



Guide for new mothers - Focus on... fever and colic

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Taking care of a sick baby can sometimes lead to significant anxiety in parents, especially when the baby cries for no apparent reason. Parents often struggle with questions on how to manage a sick child and when to seek medical advice. In some instances, prompt medical attention is vital and it is therefore important to know what symptoms or signs may signal serious problems.

Fever

Fever is a normal response of the body to a variety of infections or illnesses. There are normal variations in body temperature and the temperature reading may differ slightly depending on how the temperature was taken (rectal, oral, ear, forehead or armpit), age of the child or time of day.

Normal body temperature:	Fever:
<ul style="list-style-type: none"> Neonates (0–27 days old): 36.1–37.7 °C Two-year-old child: 37.2 °C 	<ul style="list-style-type: none"> In general, a body temperature ≥ 38 °C is considered to be a fever

Management of fever

- Fever is usually not harmful/dangerous in itself, unless it exceeds 40 °C; it is not an illness only a symptom of illness.
- Not all fevers need to be treated, for example, fever due to viral infection usually clears without treatment. Fever may also help the body fight infections.
- Treatment should not be based on how high the child's temperature is; it is more important to observe how the child appears and behaves.
- Fever can make a child uncomfortable, in which case treatment may be helpful.

Suitable management options:	Do not:
<ul style="list-style-type: none"> A child with fever should be encouraged to drink fluids regularly. Suitable antipyretics such as paracetamol and ibuprofen may be considered for short-term use (do not use for longer than two days without consulting a doctor). Either medicine can be used; it is best not to give both products simultaneously. Alternating these products should only be considered if the distress persists or recurs before the next dose is due. Antipyretics should not exclusively be used to reduce temperature; the aim should be to make the child comfortable. 	<ul style="list-style-type: none"> Sponge a feverish child with lukewarm water; this is no longer recommended since it may potentially cause discomfort to the child. Wrap a child with fever in heavy blankets. Over-dress or under-dress the child. Use aspirin to treat fever in children or adolescents (due to the risk of Reye's syndrome). Use combination 'cough and cold products' to treat a fever, it may complicate dosing and increase the potential for overdose and side-effects.

When to consult a doctor

It is important to know when to speak to a doctor, as fever may also be a symptom of a serious bacterial infection (e.g. pneumonia or meningitis) or other non-infective illnesses.

The following children should be taken to the doctor

Children under three months of age with:	If the child with fever:
<ul style="list-style-type: none"> Any fever 	<ul style="list-style-type: none"> Is dehydrated Struggles to breathe Cries continuously (inconsolably) Appears ill or listless/lethargic Has a: <ul style="list-style-type: none"> febrile seizure/convulsion chronic medical condition for example cancer, heart disease, etc. decreased level of consciousness stiff neck, headache or is confused rash that looks like tiny reddish-purple dots or splotches Does not: <ul style="list-style-type: none"> get better within 48 hours want to eat or drink
<ul style="list-style-type: none"> A rectal temperature of ≥ 38.9 °C 	
<ul style="list-style-type: none"> An oral, rectal, ear or forehead temperature of ≥ 40 °C or An armpit temperature of ≥ 39.4 °C 	

Colic

Colic generally starts in the first few weeks after birth, peaks at the age of six weeks and usually clears on its own, by the time the baby is three to four months old. During an episode of colic, an otherwise healthy baby will cry excessively for no apparent reason.

Crying associated with colic typically:

- Has no recognisable cause
- Occurs in the late afternoon or evening; usually more or less at the same time of day
- Lasts for more than three hours a day and occurs more than three days a week for more than three weeks

The baby will stiffen, draw the knees up and become red in the face and is difficult or impossible to soothe. Some babies may also pass wind and experience difficulty in passing stools.

Management of colic

Most babies with colic eat and gain weight normally and crying episodes are separated by intervals when the infant acts normally.

Effective treatment for colic remains elusive and there is no good proof to support commonly-used treatment methods. Although general measures can be tried, colic often only resolves with time.

Exclude other reasons for crying

Before concluding that the child has colic, first check for other obvious manageable causes of crying such as hunger, pain, food sensitivities, fatigue or overstimulation.

Feeding techniques

- Address aspects such as underfeeding, overfeeding or inadequate burping.
- In addition to burping, specialised teats/nipples, curved bottles or collapsible bags, designed to decrease the amount of air swallowed, can be tried.
- It may also help to hold the baby in an upright (sitting up) position while feeding (reducing the amount of air swallowed).

Soothing techniques

Response to soothing techniques varies. Soothing techniques include, but are not limited to:

- Rocking, swinging, swaddling
- Placing the baby near a "white noise" machine for example, a vacuum cleaner or dishwasher etc.
- Rubbing the baby's abdomen
- Warm baths
- Using a pacifier
- Taking the baby for a ride in the car or a walk in a stroller

If the baby does not respond to the above-mentioned techniques, parents can try switching the formula for formula-fed infants, or mothers who breastfeed could try to follow a hypoallergenic diet.

It is best to consult a doctor before using herbal teas, acupuncture or products containing *Lactobacillus reuteri* (a probiotic), dimethicone or simethicone. While these interventions may be considered if other strategies are unsuccessful, the evidence of benefit is uncertain and more studies are needed.

Due to the unacceptable side-effect profile of products containing dicyclomine, these products are no longer

recommended for the management of colic in infants under six months of age.

It is important for parents to know that colic is not caused by something they are doing or not doing and that infants with colic are difficult to soothe despite them doing their best. Colic can be very stressful for the baby as well as for parents and it may be necessary for the parents to leave the baby with a caretaker for short intervals so as not to exhaust themselves.

When to consult a doctor

It may be necessary to consult a doctor:

- If the crying is the result of an injury or fall
- If excessive crying continues beyond four months of age
- If the baby:
 - Has a fever of $\geq 38^{\circ}\text{C}$
 - Cries continuously for longer than two hours
 - Does not gain weight
 - Does not want to drink or eat anything for more than a few hours
 - Is not urinating well
 - Vomits excessively
 - Has bloody stools
 - Appears lethargic (to have little or no energy, is drowsy or sleeps longer than usual) or has decreased responsiveness

Points to consider before administering medicine to a child:

- Not all products are suitable for use in children
- Always follow the manufacturer's instructions on the package insert
- The dose of oral antipyretics should be calculated based on body weight
- Wait for the appropriate dosing interval to pass before giving another dose

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