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# REMEMBERING THE CHAOS - BUT LIFE WENT ON AND THE WOUND HEALED. A FOUR YEAR FOLLOW UP WITH PARENTS HAVING HAD A BABY WITH INFANTILE COLIC

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## ABSTRACT

**Objective:** To elucidate parent's experience of having had a baby with colic four years previously and of how the colic and care influenced the family in a long-term perspective.

**Methodology and participants:** A qualitative inductive follow-up study with 13 individual and one focus group interview including four parents. Altogether ten mothers and seven fathers, representing 12 families, with a child diagnosed with colic four years ago were interviewed between December 2010 and May 2011. Parents' narratives were analysed using content analysis.

**Results:** Parent's memories of the exhausting colic period were vivid, but when the colic had healed the family relationships also healed. Although it had taken longer time for some parents to attach to their child they now experienced a close relationship with their four year old child and felt confident in their role as parent. The colic scream was still unbearable and evoked negative feelings in the parents. Parents had decreased confidence in Child Health services and made suggestions for improvements in the health care approach. Most of all they wished for an effective treatment of infantile colic.

**Conclusion:** The family relationships were healed and the colic left only few residual symptoms but parents still had decreased confidence in the Child Health Center. Consequently, there is a need to raise awareness to parents' situation when having a child with infantile colic.

**Keywords:** Baby, Content analysis, Crying, Infantile Colic, Interviews, Long term effects, Parents' experiences.

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## INTRODUCTION

Infantile colic, which starts within the first few weeks after birth and is defined as “crying or fussing more than three hours/day more than three days/week”, strikes about 10% of newborn babies in Western countries [1]. By definition, infants with colic have excessive and inconsolable crying. In addition, they may have a more distressed and intense cry that is more draining for parents than normal crying [2]. Retrospectively, mothers who have had a baby with colic experienced a variety of thoughts and emotions such as anger, guilt, self-doubt, anxiety, frustration, fear of losing control, hopelessness, fatigue, and disappointment [3], [4], [5]. The studies involving fathers found similar experiences relating to both parents [6], [7], [8], [9]. When a baby cries constantly in spite of the parents’ attempts at consolation, the balance within the family is disturbed as all of the members of a family are mutually dependent in a complex system [10]. Colic disturbs mother-child [4], [5], and father-child relationships [8], [11], creates chaos and disrupts family life [3], [9]. In a previous study, parents were interviewed in the midst of the colicky period [9], showing that the colic overshadowed everything in the families’ lives. Both mothers and fathers felt powerless and frustrated, and searched desperately and creatively for treatments to soothe their babies’ crying. They became very frustrated when they found that no intervention seemed to help. Parents experienced a lack of understanding about their life situation and a lack of support from healthcare professionals [9].

The prognosis for colic is good: 85% of infants’ with colic have remitted when they are 3 months [12]. Nonetheless, besides the baby’s presumed suffering, the early interaction and establishment of the essential relationship might be disturbed [6]. Furthermore, infants with persistent crying are more likely to be exposed to physical violence [13]. Having a child with infantile colic is a common reason for parents to ask for advice at a Child Health Centre (CHC). Guiding these parents is a demanding task for nurses [6], but it also provides them with an opportunity to connect with the family system [14]. This connection, in turn, allows nurses to give encouraging and systematic guidance and to help increase parents’ sense of self-efficacy [15].

### Treatments

There is no known safe and effective cure for infantile colic, but several treatments are available. Symptoms are relieved in 5 -20% of infants with colic after the systematic exclusion of cow’s milk protein for five days [16]. Among medications simethicone is the one most commonly most used in Sweden. Simethicone is sold over the counter and often recommended by nurses and doctors at CHC, although it has no greater effect on colic than placebo [17]. Dicyclominechlorid has a beneficial effect but also causes severe side effects [17] and has been withdrawn in Sweden since 2010. Lactobacillus reuteri is a popular treatment and has shown promising effects but a recent systematic review found no evidence [18] for the effectiveness of probiotic supplements. Acupuncture has been proven to reduce crying and fussing in two randomized trials [19], [20] and to soothe gastrointestinal symptoms in one case study with >900 infants [21]. Counselling parents has been shown to reduce the infants’ crying. Specific instructions about modification of the parent/infant interaction have shown good

results[22], [23] but, in another study, did not prove to reduce the crying more than assessment and reassurance alone [24].

