Why do babies cry?

Put simply, babies cry when something feels ‘wrong’. The noise of crying is disturbing, because babies are hard-wired to alert a carer to fix whatever the ‘wrong’ thing is.

Researchers tend to differentiate between the early newborn period, up to three months of age, and afterwards because babies become calmer, with less crying, after this age. There is a hypothesis that a neuro-developmental shift causes a short-lived extra-sensitive response to stimuli at around 4-6 weeks of age, and babies find it hard to stop crying once they’ve started (p 60).¹

Persistent or prolonged crying in older babies is more likely to be associated with sleeping difficulties and, in a small minority of families (around 6%), with other family problems (p 167 and p 174).

How much crying is ‘a problem’?

Crying can be very wearing for parents, particularly if they lack support or get conflicting advice. Crying in babies aged 0-3 months typically occurs during the day and, particularly, in the evening. This has been described as a period of PURPLE crying (Persistent, Unexpected, Resists soothing, with Pain-like face, Long-lasting and mainly in the Evening).² Crying at this stage is so common as to be considered normal and, although frustrating, is a developmental phase that will pass (p 176).

Parents’ perceptions of the crying vary and are influenced by expectations of what is normal and acceptable (p 27).

Overall, researchers have found no difference in the intensity and the frequency of crying in babies whose parents have sought professional advice, compared to babies whose parents have not. Some babies do cry and fuss more than others (p 59). Most babies taken to health professionals because of their crying do cry more than average, but some do not (pp 16-21).

Are babies who cry a lot physically ill?

It is estimated that crying in young babies seldom has a biological cause - perhaps...
1% of babies overall have ‘organic disturbance’ such as a food intolerance, and around 5-10% of those whose parents seek professional help for prolonged crying (p 177).

Parents often need support and to be able to rule out illness, so consulting their GP or health visitor makes good sense.

Breastfed babies may sometimes show signs of being overwhelmed by a very generous milk supply, and may cry, possibly because of the high-lactose content of high-volume milk. Breastfeeding counsellors’ experience suggests that reducing over-production of milk can help with this but this remains controversial.4

What should we tell parents about coping with colic and wind?

Many parents feel sure, and may be told by healthcare professionals, family or friends, that the baby must have ‘wind’ (gas in the stomach) or painful ‘colic’ when they cry inconsolably. The accepted definition of colic is over 60 years old and applies to a healthy baby aged under three months who cries inconsolably for more than three hours on three days out of every seven for more than three weeks (p 23). More loosely, colic is sometimes applied to any unexplained, persistent crying, usually assumed to be gut-related.

There is, however, no scientific evidence that colic exists as a physical problem, or that wind is painful. The idea that babies cry for a long time because the wind is ‘trapped’ is not well-supported by the research or physiology (p 40). The baby who gets rid of wind (one end or the other) and then stops crying may have taken in the wind by crying rather than wind causing the crying (pp 39-40).

How long is it ok to leave a baby to cry?

Inevitably, there will be occasions when it’s just not possible to attend to a baby’s needs straightaway. Babies cope with this just fine – developmental paediatrician and analyst Donald Winnicott’s theory of the ‘good enough’ mother is that the baby learns resilience and confidence when things ‘go wrong’ occasionally.5

However, evidence suggests that regularly ignoring babies’ cries and withholding comfort and contact for sustained periods causes a biochemical and neurological response which risks a long-term negative effect on development and learning about love, and positive ways of regulating feelings.6,7

Parents can be assured that they will do no harm to their babies by soothing them, holding them, feeding them and doing whatever helps the baby find salve and comfort (p 177). That is especially true in these first three months.

Are some babies born more prone to prolonged crying?

There is some evidence that mothers who experience a high level of stress in pregnancy may have babies who cry more, but the findings are inconsistent (pp 52-53). It is difficult to show in research whether some babies are born with a temperament making them more likely to cry in the first months, because parents’ own personalities and interactions may have an effect, too (pp 54-55).

Exploring crying with parents

Parents in an antenatal group can be prepared for the inevitability that their baby will cry, particularly in the first three months and sometimes without an obvious reason, and can share practical strategies, including arranging to have some time to themselves occasionally, and ways to share the care and soothing of the baby. The crying is likely to peak in the late afternoon or evening and at around five weeks of age (but younger or older in some babies). It usually stops by five months (p 59).

Suggestions from family, friends and professionals can be helpful or leave parents feeling confused, undermined or inadequate. Parents need to know that soothing and comforting a baby is not ‘spoiling’.

It is worth explaining that often all your baby wants is to be close to you and have the comfort of feeding. Tuning in and learning how to respond to him takes time.

If the parents have had medical reassurance that a baby who cries persistently is well and developing normally, then sources of non-judgmental support may help, for example, their health visitor, NCT breastfeeding counsellor or NCT Early Days groups.

Telephone support from Cry-sis (http://www.cry-sis.org.uk): 08451 228 669, or NCT Shared Experiences helpline 0300 330 0700, may also be useful.

There is a high correlation between postnatal depression and crying babies.8 It can be helpful to flag this up and encourage parents to seek professional help from their GP or health visitor.

It is worth alerting parents to the dangers of ‘shaken baby syndrome’ and how to prevent parents from being overwhelmed. Parental isolation and poor support need to be considered (p 2).

References