

## How to soothe gas discomfort



### Why babies get gas

Gas enters and forms in the digestive tract in two main ways: air is swallowed, and intestinal bacteria produce gas as they break down carbohydrates. In babies, swallowed air is especially important. Crying, rapid feeding, shallow latch, bottle nipple flow that is too fast or too slow, or frequent unlatching can increase aerophagia, the medical term for swallowing air.

Gas may feel more intense in young infants because their abdominal muscles and coordination are immature. They may not yet know how to relax the pelvic floor, bear down, and pass gas efficiently. This is one reason a baby can look very uncomfortable even when the underlying problem is benign.

It is also helpful to remember that crying itself can worsen gas. A baby who cries swallows more air, which can lead to more abdominal distention and more crying. Breaking this cycle with calming, upright holding, and feeding adjustments is often more effective than trying many remedies at once.

### Feeding changes that may reduce swallowed air

Because feeding is a common time for air swallowing, start by observing the

mechanics of the feed. In breastfed babies, a shallow latch, forceful let-down, or frequent clicking sounds may indicate that air is entering with milk. A lactation consultant or pediatric clinician can assess latch, milk transfer, and positioning without asking you to guess alone.

For bottle-fed babies, swallowed air during bottle-feeding can happen when the nipple flow does not match the baby's sucking pattern. A very fast flow may cause gulping, coughing, or milk leaking from the mouth. A very slow flow may make the baby work hard, pull off repeatedly, or swallow extra air from frustration.

Hold the bottle so the nipple stays filled with milk rather than air.

Try paced bottle-feeding, allowing brief pauses so the baby can coordinate sucking, swallowing, and breathing.

Keep the baby semi-upright rather than flat during feeds.

Use burping during natural pauses rather than waiting only until the end of the feed.

Avoid encouraging the baby to finish a bottle if they are showing fullness cues.

For babies who are starting solids, gas can also increase when new fiber-containing foods are introduced. This does not automatically mean the food is harmful. Gradual introduction, attention to stool consistency, and adequate fluid intake appropriate for age can help. Baby constipation after solids can sometimes mimic or worsen gas discomfort, so hard, dry stools or painful straining should be discussed with your child's healthcare professional.

### **Comfort measures during a gassy episode**

When your baby is uncomfortable, begin with low-risk measures that support normal movement of gas. These approaches do not treat disease, but they may help gas shift through the intestines and reduce pressure.

Hold your baby upright against your chest for 15 to 30 minutes after feeding if they are prone to post-feed discomfort.

Use gentle tummy massage, moving your hand in clockwise circles around the abdomen, avoiding pressure that seems painful.

Try bicycle legs while the baby is awake and calm: slowly bend and extend the hips and knees in a cycling motion.

Offer supervised tummy time when the baby is awake; mild abdominal pressure and movement may help gas pass.

Rocking, swaying, white noise, or a pacifier may reduce crying and therefore reduce additional air swallowing.

Always place your baby on their back for sleep, even if they seem gassy. Upright holding after feeds is a supervised soothing strategy, not a sleep position. If your baby falls asleep in a swing, car seat, or carrier, move them to a safe sleep surface as soon as practical.

### **Burping: helpful, but not always magical**

Burping can release swallowed air from the stomach before it moves into the intestines. Some babies burp loudly and seem instantly relieved; others rarely burp and still do well. If burping becomes a long, stressful ritual, it may add more crying than benefit.

Try burping when your baby naturally pauses, changes breasts, slows down, or finishes a smaller portion of the bottle. Common positions include holding the baby upright against your shoulder, sitting them supported on your lap with the head and chest stabilized, or laying them tummy-down across your lap while awake and supervised. Use gentle pats or rubs rather than forceful thumping.

If a baby is calm and feeding well, it is reasonable not to interrupt too often. If a baby is gulping, pulling off, arching, or coughing during feeds, focus less on burping alone and more on the feeding pattern that may be causing the air swallowing.

### **Diet, milk intolerance, and when to avoid over-restriction**

Caregivers often worry that every gassy episode means a food intolerance. Sometimes diet does matter, but gas by itself is not enough to diagnose lactose intolerance, cow's milk protein allergy, reflux disease, or another condition. In infants, true lactose intolerance is uncommon unless there is a specific medical context, such as intestinal injury or a rare congenital disorder. Cow's milk protein allergy may involve symptoms beyond gas, such as blood or mucus in stool, persistent vomiting, eczema flares, wheezing, or poor growth.

If breastfeeding, do not remove major food groups from your diet without guidance. Unsupervised elimination diets can reduce nutritional adequacy and increase stress. If formula feeding, avoid switching formulas repeatedly without a plan from your pediatric clinician; frequent changes can make patterns harder to interpret.

For older babies eating solids, some high-fiber foods can increase gas because gut bacteria ferment certain carbohydrates. Beans, lentils, broccoli, onions, and some fruits may cause more gas in some children. This does not mean they are unhealthy. A gradual approach, smaller portions, and observation can help tolerance develop. If symptoms occur with hives, swelling, wheezing, repetitive vomiting, or lethargy, those are possible allergic reaction signs and require prompt medical advice.

### **Medicines, drops, and supplements: use caution in babies**

For adults and older children, sources often discuss options such as lactase products, alpha-galactosidase, or simethicone. In babies, the decision is more nuanced. Simethicone drops are widely used, but evidence of benefit is mixed, and dosing should follow the product label and pediatric guidance. Herbal teas, gripe waters, probiotics, and digestive enzymes vary widely in ingredients and quality; some may contain sweeteners, alcohol, sodium bicarbonate, or herbs that are not appropriate for infants.

Before giving any medicine, supplement, or herbal product, ask your baby's healthcare professional, especially if your baby was born prematurely, is younger than 3 months, has chronic medical conditions, takes other medication, or has fever, vomiting, diarrhea, or poor feeding. Natural does not automatically mean safe for an infant.

If a clinician suspects an underlying issue, they may recommend targeted strategies, such as evaluating feeding technique, treating constipation, considering a medically appropriate formula trial, or assessing for reflux, allergy, or infection. The safest plan is specific to your baby's age, growth, symptoms, and medical history.

### **Tracking patterns without becoming overwhelmed**

A brief diary can be useful if gas discomfort is frequent or severe. Track feeding times, amount or duration, burping, spit-up or vomiting, stool pattern, crying episodes, sleep, and any new foods or formula changes. The goal is not to monitor every minute forever; it is to give your clinician a clearer picture if concerns persist.

Look for patterns such as symptoms that occur only with very fast feeds, discomfort after large volumes, hard stools, or fussiness at the same time each evening. Many babies have a daily fussy period that peaks around 6 weeks and improves over time. Still, persistent or escalating distress should not be dismissed, particularly when paired with red flags with infant gas.

Caregiver wellbeing matters too. A crying, uncomfortable baby can be emotionally exhausting. If you feel overwhelmed, place the baby safely on their back in a crib or bassinet and take a short break, or ask another trusted adult to step in. Never shake a baby.