## **Long term effects of colic**

Although colic heals spontaneously, it might disturb family relationships and delay attachment [11]. Some studies reporting on the long-term effects of colic on family relationships show that colic may affect interaction between the infant and the parent for a long time after the colic is over [25], [26], [27], [28]. Other researchers suggest that maternal behaviour may become disturbed when colic is at its peak but returns to normal once the colic has disappeared [29]. Stifter and Bono [30] found that the majority of babies with colic develop secure attachments, but if maternal self-efficacy is low, attachment may be affected. No lasting effects to maternal health were found in a trial with 547 dyads [12].

However, few trials have studied how parents recall the colic period years after it has disappeared. There is also a lack of knowledge about how parents experienced the treatment from professionals and the effect of the care. The aim of this study was to elucidate parents' experiences of having had a baby with colic four years previously and of how the colic and the treatment influenced the family in a long term perspective.

## **MATERIALS AND METHODOLOGY**

An inductive qualitative study including individual and focus group interviews with parents was performed.

### **Participants**

Twenty-three parents with a child diagnosed with colic four years previously were invited to participate. The inclusion criteria were as follows: an otherwise healthy infant who cries for more than three hours per day, more than three days in the same week. Before the first interview, parents used a diary to verify that the babies had colic [9]. The babies took part of the ordinary programme at the CHC, which included a visit every week or every second week. In addition to this programme, all parents chose to let their baby try acupuncture, which was available at a private acupuncture clinic.

Of the 23 parents taking part in the previous study [9], one father declined to participate due to a lack of time, and one could not be found. One mother who lived far away and one father who had moved abroad agreed to take part, but interviews could not be arranged for practical reasons. One couple scheduled for the focus group interview did not turn up. Consequently, 17 parents (10 mothers and 7 fathers, in the results presented as M1-10 and F1-7) representing 12 families were interviewed. Background variables for the interviewed parents are presented in Table 1. Individual

interviews were conducted with five fathers and eight mothers, representing nine families. Four parents (two mothers and two fathers representing three families) took part in the focus group interview (FG).

**Table 1** Background variables of the participants.

	Mothers	Fathers
n	10	7
Age, min – max (mean)	26 – 44 (35)	28 – 56 (39)
Married/cohabiting	10	7
University degree	3	2
Immigrant n (mean years in Sweden)	1 (6)	0
Having only one child	2	2
Number of children	1-4	1-4

## Data collection

Interviews were conducted between December 2010 and May 2011. Parents who consented to participate in individual interviews were interviewed in the family's home, if they so wished. Ten interviews were conducted by two external interviewers (paediatric nurses) and three by the second author (AL). The focus-group interview was conducted in a room at a conference centre in the nearest town by the second and third authors (AL, IH).

Before all interviews, a presentation and an informal introduction were arranged to create a relaxed atmosphere and to facilitate talking about emotions and experiences [31]. To encourage parents' narration about their experiences, the interviews started with an open question: "Please tell us about your spontaneous memories of having a baby with colic four years ago," followed by follow-up questions if necessary. The interview areas included: spontaneous recollections from the colic period, the colic's influence on family relationships both four years previously and at the time of the interview, impact of the treatment on the family and the support the family received as well as thoughts about future treatment and care. The individual interviews lasted from 30-60 minutes and the focus-group interview 95 minutes. Interviews were tape-recorded and transcribed verbatim. The first ten interviews were transcribed by the interviewers. The remaining interviews were transcribed by the first author (KL).

## Ethical considerations

The study was carried out in accordance with the Declaration of Helsinki [32]. At the first interview four years ago, parents were informed that follow-up interviews were planned. At the second interview, they gave written, informed consent and were informed about the guaranteed confidentiality and the right to discontinue the

interviews at any time. All of the participants agreed to have the interviews recorded. Ethical approval was obtained from the University's Research Ethics Committee (Dnr 583/2005).

