

When colic starts and ends



What clinicians mean by colic

Colic usually refers to intense, repeated crying or fussiness in a young infant who otherwise appears healthy. Many clinicians think of colic as excessive crying that occurs without an obvious cause such as hunger, a wet diaper, fever, injury, or a clearly identifiable medical condition. Older descriptions used the "rule of threes": crying for more than 3 hours a day, more than 3 days a week, for more than 3 weeks. In practice, clinicians also consider the baby's age, feeding, growth, exam findings, stooling pattern, and whether the crying is predictable or new.

Colic is not the same as a baby being spoiled, manipulative, or "difficult." Newborns have immature nervous systems, developing circadian rhythms, and limited ways to regulate stimulation. A colicky baby may clench their fists, draw their knees toward the abdomen, arch, grimace, pass gas, or appear uncomfortable. These behaviors can look gastrointestinal, and gas may be present, but gas is not always the primary cause. Sometimes crying causes the baby to swallow air, which then adds to abdominal distension and discomfort.

When colic usually starts

For many infants, colic starts at about 3 weeks of age. This timing can be unsettling because parents may have just begun adjusting to newborn life when crying suddenly becomes more intense. Some babies show evening fussiness before 3 weeks, while others do not develop a recognizable colic pattern until a little later. The important point is that colic is most characteristic of early infancy, particularly the first 6 weeks of life.

The start of colic is often not a single dramatic day. Parents may first notice that soothing takes longer, the baby has a predictable "witching hour," or crying episodes cluster in the late afternoon or evening. A baby may feed, burp, have a clean diaper, and still cry with a high level of intensity. If the crying pattern is new, severe, or unlike the baby's usual behavior, it is reasonable to contact a pediatric clinician rather than assuming it is colic.

Why colic often peaks at 4 to 6 weeks

Colic commonly gets worse between 4 and 6 weeks of age. This peak corresponds with a period when many infants cry more overall, even without disease. Their sensory processing, sleep organization, gut motility, and feeding rhythms are still maturing. Parents may notice that evenings are hardest, naps are short, and the baby seems both tired and unable to settle.

This peak can be physically and psychologically draining. It may also coincide with caregiver sleep debt, postpartum recovery, feeding challenges, and family adjustment. If you are in this window, it does not mean you are doing something wrong. It often means you are in the most intense part of a time-limited developmental phase. Still, "common" does not mean "ignore." If your baby has abnormal breathing, poor weight gain, persistent vomiting, blood in stool, fever, or decreased responsiveness, those signs need medical assessment.

When colic usually ends

Most babies outgrow colic by 3 to 4 months of age. Some sources describe the improvement as abrupt: a baby who cried for long periods may suddenly become easier to soothe and more socially engaged. For other families, the change is gradual, with fewer long crying spells, shorter evening episodes, and better sleep consolidation.

By around 3 to 4 months, infant nervous system regulation, digestion, feeding coordination, and sleep-wake organization are typically more mature. This is also when many babies become more interactive, can focus on caregivers' faces and voices for longer periods, and may be easier to calm with predictable routines. Some babies continue to have significant crying beyond 4 months, and colic-like symptoms may resolve by 6 months in most cases. However, crying that remains severe, worsens, or is associated with feeding difficulty, developmental concerns, eczema, reflux symptoms, or abnormal stools deserves professional review.

How the colic timeline differs from normal fussiness

All babies cry. Crying is communication, and newborns cry when they are hungry, tired, overstimulated, uncomfortable, gassy, too hot, too cold, or in need of closeness. Colic is different mainly in intensity, duration, repetition, and the lack of a clear fix. A colicky baby may cry despite feeding, burping, holding, rocking, and diaper changes.

A typical colic pattern may include:

Crying that begins in the first few weeks of life.

Episodes that occur around the same time of day, often late afternoon or evening.

Periods of intense crying or fussing that are hard to soothe.

A baby who feeds and grows adequately between episodes.

Improvement by 3 to 4 months.

In contrast, crying that begins suddenly after a period of being well, is accompanied by illness signs, or is associated with a change in feeding, urination, stooling, or alertness should not be treated as routine colic without clinical guidance.

Possible contributors to colic

The exact cause of colic is not fully understood. It is likely multifactorial, meaning different babies may cry for different overlapping reasons. Proposed contributors include immature gastrointestinal motility, altered gut microbiome development, heightened sensitivity to stimulation, feeding technique issues,

cow's milk protein intolerance in a subset of infants, family stress, and normal neurodevelopmental crying patterns.

Because causes vary, there is no single intervention that works for every baby. Families may hear strong claims about drops, formulas, probiotics, herbal preparations, or restrictive diets. These decisions should be discussed with a healthcare professional, especially for young infants. Do not stop breastfeeding, change formula repeatedly, give medications, or use supplements without medical advice. A clinician can help assess whether symptoms fit benign colic or suggest another issue, such as gastroesophageal reflux disease, milk protein allergy, infection, constipation, or feeding mechanics problems.

What you can do while colic runs its course

Even when colic is time-limited, caregivers need practical support. The goal is not always to stop crying completely; sometimes the goal is to reduce stimulation, keep the baby safe, and help adults get through the episode without becoming overwhelmed.

Helpful strategies may include:

Offering feeds responsively, while avoiding pressure to feed if the baby is not hungry.

Burping during and after feeds, especially if the baby gulps or feeds quickly.

Holding the baby upright after feeds if spit-up or discomfort is common.

Using rhythmic soothing such as rocking, walking, gentle swaying, or a stroller ride.

Trying white noise, dim lighting, or a calm room when overstimulation is likely.

Swaddling only if appropriate for age and rolling status, and always following safe sleep guidance.

Placing the baby on their back in a safe sleep space if you need a short break.

If you feel anger rising or worry you might shake or harm the baby, put the baby safely in a crib or bassinet and step away for a few minutes. Call another adult, your clinician's office, or emergency services if you do not feel safe.

Taking a break is a protective action, not a failure.

What happens after colic improves

When colic ends, families often feel as if they can finally breathe. The baby may become easier to read, feed more predictably, and settle with less effort. However, sleep may not instantly become perfect. Some babies who no longer have colic still wake frequently, prefer contact, or need help developing sleep routines. If you are considering sleep training around 4 months, it is wise to discuss your baby's growth, feeding, medical history, and developmental readiness with a pediatric clinician first.

Colic itself usually does not mean a baby will have long-term health problems. The bigger concern is often caregiver exhaustion and distress during the colic period. Parents may benefit from structured support, shifts with another caregiver, lactation help if feeding is stressful, or mental health care if anxiety, depression, intrusive thoughts, or hopelessness appear. A crying baby is hard; you deserve care too.