

It is worth remembering that the unsoothable crying bouts usually stop by themselves by 3 months of age. Although probiotics are considered safe, there are obvious concerns about giving them to young babies and they are not recommended as a treatment for infant colic by the UK National Institute for Health and Care Excellence. See: <https://cks.nice.org.uk/colic-infantile#!scenario/>. Parents who want to try probiotics should contact their doctor so that this can be medically supervised.

Should I always respond to my baby's crying?

- > Crying in young babies is an automatic reflex, like pulling a hand away from something hot. Infants this age do not cry a lot on purpose or to get at parents. It is true that older babies can cry deliberately, for example if they want to be picked up. But they cannot do this until they are about 6 months old.
- > Sensitive responsiveness to infant cues helps to build affectionate and trusting relationships and is nowadays generally recommended.
- > Cry-sis has received contacts from parents worried by claims that any crying can damage their baby's developing brains. There is no evidence to support these claims.
- > On the contrary, video recordings have shown that UK parents sharing a room with their baby typically take one or two minutes to detect and respond to their baby's crying at night. Similar findings exist in other cultures. As noted before, most babies with colic, who cry a lot, grow and develop normally.
- > Few parents deliberately leave young babies to cry for long periods, but an instant response is not always practical.

Taking care of yourself

- > Feeling exhausted or frustrated will not help your baby. Looking after yourself is important for your baby's well-being as well as your own. The greatest risk to a baby may be where a parent cannot cope.
- > Getting enough sleep is important. It is also all right to ask for help if you feel you cannot cope or need a break from the crying.
- > Try to get out. That can be difficult with a crying baby, but it will help to avoid feeling isolated.
- > People who have not had a baby who cries a lot may not understand and may provide advice you are not happy with. Try not to feel pressurised. The information given here is based on evidence, not opinion.

Feeling overwhelmed

- > It is normal to find crying stressful to listen to when it continues for a long time.
- > Feeling upset or angry is common too: it's what you do that matters.
- > Put the baby down in a safe place (such as a cot).
- > Leave the room, and focus on doing something else. Make some tea, do whatever helps you to calm down.
- > By all means ask someone to keep an eye on your baby, but a crying baby will not be harmed by being left alone in a safe place for a few minutes.
- > Try not to focus on negative thoughts: feeling distressed or guilty will not help.
- > Think positively: the crying is not your fault; how much worse if your baby was ill and quiet. This crying period is temporary and you can find ways to get through it.
- > Do not go back to your baby until you feel in control.
- > Make sure everyone looking after the baby knows how to cope.

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Additional Sources of Information

Support with crying and sleeping in older infants is available via the Cry-sis website, which also provides additional details about the topics included here. For more information about safe sleeping with your baby, visit: www.nice.org.uk/guidance/cg37/; www.isisonline.org.uk; <https://www.lullabytrust.org.uk/safer-sleep-advice/>

www.cry-sis.org.uk

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YOUR BABY'S CRYING AND SLEEPING:

A guide to coping in the first few months

The Cry-sis Helpline

0800 448 0737

On dialling the Cry-sis Helpline you will be connected to a volunteer who once experienced problems like yours. The helpline is open seven days a week between 9am and 10pm, but please remember that the volunteer is a parent, just like you, with family commitments.

The birth of a baby is an exciting time – but often a challenging one too.

Parents need to find ways to cope with night waking, a lack of sleep, crying which doesn't always make sense, and with strong and sometimes overwhelming emotions. It can take time to feel things are back in control.

Except where health or safety is involved, this leaflet does not try to prescribe the best way to look after a baby. Instead, we aim to provide information which helps parents to choose baby-care methods which suit their baby and themselves. The suggestions here are all based on research evidence about methods which have helped parents to cope. Some of them may work for you.

Sources of information for coping with older infants' crying and sleeping are listed at the end of this leaflet.

What can you expect?

