

Living with a Colicky Infant: Meta-synthesis of Qualitative Studies

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Abstract

Background

Parents having a baby with infantile colic experienced thoughts and emotions such as hopelessness, fatigue and concern. This study presents a review to provide better insights into the life of parents living with a colicky infant. The aimed of this meta-synthesis was to analyze and synthesize findings from qualitative studies about the experiences of parents of colicky infants.

Materials and Methods

This meta-synthesis follows the guidelines of Sandeowski and Barroso and was designed to synthesize findings from previous qualitative studies. The following biomedical archives were searched: PubMed, Web of Science, PsycINFO, Cochrane library, ProQuest. Recently published articles and books on the experiences of parents living with a colicky infant were reviewed. The searches covered the years from 2000 to 2016 and found three studies, which fulfilled the inclusion criteria.

Results

The findings of all studies selected were categorized into the themes of "eclipse of normal life" and "relief through parental adaptation". The findings reveal that the experiences of parents living with a colicky infant are important for constructing an insightful child care protocol and improving interpersonal interactions in the family.

Conclusion

The pathic or non-diagnostic knowledge that emerged from this qualitative review may be helpful for improving treatment of colicky infants and a provide relief for their parents.

Key Words: Infantile Colic, Lived experiences, Meta-synthesis, Qualitative studies.

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1- INTRODUCTION

Infantile colic is a common gastrointestinal problem (1). In colic, the psychological and emotional relationship between parents and baby is disrupted by the pain of colic. There are few qualitative studies about the experience of living with a baby with colic that experiences frequent attacks of colic syndrome (2).

Idiopathic infantile colic is a common concern of parents with infants (3). Infant colic occurs in 3% to 40% of all infants and has multiple etiologies. It may initiate within 3 to 6 weeks of infant age and can persist up to 36 months of age (4). Some authors relate maternal anxiety and stress during pregnancy to the development of colic (3). Colic can affect the social and spiritual interactions of families long after it has gone away (5). Persistent circadian-based crying is a major concern of parents, especially in those families with limited financial and support systems (1).

The present study reviewed existing qualitative literature on the experience of being the parent of a baby with infantile colic. Reaching an insightful understanding about infant colic syndrome can be helpful for families with similar problems.

2- MATERIALS AND METHODS

Qualitative research describes a phenomenon from the participant's perspective by reconstructing processes. Conducting a meta-synthesis across a range of disciplines can help bridge the gap between research and practice when the body of knowledge in a field is limited (6, 7).

Table-1: Inclusion/exclusion criteria

Inclusion	Is a qualitative study which presents substantial qualitative data, e.g., grounded theory, thematic analysis, phenomenology, interpretive phenomenology and life experience. Explicitly addresses the experience of living with a colicky infant.
Exclusion	A quantitative study, conference abstract, review or any study lacking qualitative data.

The experiences of parents with colicky infants were selected as the area of interest in this research. Searches were undertaken in the online bibliographic databases of Web of Science, PubMed, PsycINFO, the Cochrane library and ProQuest to retrieve qualitative research articles published from 2000 to 2016 about this subject. The terms relating to infantile colic were combined with the terms "qualitative methods", "living with infantile colic", "colicky pain", "crying baby", "life experience" and supplemented with searches in Google Scholar and reference lists of related theses.

The titles and abstracts were first explored for relevance and papers not meeting the inclusion criteria (**Table.1**) were excluded from the study. Next, the selected papers were evaluated using the guidelines of Sandelowski and Barroso(8). The data was thus, organized into the following classifications: research problem, study goal, literature review, orientation about phenomenon of interest, method, sampling, data collection and data analysis (**Figure.1**).

According Sandelowski guideline, you use interpretively to integrate the results of qualitative studies are as varied as qualitative research itself. Qualitative meta-synthesis entails leaps of imagination that you try to communicate as best you can. Two qualitative researchers screened the titles and abstracts of selected articles for potential relevance to inclusion criteria and any discrepancy was resolved by consultation with a third lived experience researcher.