### **Data analysis**

The narratives were analysed with content analysis [33]. First the interviews were listened to and read through several times to obtain a sense of the whole. Then the text was divided into meaning units which were condensed. The next step was to abstract the text into codes. The codes were compared based on differences and similarities and sorted into subcategories and categories. The tentative categories lead to a process to find the underlying meaning including discussion and reflection among all three authors until consensus was reached and the underlying meaning was formulated into themes and sub-themes. The interviews were read again to confirm that all text that was relevant for the purpose was included. Finally an overall theme was formulated, i.e a thread of the underlying meaning of all themes and sub-themes.

In qualitative studies the preunderstanding of the authors is used as a guiding tool in the interpretative process. In order not to influence the interpretation in a biased way we discussed and reflected upon our pre-understanding throughout the process [34]. The first author had met babies with infantile colic and their parents, initially as a nurse at a paediatric emergency unit and for eleven years at an acupuncture clinic. The second and third authors had extensive experience of work and research with children and parents. The first and the third author conducted the previous study [9].

## **RESULTS**

The overall theme was formulated as "Remembering the chaos but life went on and the wound healed". Themes and sub-themes are shown in Table 2.

**Table 2** Overall theme, themes and sub-themes.

<b>Remembering the chaos...</b>	<b>but life went on and the wound healed</b>
Parental struggle and tiredness... <i>Isolation...</i> <i>The colic scream was unbearable...</i>	turned to relief with only a few residual symptoms <i>ended once social life resumed</i> <i>and still evokes negative feelings</i>
Relationships were strained... <i>Distance and closeness to the suffering baby...</i> <i>Feelings of inadequacy...</i>	but healed <i>but closeness to the four year old child</i> <i>turned into feelings of confidence in the parental role</i>
Not getting the support needed... <i>Not being understood...</i> <i>Almost nothing helped...</i>	resulted in low confidence in Child Health services and a call for changes <i>was still considered to have been the worst part</i> <i>and the need for treatment remains</i>

## **Remembering the chaos but life went on and the wound healed**

The interviews revealed how parents still remembered the colicky period and how the experience of the colic had influenced the family. The analysis revealed a process where the chaotic colicky period faded away and the wound healed without leaving any deep traces in the long run.

### ***Parental struggle and tiredness turned into relief with only a few residual symptoms***

Parents remembered how they had experienced losing control during the colicky period. Everyday life had turned into emotional and practical chaos. Parenting became a matter of struggling to fulfill the family's basic needs. Parents could recall, very vividly, a variety of overwhelming emotions, such as anxiety, frustration, compassion, guilt, shame, and a sense of failure.

*I thought that he was dying or something. (M8)*

*There were moments when, both me and my husband... when she was apoplectic and howling so much that I almost got this thought, 'now I'll take a pillow and put over her face just until she quietens down, until the screaming stops'. (M1)*

The haze of overwhelming exhaustion cleared up. Four years later, the colicky period was still considered to be one of the worst times in life, but in spite of the intensity of the experience, the parents felt that the colic had not seriously influenced the family in the long run. When colic healed, life returned, the wound healed and the memory faded.

With four years of perspective, parents noted that it was extremely difficult while it lasted, but that it was still a relatively short time in a life span.

*You were ready to throw yourself in front of a train or something. Because it was completely horrible. It's hard to imagine that now when it's over, but it really was like that. (M7)*

### ***Isolation ended once social life resumed***

During the colic period parents could very rarely leave the house or talk on the phone, friends stopped coming to visit as well and it was an ordeal to go out with a baby who screamed all the time. Isolation in the home was the option available.

*I went to a parenting class, and all the other mothers massaged their baby's tummy. But my baby screamed the whole time, so I couldn't participate. And everyone was singing together, but I had to run out of the room, because they said the screaming was contagious... I tried to go there two or three times, but every time was the same. (M8)*

It was a huge relief when the colic passed, and parents could bring the child with them or invite friends to their home again. Parents' social lives became normalized.

