Managing the Unsettled Baby Pathway

Healthier Together

NHS

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 (red or brown colouring)
- Bile-stained vomit (green colouring)
- 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)

Cluster 1
- 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**

Reassure and Support:
Provide strategies that may help (see pathway)
Safety netting advice
Never shake a baby
Only consider advising simeticone / lactase drops if parents not coping

Cluster 2
- 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)**

Cluster 3
- Lower GI symptoms **only**:
  - Persistent diarrhoea (Occ. green)
  - Wind
- Recent gastroenteritis
- No atopy / family history of atopy

Most likely diagnosis: **Transient lactose intolerance**

Cluster 4
- 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)**

NB: Lactose intolerance and vomiting (GOR) do not always warrant medical intervention if the baby is not particularly distressed

CMPA – Breastfed
Trial of Maternal strict milk free diet

CMPA – Formula fed
Trial of Extensively Hydrolysed Formula (EHF)
e.g. Similac Alimentum
(should be prescribed)

And milk free diet if started solids

Transient lactose intolerance – Formula fed
Trial of Lactose free formula
e.g. **Aptamil LF, SMA LF Or Enfamil 0-Lac**

And lactose free diet if started solids

GORD – Breastfed
Breastfeeding assessment by trained professional

GORD – Formula fed
1. Review feeding history, making up of formula, positioning…
2. Reduce feed volumes if excessive for weight (>150mls/kg/day)
3. Offer trial of smaller, more frequent feeds (6-7 feeds/24hrs is the norm)
4. Trial of pre-thickened formula (Need large hole/fast flow teat): **Anti-reflux Cow&Gate/HiPP Organic/Aptamil** (carob bean gum)

   Or thickening formula (Needs to be made up with cool water) **SMA Pro Anti-reflux** (potato starch) **/ Enfamil AR** (rice starch)

   Or Thickening agent to add to usual formula **Instant Carobel** (carob bean gum) **(can be prescribed) Consider Dietician referral**

→ Follow clinical pathways from the SWL Infant Feeding Guidelines
→ Provide relevant literature