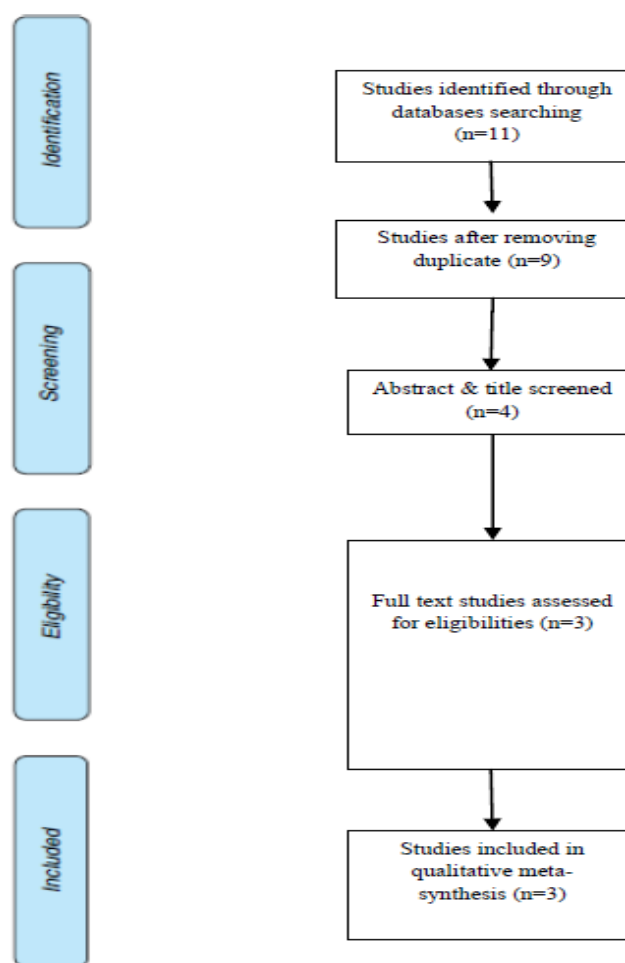


Fig.1: PRISMA flowchart of inclusion process

2-1. Ethical consideration

The study was carried out in accordance with Declaration of Helsinki (9). The rights of persons were safeguarded through writing processes and confidentiality.

3- RESULTS

Two themes emerged from this meta-synthesis: "eclipse of normal life" and "relief through parental adaptation".

2-1. Eclipse of normal life

"A dark tunnel appeared in my life; we don't know when colic will stop or how we should treat it. Colic overshadows my family relations, darkens my pleasant previous life and parenting. Colic suddenly

appeared in my six-week old infant. I think about its causes with the sensitive eyes of a phenomenologist. I am living with it, experiencing it; a painful piston-like contraction afflicts my child. What is the origin of this phenomenon? How does it occur in my infant and how should we counteract it? I observed the behavior of my infant, the type of colic attack, sleep, circadian rhythms, duration, time of initiation and type of food. Pain suddenly appeared in a migraine-like attack that caused flushing on the temporal side of her face, spasmodic contractions of the colon and a typical high-pitched crying sound with abrupt initiation in an abnormal circadian rhythm. My infant searches my eyes; she knows I will soothe her pain. First, I slowly jiggle her to soothe her and I

know this will not scare her" (Experiences of a professional nurse as a father).

Parents are left exhausted and worried about their restrictive diets, because they do not know when the colic will stop (1). They encounter chaos and must withstand with this condition:

"Each day would have been easier if he hadn't had colic. Then I wouldn't have been so worried about if he would sleep... and if he had swallowed air and felt pain... and when the next about was coming. Plus, I wouldn't have had to worry that he would start crying when we get on the bus" (*mother, 13*) (1).

Another mother wrote:

"My husband and I have a 15-month-old son. It is very hard on us. Even upsets our two dogs. At times, his crying has gotten to the point we even thought of putting him up for adoption! Now that's pretty bad!!" (2).