*Those who have not had a colicky baby can't understand. You can't explain a delivery, and you can't explain how it is to have colic. (M2)*

The colic had passed without leaving any long-term effects on the child, or was it the case that the baby still had feeding or stomach problems, were particularly rough and rowdy, less sensitive to pain and the parents linked the now four year old child's temper tantrums to the colic.

*It got worse when we tried new food later on. ... He very often got tummy aches. (FG, M10)*

The colic had passed without long-term effects on most parents but one of the fathers who lost 12 kilograms had a maintaining weight loss and one mother still has pain in her knees after months of jumping up and down with the baby in her arms. In eight of the twelve families the child who had colic four years previously had got a younger sibling.

*It took five years before we even thought of having another child. Our family would not have survived if we had had another colicky baby. (F5)*

While it lasted, the colic distorted the parent's preconceptions regarding life as a parent. The first year did not give as many positive memories as the parents had wished. They had not been able to cuddle the baby, and they were always happy when the baby slept. Four years later, they still envy other parents whose contented babies



just sleep and eat, as well as the bond they believe that other mothers have with their new-born babies.

*Well, the golden period with a new-born baby – we never had that. We did not! We knew it was super fantastic that we finally got a baby, we wanted it as much as one possibly could. But there is nothing glamorous about the memory of that time, not at all. (FG:F6)*

### ***The colicky scream was unbearable and still evokes negative feelings***

The colicky scream had a special tone and could not be ignored. Colicky crying was experienced as deafening, traumatizing, and extremely draining. The scream inflicted physical pain from hearing it.

*It was like, when she was crying, your ears hurt, even if you were in the basement and the baby was upstairs. And, that's not normal. The crying could penetrate four walls. (M7)*

Parents still feared colic and had a hyper-sensitivity to children's crying. Even now, when their own child cried, the memory of the baby's heartbreaking crying night and day was evoked, and parents could still experience physical sensations from hearing other baby's cry.

*When we started to suspect that my second daughter also had colic, I panicked. I thought 'Shit, that cry was a colicky cry!' I froze. ...I handed her over to my husband and said 'You take her. I don't want her.' ... I just cried and cried, thinking, 'Not another colicky child. I can't take another one.''' (FG:M10)*

Parents' experiences had given them a new understanding and increased responsiveness towards other parents with colicky babies. They were willing to support them and were proud that they now can reassure them by telling them they understand their situation and that the colic will pass.

*You can hear it now and then, for example, at the [shopping mall], and you know... (takes a deep breath) ... 'THAT was not an ordinary cry!' ... I want to help. Even if I don't know them, I approach them and give my phone number and tell them "Just call me if you need to sleep an hour." (M7)*

### **Relationships were strained but healed**

Relationships within the whole family were strained during the colicky period due to stress, anxiety and tiredness but healed when the colic was over. The feeling of togetherness that the family had longed for eventually came, and parents and siblings were able to fully embrace the baby. It just took a bit longer.

### ***Distance and closeness to the suffering baby and closeness to the four year old child***

It was difficult for some parents to become attached to the colicky baby, and for some parents it was difficult to feel real happiness with the child until it was over a year old, due to the very limited response from the baby and to being so worn out. Even after the crying had stopped it took several months before becoming a mother because of difficulties to have the crying child close. Other parents did not want to put down the screaming child and kept the baby close at all times. These children received plenty of attention, and parents were more emotionally tied to the child.

*But every little peep or cry made me put her down or give her to my husband. I felt like I didn't want her. That she wasn't mine. She shouldn't scream like that. It was really: "I don't want to hear your crying anymore, let someone else take you." (M6)*

Four years later, all parents had developed a good relationship to the child and sometimes had even formed a closer bond to the formerly colicky baby. They had pitied the baby so much and had given it extra love and attention.

