

## CHAPTER 14–COMMON PROBLEMS OF INFANTS

### GASEOUSNESS OR COLIC

Many problems in infants are attributed to “gas”, like frequent crying, vomiting (regurgitation), sudden awakening etc. Thereafter to decrease the dominance of ‘gas’ various drugs, drops, pastes, and massage are tried. In reality, gas in the abdomen does not cause as many problems as believed and treatment for it are not successful.

How gas is formed & how to tackle it is to be understood. The causes of collection of gas are as follows:

- ◆ Infants born prematurely and weak infants cannot grip nipple properly during feeding in the first month. Therefore, milk leaks from the corner of the hips & air enters inside the stomach.
- ◆ If baby feeds very fast as when it is very hungry or when milk comes out rapidly, a lot of air also enters with it.
- ◆ When breasts get engorged milk comes out fast, usually in morning. Before breast-feeding, some milk should be manually expressed.
- ◆ When breasts are engorged & hard, baby has to try hard to suck but it lacks that much strength. Therefore, it sucks air.
- ◆ One of the commonest reasons why gas collects in the stomach in baby sucking even after milk is exhausted. Normally it takes 3 to 10 min. for breast to empty. Beyond this air is sucked.
- ◆ Air also is sucked in during sucking of the thumb and pacifier (artificial nipple). While crying also, babies suck in a lot of air, sometimes to an extent that they vomit during crying.
- ◆ During feeding if baby is comfortably flat, air cannot leave from the stomach. Therefore, position baby in such a way that its chest and head is at a higher level than its abdomen.

## EVENING COLIC (EXCESS CRYING IN THE EVENING)



This problem occurs in a typical fashion. From the age of 7 days to 1 month, in the evening between 5 and 12, almost daily the child is irritable or cries. Its crying does not respond to usual comforting actions. During crying its face reddens, legs are crossed and folded on the stomach, stomach appears distended, and clenches fists. Finally, it tires off to sleep. It

lasts from 2 to 5 minutes to 4 hours. Child will also pass gas per anus and gurgling noises may be heard in the stomach. It has not been proved that gas is the culprit in all these children. This episode of crying in the evening may go on for 2 days or extended up to 3 months occasionally. Rarely, it may restart after 6<sup>th</sup> month age.

The object of detailing this problem is to highlight the harassment it causes and the multiplicity of drugs, gripe water etc tried by parents. It may appear serious but is minor. It can be tackled by simple measures and doesn't last long.

### **Solution:**

- ✓ If as discussed in the preceding topic track if there are any reasons for gas to collect.
- ✓ Do burping after breast-feeding.
- ✓ Prepare parents mentally for such episodes.
- ✓ Change child's clothes and take it out. Try gentle rocking in the lap or on the shoulder. Some children may respond to singing.
- ✓ Baby should be kept on the stomach and gently petted on the back
- ✓ Give baby something to suck.
- ✓ As a last resort, lubricated little finger may be inserted into the anus to facilitate expulsion of air.
- ✓ If problem persists, consult a doctor. At home, 'Suva water' with baking soda can be given but no sedative drug should be given. Gripe water may be once in a while but not daily. Some gripe

water contains alcohol and frequent administration leads to baby taking equivalent of one glass of beer for an adult. In some cases, admission to the hospital may help.

### **REGURGITATION OF MILK (POSSETING)**

During the first 2 to 3 months after breast-feeding, milk may be regurgitated into the mouth or is expelled out as if vomited. This causes worry; relatives think that all of the milk regurgitates. In reality, only small quantity of milk comes out and gives impression of large quantity because it spreads out on the floor or cloths. Further proof is available from the gain in weight in the child. Moreover, child that regurgitates does not remain hungry.

#### **Why does this happen?**

In infants, the valvular mechanism between foodpipe and stomach is naturally loose. Therefore, milk can easily enter the esophagus from the stomach and come out. This occurs more when infant is lying on back after breast-feeding or when raising the legs to clean the baby. The valve being loose, when air comes out during burping, milk also comes out. Therefore, it is essential to burp the baby after breast-feeding.