Helplessness, tiredness, shame and guilt are emotions that accompany the experiences of parents with a colicky infant. Colic can overshadow everything, especially in early infancy. It is an unexpected part of normal parenting and can involve everything from a normal sleeping time to simple family relationships. Fathers reported that constant crying and their infant's pain caused them to feel helpless. *Kenneth*, a 28 year-old Alaskan father, said (10):

"I had never been around an infant that cried nonstop before; it gave me the feeling of being completely helpless".

Parents believed that their friends thought they were bad parents and they felt guilty:

"When I sit on the balcony I try to think: take it easy, don't panic, he won't die because you sit here and smoke a cigarette. We need to be separated for a while so that I can calm down, because he senses when I am so wound up. But it worries me sick

that he is alone in his pain when he is in such pain" (1).

2-2. Relief through parental adaptation

Parents were concerned about the health of each other and their baby. They share the burden of a colic attack with their family and tried various strategies to make their infant cry less. In developing these tricks, parents are adapting themselves to their infant's condition and manipulating the environmental and light-stimulating factors to lessening crying and its frequency. The fathers in one of these studies came to realize that they may not be able to change the colic symptoms, but they could change their response to it and to their wives. *Scott said* (10):

"After a while, we just blocked it out. I think it is bothersome, but it is more than a bother. I guess you get used to it and don't notice it as much. You still hear him crying, but it doesn't make you as upset as it did at first. More than anything, it just becomes the norm".

He goes onto say:

"I guess I just kind of got used to it and am able to focus on other things. I blocked it out by finding other things for me and the baby to do, such as going outside in the yard, playing with favorite toys, listening to music".

When parents had established how to make the infant suffer less and as time passed, they became more experienced about coping with the crying baby (1):

"When I can comfort her and she becomes content, I feel blessed. First, I become calm because she is calm and I feel good because I have succeeded at something. I feel that I can do something (*father, 6*).

4- DISCUSSION

A recent phenomenological study described living with infantile colic as "living in an inferno" (1). In this type of experience, colic overshadows everything

and parents suffer when they see their infants experience vigorous cramping. They feel hopeless and overwhelmed by their infants bizarre and unexpected crying. Crying with a special tune in abnormal circadian rhythms may evoke feelings of helplessness, hopelessness and isolation (1). In other words, colic is like an eclipse that overshadows everything and severely affects their physical and emotional health. In such families, interpersonal and social interactions are disturbed and parents feel inadequate.

A review of literature related to the experiences of parents with a colicky infant shows differences in behavior, especially between a father and his colicky infant. Living with a colicky infant for a father is like falling into an abyss that he did not see coming, eventually hitting bottom, and then weaving together strands of a rope to help climb out (10). Living with a colicky child for mothers is difficult and they are physically, emotionally and nutritionally affected by their infant's sensitive behavior and inadequate weight gain. In these studies, most of all, parents appealed for successful treatment of colic syndrome and the presence of health care professionals in tune with the experiences of a family with a colicky infant who would pay attention to the suffering of the infant. Parents demanded to be guided through the colic period. They explored for information on colic. They had to adapt themselves to the infant's condition and this was attained by having access to correct and scientific recommendations about infantile colic.

4-1. Limitations of the study

Debate exists among meta-synthesizers about a number of philosophical issues (11). In this research, qualitative studies from all methodological traditions about lived experience of parents with a colicky infant was eligible to be selected and quality was assessed to be sufficient if study was published in peer review

journals. But living experience, especially different to other qualitative research and phenomenological studies were vigorously included in this meta-synthesis.

5. CONCLUSION

This study analyzed finding from various qualitative studies to provide an overview of life experiences of parents having a colicky infant. In these studies, parents lived with an otherwise healthy infant and this information is helpful for other parents with similar problems and healthcare personnel. Parents of colicky infants need to support. When available, fathers need to be there for mothers (vice versa). Parents need to guide by an insightful pediatric specialist for knowing all aspects of their caring and how to adapt with this problem.

6- CONFLICT OF INTEREST: None

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