

baby talk
pregnancy through age 1

there's no such thing as **COLIC!**

By Debra Rich Gettleman
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I always wanted one of those chubby, cherub-like babies who look like they just crawled out of a Rubens masterpiece. You know the ones I mean. They're puffy and squeezably soft with mounds of cellulite dimples and plenty of plump to cuddle and kiss.

Instead, I had skinny little hotdog babies who, at 2 months, were taller than most 2-year-olds. Despite eating as much as a family of wild boars, they never carried an ounce of baby fat.

Part of the problem, I determined early on, was the very strict diet regimen my husband insisted we follow. Mark Gettleman, M.D., is a pediatrician – a darn good one, I might add, as long as he's tending to other people's children. As far as I was concerned, he was just the dad. The fact that he was professionally trained in infant and baby care didn't make me accept his child-rearing theories any more readily.

So you can imagine what I told him the first time my help less little newborn was rooting around like a hungry baby bird and he insisted we wait another two hours to feed him.

"Honey," I sharply suggested, "the baby is obviously hungry. He's sucking and trying to find a nipple. Maybe they didn't teach you this in medical school, but to me it's fairly obvious. I'm going to feed him now."

"He just ate 20 minutes ago," Mark quickly shot back. "There's no more room in his tiny belly. Let him be. He'll be fine."

I then offered one of my favorite retorts: "People actually pay you for this kind of advice?"

"As long as I'm covered by their insurance," he countered. "But seriously, I know you think the baby is hungry, and of course you want to feed him. But just give me five minutes. If you still want to feed him after you've heard what I have to say, you can, okay?"

"Okay," I reluctantly conceded, my nerves exceedingly frayed by my baby's incessant screeching.

The next few minutes changed forever how I would look at feeding. Mark explained that rooting and sucking are natural instincts, not indicators of hunger. Rooting is a primitive reflex; if you stroke a baby's cheek, he will turn toward you and open his mouth to suck. So if you're holding your baby against you, it's very easy to brush his cheek and stimulate the rooting reflex that many well-meaning parents mistake as a signal of hunger.

"The problem with feeding your baby every time he roots is that you end up overfeeding, which leads to spitting up or reflux, which is very uncomfortable for baby and causes undue fussiness and irritability," Mark said. He explained that, in the first two months of life, a newborn's belly can hold only one to three ounces of breast milk or formula. It generally takes three to four hours for that milk to be digested. Feeding your baby every 20 minutes because he's crying will overstretch his stomach and guarantee a reflux problem. In fact, more often than not, reflux is a direct reaction to overfeeding.

Think about it. If a baby's belly can hold three ounces of liquid (about the size of the infant's fist) and you keep pouring in more, it has nowhere else to go. So it comes back up the esophagus, causing heartburn, irritation and spitting up. Baby cries and may root and suck to comfort himself. Mom and dad interpret his discomfort as hunger, so they feed him again, which is temporarily soothing because it pushes down the stomach acid in the esophagus. But ultimately it re-expands the stomach, causing more reflux.

Reflux occurs in about 60 percent of babies. It begins in the first few weeks of life and is caused by poor closure of the valve at the upper end of the stomach. Often babies with reflux will spit up. However, a baby can suffer from reflux without spitting up. As long as your baby is gaining weight appropriately, most pediatricians don't worry too much about reflux. It generally subsides between four and seven months. Parents whose babies suffer from reflux often self-diagnose the condition as colic. My husband doesn't believe in colic. "In my opinion, what we call colic is either reflux, worsened by overfeeding, or a sleep-related issue" (which we'll tackle in another column), he says. He's never seen a case of "colic" that hasn't improved significantly once the baby was fed according to his simple rules:

- For babies up to 2 months old, give no more than three ounces of breast milk or formula every four hours.
- From 2 to 4 months, give no more than four ounces every four hours.
- After four months, you'll introduce solids and you can start taking your feeding cues from your baby as to how much he wants to eat and how often.

When you breastfeed, you don't know how much your baby is ingesting. So the goal should be to feed every three to four hours. Watch for signs of overfeeding and stretch the times between feedings accordingly. "But don't shorten the feedings themselves," Mark says, "because the most beneficial fats are in the hind milk, which comes at the end of a feeding."

If you're still not convinced to stop stuffing junior, here's an alarming statistic: A 2002 study by Children's Hospital of Philadelphia showed that overfeeding and excessive weight gain during the first four months of life were indicators for obesity later in life.

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