*In some way, it made me stronger, and made my relationship with my son stronger (pause). Actually (pause). Because I felt that he had no one else but me. 'If I can't manage, no one can.' So I had to cope. (FG:M10)*

### ***Feelings of inadequacy turned into feelings of confidence in the parental role***

During the colicky period parents tried hard to get the family to function but had a constant feeling of inadequacy. They felt that others thought that they were bad parents and they worried night and day, as they did not understand why the baby was crying or how to stop it. Four years later, they had experienced the healing of the colic and seen that they could endure, which strengthened their self-esteem. They were now more confident as parents.

*When our next child also got colic, we went for acupuncture directly, as it worked so well for the first child. We didn't try anything else. Acupuncture was the only alternative, actually. (F2)*

Colic drained not only the baby/parent-relationship but also other intra-family relationships as well as the parents' romantic relationship. Parents were more like co-workers than couples, and they saw themselves as double losers: first, for splitting up, so that not everyone suffered the screaming attacks; second, for staying apart, so that one parent at a time could recover. Siblings did not get the attention they needed, and their schoolwork and sleep were disrupted. Families with many children or twins had even more difficulties satisfying everyone's needs.

*And I remember, when she cried so damn much we went into the closet, where we had placed a chair among the tons of clothes. Because the clothes*

*muffled the sound! All the clothing sucked up so much noise that you could sit and try to calm her down there. And it didn't echo inside your head as much. This way the other person who was outside could get some rest.( FG, F7) (The others laugh) ... This could be a tip for parents with colicky babies, "Sit in the closet!" (FG,M9)*

When the colic declined, relationships between parents could become normalized. Fighting the colic together had even strengthened the parents' relationship. They now knew how capable they were, and they were proud that they had endured that difficult period, though they were surprised at their fast recovery.

*Maybe we should show how proud and happy we are that we made it and say, 'We made it!' (FG,F6) (all talking at the same time) 'We have had a colicky baby!' It is a qualification! (M9) You can put that in your CV!' 'Have had a colicky baby!' (F7)(all laugh). You could get a certificate when it's over!(F6)*

In two families, the parents had split up.

*I think many people have a child in an effort to save a relationship. But, if the child gets colic, you split up anyway. That's my experience. I'm divorced now, not only because of the colic, but the colic didn't make it any easier. (M2)*

## **Not getting the support needed resulted in a call for changes and a low confidence in Child Health services**

Parents strongly suggested that professionals learn more about colic. For example, parents were irritated when they had made efforts to exclude cow's milk protein for several weeks without any effect, and later learned that five days is sufficient for determining whether milk is causing the colicky symptoms. And, parents who were informed that colic ends after three months and had relied on this felt despair and hopelessness when it did not correspond with their reality.

*"The nurses are educated, aren't they?" (FG,M10)*

Parents were desperate and looked for solutions both at the CHC and outside of the public health system and felt frustration and disappointment when all of their efforts yielded no results, or only helped temporarily.

*... the drops [dicykloverinchloride] that they first didn't want to prescribe, due to the strong side effects ... She went incredibly limp and lethargic and tired when we tried them, and she screamed anyway. (M4)*

Four years later parents were still critical towards the treatment and had no confidence left in CHC. This was reflected in that they did not visit the CHC at all any-more, or only brought their children there for weight control and vaccinations but thought it was

no idea to ask for advice as they did not trust the advice they got from the CHC any longer. Today the parents have more demands on health care.

*No, I would not consider turning to the CHC if I had a new baby who had problems (pause). No, I would really not (pause). No, I don't think very highly of CHC. No. (F5)*

Among this disappointment and frustration regarding the professionals there were also some parents who experienced trust in the nurses at the CHC. They were loyal to the nurse, appreciated her and her listening and they considered her to be kind and supportive, and good in handling other issues than the colic.

Lack of sleep resulted in desperation. Some got help from their own parents periodically and were sure that they would not have managed without it. Those who could not get outside help or even help from their partner felt very lonely. Others did not want to expose anyone else to the extremely annoying scream. They also thought it was hard to hear the baby crying in someone else's arms.