It is also necessary to be sure, that baby is not vomiting. If baby does not feed properly & looks sick, take it to the doctor.

### **FACTS ABOUT STOOLS OF INFANTS**

Newborns pass first stools in 24 to 48 hours after birth. In the initial days it is dark green & sticky. Then it becomes yellow. Some times healthy babies pass green, loose, sticky, sour-smelling stools, with a lot of gas. It will appear as if baby has diarrhea.

In healthy babies, the frequency of stools can range from 2 to 15 per day to one every 2 to 15 days. There are no rules regarding frequency of stools. Some babies occasionally strain at stool & feel distressed while passing stool after 2 to 4 days. This need not be taken seriously. However, if stool is very hard, stomach distends more than usual, gas does not pass vomiting occurs or stool is like ribbon then take doctor's advice.

Stool frequency of 10 to 20 per day with small quantity can also be normal. This is usually occurs during or immediately after breast-

feeding. Stool can be loose & sticky. This is not a cause for anxiety but if weight does not increase then doctor should be consulted. Rarely a baby on only breast milk gets serious diarrhea.

One should worry about loose stools if stools are watery, frequent, foul smelling & accompanied by decreased urine output, increased thirst, increased irritability, vomiting, fever, sunken eyes, and refusal to breast-feeding. All these are indication for need of doctor's consultation. Loss of fluid in diarrhea should be compensated by breast milk & oral rehydration solution. The danger of diarrhea is because of loss of fluid from the body; therefore do not stop milk and/or food. Moreover, do not use drugs used to stop diarrhea in adults, as they may successfully stop the diarrhea but can lead to serious side effects if abdomen becomes bloated due to complications.

### **Oral dehydration solution.**

To prepare this solution five glasses of previously boiled and cooled water should be taken. To this must be added fistful of sugar & a pinch of salt. Taste of this solution should not be saltier than tears. Too much of salt can also create problems.

### **FEEDING DIFFICULTY DUE TO STUFFY NOSE (NOSE BLOCK).**

Baby breathes through the nose while feeding. If nose is stuffy, the baby feels suffocated while feeding. Therefore, baby stops feeding and starts crying.

#### **Remedy:**

To a cupful of boiled water, add less than a pinch of salt. Then after washing the hands with soap, use a cotton wick to instill 5 drops in one nostril. Wait for 10 min. this will lead to thinning of crusts and secretions in the nostril. If required, introduce the wick inside the nostril. This will clean the debris & induce sneezing, which itself can expel the debris. Ready-made saline drops (0.65%) are available in the market but offer no much advantage over those made at home.

Rarely, child may have congenital problem of blocked nose by birth defect. This requires medical attention.

### **WHITE CRUSTS IN MOUTH.:**

Sometimes, breast-feeding child will develop white crusts in the mouth.. It looks like milk stuck to mouth but does not easily remove by hand. Prior to such a membrane, the lining of the mouth becomes red & the baby cannot feed because of pain. Sometimes there may be only redness. This discomfort is because of fungal infection & there is possibility of such a fungus on the mother's nipple too where it causes cracks and soreness.

In this situation, feeding should be continued if possible and if not possible manual removal of milk should be done. Doctor should be consulted & antifungal lotion applied inside baby's mouth and on mother's nipple.

### **BREAST ADDICTION SYNDROME.**

This will cause wonder to many. How can there be breast addiction if breast milk is ideal food? Many in our country, believe that up to 9 to 12 months no supplementary food should be given & in some homes no additional food is given till age of 1 ½ to 2yrs. When alternative food is started, child throws tantrums and eats with great difficulty. It has lot of food fads and all its demands are accepted. Such a child becomes obstinate, irritable, and moody by nature & asks for breast milk like addict.

Breast-feeding is ideal but beyond 6 months, it may not be able to fulfill total requirement of the child. Moreover when regular foods are started late it does not accept the foods easily, its health does not develop properly and cries for breast milk even if not enough. People use many tricks to stop breast-feeding. These include applying chilly paste, castor oil or bitter substances to the nipple. However, child addicted to breast resists all these measures. As a last resort, they give opium containing tablets are given ("balagoli") to keep the child calm!!