

Understanding Babies Who Cry a Lot



This Good Practice Point aligns to the NMC 2022 Standards of Proficiency for SCPHN Health Visitors – in particular: Sphere of Influence C: C.HV2, C..HV5; Sphere of Influence D: D.HV1, D.HV2, D.HV3, D.HV6, D.HV8; and Sphere of Influence E: E.HV1. See the [Nursing and Midwifery Council website](#) for more details.

Most babies cry, and some cry a lot. Infant crying is a universally important communication signal that provides parents or carers with information about the infant's physical and emotional state. It is intended to bring them into closer proximity to their infant to provide safety and comfort which, in turn, supports infant development.

This Good Practice Point aims to: (1) summarise what is known about infant crying and its development, including 'excessive' infant crying and 'colic'; (2) provide guidance on ways to support parents and carers whose baby is crying a lot.

Infant Crying and its Development: The Infant Crying Peak

Evidence indicates that the average amount of time infants spend fussing or crying, over a 24-hour period at 5-6 weeks of age, is 133 minutes. This almost halves to 68 minutes per 24 hours by 10-12 weeks of age^{1,2}. This pattern of a crying peak during the first six weeks of life, followed by a substantial decline, is known as the 'normal infant crying curve' and has the following common features:

- Crying is more common in the late afternoon or evening, but it can occur at other times of day.
- It includes bouts of fussing and crying which are long-lasting and hard or impossible to soothe.
- There are large individual differences in infant crying, with around 5% of infants crying for more than four hours per 24 hours at 5-6 weeks of age¹.
- The crying peak, and 'unsoothable' crying bouts, occur in both breastfed and formula fed babies.
- Of those infants who experience excessive crying, only 5-10% are found to have an underlying organic reason³.

The good news is that most infant crying resolves without treatment as infants get older and has no long-term impacts on their growth or development, suggesting that it is linked with typical child development.

Most infants who cry a lot in the first four months are at the extreme end in the normal variation of infant crying, rather than unwell. This has led to the development of interventions designed to inform and support parents during this time which many find stressful. In the rare cases where the crying persists until 5 months or older, particularly when it is combined with sleeping and /or feeding problems, the outcome can include long-term psychological and behavioural problems.

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For additional resources see www.ihv.org.uk

The information in this resource was created on 22/05/2024.

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Infant colic and excessive crying

Early studies used the word 'colic' (from the Greek word for the intestines) to describe infants who cried a lot, implying that the crying was due to gastrointestinal (GI) disorder and pain. Wessel et al.'s seminal 'Rule of Threes' defined a colicky infant as: '*one who, otherwise healthy and well fed, had paroxysms of irritability, fussing or crying lasting for a total of more than three hours a day and occurring on more than three days in any one week*'⁴. This definition was based on the amounts infants cried, rather than evidence of GI disorder.

The word colic is still used as a broad term to identify cases where infants cry a lot. NICE defines colic as 'repeated episodes of excessive and inconsolable crying in a baby that otherwise appears to be healthy and thriving'⁵. Some babies who cry a lot may have food intolerances, however this appears to be rare, remains controversial, and methods of distinguishing between infants with or without food intolerances is lacking⁶. Where parents are considering colic medications, or modifying their baby's diet, health visitor support and guidance from a GP is recommended.

The impact of crying is subjective. There are a range of factors that can influence parental responses to infant crying including: being a first-time mother; experiencing low self-efficacy; and parents' own early experiences of being cared for⁷. Fathers may find infant crying especially challenging and may have more negative responses to their crying baby⁸. This is a particular concern where their own early history included maltreatment.

Instead of focusing on infant 'crying', the term 'excessive infant crying' is helpful to identify cases based on parental concern that their baby is crying too much⁹. The practitioner can then work in partnership with parents to gain a greater understanding of the parental and infant factors involved and support can be tailored to their individual needs. This approach recognises that parental wellbeing is in the infants' best interest, that safeguarding infants and parents is a priority, and that parents are more likely to engage in interventions agreed through a partnership approach.

The large UK Surviving Crying Study has worked with parents and health visitors to produce evidence-based support materials compatible with NICE recommendations⁵. These include a website, booklet, and short Cognitive Behaviour Therapy-based programme delivered directly to parents. Early findings suggest these materials are effective^{9,10} and their use by health visitors is being evaluated.

Good practice points for health visitors

Supporting parents in coping with excessive infant crying

Health visitors and health visiting teams have a key role in providing support for infants and parents during the period when infants cry most. Below are some evidence-based key messages^{9,10} which health visitors can share with parents to help them to cope:

1. The first goal is to use history taking to understand the infant's crying, health, and why the crying concerns the parent. This includes: how much fuss/crying occurs in each time of day (morning, afternoon, evening, night, 24 hours); what it is about the crying that parents find stressful; and whether the baby is otherwise healthy, well and gaining weight normally. It is also helpful to gain an understanding of the parents' thoughts and beliefs about their infant's 'excessive' crying bouts which can make some parents feel inadequate and out of control. They may also be anxious that the crying is a sign that something is wrong with their baby¹¹. Asking and recording this information can reassure parents that their concerns are being taken seriously, identify any issues which need following up, and facilitate monitoring over time. A form suitable for recording these details is included in the Appendix (bit.ly/3y0mElx).