*Probably we didn't ask for help. No one else would like to have her while she was crying when not even I wanted to have her. (M6)*

### ***Not being understood was still considered to having been the worst part***

The biggest disappointment was that they had not been believed and that they did not get reassurance and confirmation. It was frustrating when the professionals or friends and family questioned the existence of colic or belittled the symptoms. There was great disappointment when they received advice that they had already tried in vain from professionals, friends, relatives, magazines and the internet. Likewise it was disappointing when others believed that there was a quick fix for colic, and when absolutely nobody understood their situation or believed in their story.

*Even my mom ... she herself has seven children but had never encountered colic. So she thought it was me being a bit impatient, that I was too young, that maybe it wasn't the right time to start a family. (M8)*

The nurse at the CHC trivialized parents' experiences of the colicky symptoms and did not take the parents' situation seriously. After four years the parents still experienced how they felt like failures because no one understood. When the nurses belittled the situation and said "all children cry" and "this is what it is like to have children" parents thought that the fault was with them, that they were weaker than other parents.

*The nurse said it was normal for babies to cry. She said that colic cannot start as early as the fifth day. But my child did have colic that early, so that was our reality ... When I found out that [simethicone] was a medication with evidence of NOT helping colic, I wanted to go back to the clinic and tell them that. (M1)*

## ***Almost nothing helped and the need for treatment remains***

The desire was to get a clear diagnosis and a prognosis, a reassurance that colic would eventually pass without any serious side effects. Relief arrived when they were finally reassured that the baby did indeed have colic.

*It would have been supportive for us to get the message early: "Sorry, your baby has colic. It's gonna be tough." So that it was made clear ... (FG,F6) Yes, the CHC must be clearer about "this is a colicky baby"... And with "It's really bad now, but it will pass, though it will take time."(F7)*

The professionals did not realize how much the babies cried and the parents recommended professionals to use a diary to measure the amount of crying and fussing so that it would become obvious that the baby cried more than what was normal. When one family began to use a diary, it was shown that their baby cried 18 hours/day.

*The diary made it undeniable that it was bloody awful. And that it was OK for us to be tired. ... It was not us being cuckoo. This was the reality, she was crying this much.( M7)*

When parents found out that acupuncture helped their children, they were surprised that CHC had not recommended it. Several parents considered the acupuncture treatment to have had an effect on the symptoms and it was perceived as mild, simple, fast, and fast-acting. These parents were thoroughly relieved that something finally worked.

*We had tried everything else ... I didn't believe in acupuncture any more than I believed in Father Christmas, but acupuncture worked very well. If only CHC had informed us earlier! We got a new baby after three treatments! (F1)*

Parents felt like failures and needed comforting and affirmation that they were good enough as parents. They also needed to be reassured that the colic was not their fault.

*A nurse gave me a hug. And I just thought: "Somebody's hugging me! Somebody's hugging ME!" She said: 'You can do this! You will make it there! It's hard now, and he cries a lot now, but you can handle this!' And I said: 'Yes I can, now that you hugged me, I feel strong again! Thank you!' (laughs). (FG, M10)*

A short hospitalization was a saving grace for some families and seen as an acknowledgement of the situation. Only then did people around them seem to understand how serious it was.

*We told the nurse that we could not stand it any longer. We said “we are dying now”. (M7)*

Psychological counseling was sought for but with some hesitation. On the one hand it would have been difficult to take part in a counseling session with a screaming baby in one's arms but on the other hand it could have lessened their sense of failure. Others definitely did not want to see a psychologist as they meant it was the child who needed help.

*I wish I could have seen someone, some kind of a professional counselor ... Someone who was not the CHC (laughter), where I could have said “I hate the CHC!”. That would have been seriously great. (M1)*

To get help one family advertised for an extra grandmother and eventually hired a nanny. One suggestion from the parents was that financial support should be granted for maid service or for enabling both parents to stay at home or at least work less during the extreme colicky period.

*Because a colicky baby can create an awful lot of chaos in a perfectly normal family. (FG, M10)*

To get emotional support parents would have liked to meet other parents with colicky babies but on the other hand they had no energy to attend, let alone organize group meetings. Yet they expressed a need for a support group with someone who really understood the situation.

