heart burn is severe, babies will often arch their backs or stiffen their bodies during a reflux episode. Symptoms are often worse when the baby is lying down. Sometimes the spit up may dribble over their chin with a burp, and other times it might shoot out in handfuls, although effortlessly. This may occur a couple times per day, after every feeding, or at random times throughout the day, with some days being much worse than others for no apparent reason. The spit up might look like fresh milk, curdled milk, or even appear like water. Sometimes it may be yellow, greenish or bluish in color. These symptoms are only considered a “problem” ie “GERD” if the baby is excessively fussy, gaining weight poorly or coughing and wheezing.

Reflux is most commonly due to a “loose” immature valve between the esophagus and stomach, which matures and tightens over the first 6-12 months. If the stomach is full with an air bubble on top, and then pressure is accidentally applied to the stomach area, spit-up happens! Therefore, even babies who are not “over-fed” will sometimes spit up, but overly full bellies will, of course, result in more reflux. Sometimes it is frustrating and difficult to decide if the baby is over-eating and thus spitting up or if they are eating a lot because they are hungry after spitting up! Reflux is occasionally related to a food sensitivity in the baby from something that the mother has eaten. This is discussed below.

Management of reflux includes proper burping and positioning, although most of these babies will spit up as you burp them. Keep them upright after feedings, and avoid pressure on their tummies, such as when they are laid down for a diaper change or placed in the car seat. While burping them on your shoulder, avoid a “hunched over” position, ie keep the back straight, keep the knees out from under their belly, and raise their arms up. Do the same if you hold them in your lap to burp. An occasional baby may benefit from a trial of antacid medication if symptoms are severe and don’t improve with this type of management and other causes of fussiness are also considered.

Concern about reflux is warranted if the spitting episodes become more frequent, projectile and occur with retching (forceful contractions of the belly) over the course of a day or two. Watch for signs of dehydration and call if you have concerns.

6. The baby may be sensitive to a food that the mother is eating, which gets into the breastmilk and then irritates the baby’s gut. Foods that most commonly cause problems include cow’s milk protein, soy protein, eggs, wheat, corn, beef and nuts. The most common symptoms of food sensitivities are likely due to inflammation of the gut, which causes excessive crying and grunting, due to the sensation of needing to pass stool. This might result in mucousy and/or bloody stools, but the blood is often not visible to the naked eye.

The offending food is usually one that the mother eats a lot of. It needs to be identified, by trial and error, and then eliminated from the mother’s diet, although sometimes just limiting the amount of the problem food ingested decreases the dose passed to the baby enough to resolve or improve symptoms. You can eliminate all foods at once or just a few at a time, depending on how severe the fussiness is. It usually takes a few days, but sometimes up to two weeks, for symptoms to resolve. If you determine which food might be causing a problem, slowly reintroduce it in small volumes and see how the baby reacts.

Since cow’s milk protein is the most common problem, it is usually dealt with first. Soy is the next item to consider, and if that doesn’t help, working on down the list is usually warranted.

Try to be patient as the crying issue is sorted out. Breastmilk is the best source of nutrition for your baby, so it is important to hang in there until a diagnosis can hopefully be narrowed down and a management plan put in place that will resolve the crying. The vast majority of babies gain weight well despite any of the issues discussed above, so if symptoms can at least be improved to a tolerable level for both the baby and the parents, the baby will outgrow the problem in due time.

It is important to stay in contact with your doctor during these trying times.

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