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- History taking also provides an opportunity to reassure parents that the crying is likely to resolve by itself by 3-4 months of age. Other messages that can provide reassurance are:
 - Excessive crying occurs in about 20% of full term stable and healthy infants³, the family is not alone.
 - Crying occurs in first-born infants, second or later born infants; all babies are different, and it is not due to parental inexperience.
 - Breast and formula-fed infants can cry excessively, this is not due to how a baby is fed. Parents sometimes switch from breast to formula milk because of concerns that their baby is not feeding sufficiently; or may use feeding to cope with the crying, causing over-feeding.
- Rule out 'red flags' which identify crying babies who are more likely to be unwell or to have an organic condition that requires medical attention. This includes a raised temperature, high pitched crying, poor weight gain, infant floppiness, and persistent vomiting, constipation, or diarrhoea. See NICE guidance for more information (bit.ly/3vJ1pDR) and Healthier Together resources (bit.ly/3Uj3b7f).
- Discuss ways of settling infants. This provides an opportunity to explore the methods that parents have tried already, celebrate any small successes, and also consider alternatives with them. Parenting that involves responding quickly and holding the infant while walking around does reduce overall crying amounts but does not prevent the excessive crying bouts in early infancy which worry parents¹². Providing parents keep in mind that infant crying in the first four months is sometimes 'unsoothable', having a set of soothing strategies can sometimes help. The Lullaby Trust provides advice on safe use of baby slings: bit.ly/3Aa7DMU
- Support parents to recognise their baby's sleep and wake states and behavioural cues to enable them to respond sensitively to their baby's needs. The iHV Good Practice Points 'Strengthening parent-infant relationships' (bit.ly/46USFYv) and 'Getting to know your baby' (bit.ly/3QAuwBu) resources provide further information and suggestions.
- Discuss the impact of the crying on parents and ways to help them cope. Although many parents cope, the stress of infant crying can impact on parenting ability, causing parental frustration¹³ that increases the risk of 'shaken baby syndrome' (now known as Abusive Head Trauma)¹⁴ which can cause permanent brain damage.

Important messages to share with parents when they feel overwhelmed by their infant's crying are:

The ICON programme helps people who care for babies cope with crying. It provides evidence-based advice and resources for professionals and parents/carers on how to comfort a crying baby. ICON stands for:

- I Infant crying is normal and it will stop.**
Babies start to cry more frequently from around 2 weeks of age. The crying may get more frequent and last longer. After 8 weeks of age babies start to cry less each week.
- C Comfort methods can sometimes soothe the baby and the crying will stop.**
Think are they: hungry, tired, or in need of a nappy change? Try simple calming techniques such as singing to the baby or going for a walk.
- O It's OK to walk away** if you have checked the baby is safe and the crying is getting to you. After a few minutes, when you are feeling calm, go back and check on the baby.
- N Never, ever shake or hurt a baby.**
It can cause lasting brain damage or death. If you are worried that your baby is unwell, contact your GP or call NHS 111.

See the ICON website for more information <https://iconcope.org/>

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- Faced with a baby who won't stop crying, parents can feel helpless or embarrassed that they will be judged for not coping as well as other parents and isolate themselves from social contacts¹⁵. Crying can also put relationships with partners under great strain. There is evidence that the following steps can help:
 - Getting out of the house - putting the baby in a buggy and going for a walk. The movement may stop the crying and parents who used this strategy report that it helped¹⁶. Meeting other parents, for example in a parent and baby group, can also help.
 - Sharing care with partners, family and friends, and helping parents work out a coping plan. There is evidence that couples who work together can cope with the crying better than parents on their own. Sharing baby care, household tasks, and finding time to discuss what it's like to have a crying baby can all help parents to cope.
- Advise parents to share this information with others who look after their baby. Evidence indicates that men are more likely to lose their tempers because of 'unsoothable' crying¹⁵. Encourage mothers to share these messages with fathers and male partners.

Safeguarding considerations: Excessive infant crying can impact on parenting ability and child safety – it can also trigger parental anxiety, depression, and social isolation that can increase vulnerability. Follow your local policies for assessing risk, vulnerability and safeguarding considerations, and planning additional targeted or specialist support where indicated.

The Institute of Health Visiting has adopted an additive approach to the language that we use. This approach aims to add and not take away. It preserves women/men-centred language as well as including language for those who identify in other ways. Families are diverse and we will strive to ensure that everyone is represented and feels included. To ensure that we achieve both clarity and inclusivity we will use sex specific terms when referencing research which relates to biological sex.

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