## **DISCUSSION OF METHOD**

Qualitative methods and content analyses are well suited to illuminate participants experiences of a certain phenomenon [33]. When 13 individual interviews were conducted and analysed, we invited parents to a focus group interview to further explore their experience. Focus groups are an academic research tool that yields qualitative data in a focused discussion and, thereby, provides insight into complicated topics. We use them to understand how people with certain commonalities feel or think about an issue, and when we are trying to understand differences in perspectives. A response from one participant could trigger memories and thoughts in other participants [31]. The discussion and interaction in the group was lively.

### **Trustworthiness**

By interviewing the same group of parents twice[9], their experience could be followed over the four year period. In the present study, 17 out of 23 parents took part. The parents had various experiences and backgrounds which increased the possibility of shedding light on the research question from a variety of perspectives. Interviews were conducted in a comfortable, permissive, non-threatening environment. The parents showed high levels of motivation to share their experiences and they spoke

openly. Interviews were rich in depth as well as in breadth. The majority of the interviews were conducted individually and supplemented by a focus group interview where skilled moderators enabled parents to discuss experiences without having the pressure of reaching consensus [31], further validating the result of the individual interviews. During the interviews, the interviewers' checked their understanding with follow-up questions. To add depth and insight to the interpretation, the findings were discussed at research seminars with paediatric nurses and midwives. Quotes from the interviews are used to verify that the findings were retrieved from the data. In the present study, we asked parents to recall how it had been having an infant with colic four years previously. The reliability of memories is an interesting issue. Women's ability to recall other key events in life, linked with the memory of labour and childbirth have shown that there is substantial agreement between maternal recall and birth records 3-9 years later [35]. The memory of the colic has probably been recalled repeatedly over the years, and as the interviewed parents in this study had been through an earlier interview they might have reflected on the colic more than other parents. Some details might become lost over the years. However, the aim of the present study was not to investigate the accuracy and consistency of long-term memories of the colicky period.

## **DISCUSSION OF RESULTS AND CLINICAL IMPLICATIONS**

Parents' memories four years after the colicky period are similar to the experiences they had described when they were in the midst of the period [9]. It is striking how vivid, emotional, and detailed the memory of the experience of having a baby with colic is. Parents recall exact details, and some tell their story in the same words as four years earlier. Some weep, some laugh when they recall situations that were especially difficult. However, parts of the memory have faded out, some details have been lost, the wound have healed, and the families have been repaired. What is apparent is that parents have lost their confidence in the CHC, which is an alarming find, and that they had formulated suggestions for changes. Most of all, parents request an effective treatment of colic and the presence of professionals with a sensitive and keen ear to the families with colicky babies and who would pay attention to the suffering of child and the parents.

Parents' experienced that they had needed to be guided through the colic period. They searched actively for information on colic. Apart from recommendations from professionals, friends, relatives and magazines, they used the Internet for searching for information, including chat rooms, and blogs. This means that they got plenty of information and tips of diverse quality. It is a challenge for professionals to keep up with the parents in seeking and evaluating information about colic and to help the parents to sort out the evidence from mere opinions[36]. When the professionals could not heal the child immediately, the parents in the present study wished that they had at least given clear advice and that advice had been followed up. Parents suggest a manual, a week by week structured set of directions, where treatments are systematically tried and evaluated. To allow this systematical guidance, parents want a more frequent contact with the nurse, as suggested by Long & Johnson [3].

Parents' experience that nobody understood how much the baby was crying. A clear diagnosis, "Your baby has colic", combined with "There is no cure" and "You did not cause the colic" is better than not being believed, also expressed in Levitzky & Cooper [37]. A diary was used before inclusion in the first interview study [9] to verify that their baby fulfilled the inclusion criteria, and later when their baby was treated at the acupuncture clinic. Parents appreciated the diary as a tool for reaching an understanding for their situation. For professionals, parent's documentation of their child's behavior can help to identify children who actually cry excessively [6], [38]. Therefore diaries allow professionals to discern when to intervene with medical examinations to exclude diseases in order to spare the parents from unnecessary anxiety. The parents had not got, or not understood, information that colic is a common condition that usually, but not always, heals spontaneously by three or four months of age [12]. Examining the baby to exclude the incidence of disease, and repeating the confirmation that the colic will heal spontaneously might assure parents that the baby is healthy. The use of a diary can also detect parents who have normally crying children but feel that they cry more than children do normally. These families merely need reassurance that they are doing a good job, and a discussion about normal crying and parenthood. Moreover, the use of a diary can prevent the baby from unnecessary treatments.

In the present study, parents felt exhaustion, guilt and shame when they could not comfort their baby, and when they got an impulse to harm them, also shown in Long & Johnson [3] and Levitzky & Cooper [37]. Professionals who are aware of this risk and explore parental frustration by asking probing questions can ascertain that parents close to shaking their babies are identified. Time and capacity to build a trustful relationship with parents are important to detect and help families at risk [39].

A delay in the development of "good" feelings for the baby was experienced and not all the parents were emotionally stable, with high capacity and good networks. The experience of the colicky period is for some influenced by variables like depression or substance abuse. In these respects, they represent the clinical reality [5, 6]. Maternal anxiety, depression, and stress during pregnancy and postpartum have been linked to the development of colic and vice versa [25], [40]. Parents also consider their babies' crying to not only be long-lasting but also as particularly aversive, also described by Zeskind & Barr [2]. Perceptions of the babies' crying can be altered, for example by depression [41]. Ten per cent of pregnant women are depressed [42] and many stop taking anti-depressants during pregnancy. Professionals, who are aware of mothers showing signs of depression, stress, and substance abuse, can screen those who are at risk. If they also identify families with delayed attachment, they can better be able to help parents to endure the period of colic and provide a secure base for their baby.

The perceived isolation during the colicky period, in line with earlier studies [3], [5]. Parenting groups are important for developing a good parenthood, and if parents with colicky babies feel that they are included and welcome it can break their isolation.



A request for an effective treatment to shorten the period of colic is on the wish list. All parents in the present study tried acupuncture for their babies and several of them had positive experiences. A positive effect is supported by the few articles published on the topic [19], [20], [21], [43]. Although acupuncture is a promising treatment for infantile colic most clinicians request stronger evidence before introducing a new treatment and further research is required. As no negative side effects are reported and no other safe and effective treatment is known, acupuncture can be considered as a treatment.

The birth of a child, especially a first child, represents a landmark event in life that results in parents being very vulnerable [44]. Parents in the present study want to give their eagerly awaited child everything. Not being able to comfort the baby challenge their self-esteem as they perceive a loss of competence as parents, like in Megel et al [5]. Infant crying and parental response is the first language of the new dyadic relationship. Misunderstandings can compromise infant care and parental effectiveness, and undermine the budding relationship [41]. However, parents in the present study experience that having managed a family through the colicky period strengthened their self-esteem. Supportive care may protect parents from a long-lasting negative experience[45]. In the period of infantile colic, the way parents are treated by the professionals may determine their long-term feeling about the experience. Professionals can support parents by helping them remember the baby period with joy and pride and a sense of accomplishment. By focusing on solutions and parents' strengths, and by commending parents and telling them that they are doing a great job, nurses could minimize the risk of parents being stuck in feelings like helplessness and failure. Praising the child also makes parents feel proud. This could change their behavior towards the child, as well as each other [46], [47]. Active listening, compassion, and empathy are nurturing kinds of behaviour associated with raising parents' self-efficacy beliefs, thereby influencing their performance [15].

## CONCLUSION

Four years later, parent's memories of the colicky period are still vivid and emotional, but the family relationships have healed and the colic left only a few residual symptoms. Parents have specific needs when having a baby with colic. Professionals in CHC are advised to identify problems and support the parents and the child. Consequently, there is a need to raise awareness to parent's situation when having a child that is suspected to have infantile colic.

## CONFLICT OF INTEREST

None.

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