- > Babies cry most during the first 3 months of age – in the UK, the average crying and fretting total is a little over 2 hours per 24 hours. Some babies cry more than that, others less. They tend to cry most in the late afternoon and evening.
- > The good news is that this crying 'peak' usually disappears by 3 months of age: the total halves to around 1 hour per 24 hours.
- > Young babies' stomachs are small, so they need frequent feeding. The intervals between feeds will vary, but feeding every 2-3 hours is not unusual at first.
- > Newborn babies wake for feeding as often in the night as in the daytime.
- > Young babies' sleeping does not differ much between day and night: that develops later. You may notice that sleeps, and intervals between feeds, become longer at night by around 3 months of age.

Sleeping locations

Whether babies should share their parents' bed has been hotly debated, but a truce has recently been agreed:

- > Sleeping in a cot or crib in the same room as you – both in the day and night – will help to keep your baby safe. Studies in several countries have found that sleeping in the same room as parents makes Sudden Infant Death Syndrome (SIDS) less likely.
- > Putting babies down to sleep on their backs, rather than tummies or sides, also reduces the risk of SIDS.
- > Co-sleeping, where parents and babies sleep together, increases the risk of SIDS. However, it is not clear whether bed-sharing itself is the cause.
- > What is clear is that sleeping on a soft surface such as a sofa, and parental smoking or consumption of alcohol or drugs combined with bed sharing, make SIDS more likely.
- > Some medical authorities advise parents to avoid bed-sharing entirely. Others recommend the need for careful planning when bed-sharing. Sources of further information are listed at the end of this leaflet.

Soothing and settling your baby

Some of the things in this list may seem obvious, but checking them can provide reassurance that the crying is not your fault:

- > Offer a breast or bottle feed. Breast-feeding is recommended because of some benefits for infant health, but it isn't always possible.
- > Whichever method you choose, feeding when your baby's crying or unsettled behaviour indicates hunger (rather than at set times) is generally agreed to be best in the early weeks. That's also known as 'infant-demand' or 'infant cued' feeding.
- > Reading your baby's cues is likely to get easier as they get older.
- > Although mums usually need to take charge of breast-feeding, partners and others can help by taking on household chores and baby care, so that mums can take naps to make up their sleep.
- > Check baby's nappy: does it need changing? Check for nappy or clothing rash – consult a health visitor if needs be.
- > Check that baby is comfortable and their clothes are not too tight.
- > Check baby isn't too hot or cold by feeling their tummy. Adjust clothing or room temperature if necessary. A room temperature of 16-20° centigrade is recommended.
- > Does your baby have wind? Sit or hold them upright. Gently massage their back.
- > Holding, carrying and motion help to soothe babies. Holding babies upright on your chest, cuddled into your shoulder, is a common method; some babies prefer lying flat, for instance across your knees while you are sitting. Gentle rocking, patting, walking and singing/talking can be soothing too: see the sleeping and soothing videos at: <https://aimh.org.uk/getting-to-know-your-baby/>
- > Using a baby sling during the daytime. There is little evidence to show whether this reduces infant crying or affects sleep, but many parents find baby slings helpful. For guidance on safe use of baby slings, visit: <http://babyslingsafety.co.uk>
- > Sucking fingers or a dummy helps some babies to settle. There is some evidence that dummy use can hamper breastfeeding. But there is also evidence that dummies reduce the likelihood of SIDS – although it is not clear why. As a result, medical authorities differ in their advice. Some recommend offering a dummy from birth for bottle-fed babies, and from 3-4 weeks for breastfed babies to allow breastfeeding to be established. Some offer no advice. For more information, see: <https://www.lullabytrust.org.uk/wp-content/uploads/fact-sheet-dummies-2016.pdf>
- > Buggy and car rides may stop the crying – although this may only last as long as the ride does. Here, too, the evidence comes from informal reports – there is little systematic evidence. The Lullaby Trust has raised concerns about letting young babies sleep in car seats – see: <https://www.lullabytrust.org.uk/our-statement-regarding-todays-article-on-car-seats/>

Is your baby unwell?

In most cases, crying is not the result of a baby being ill. However, it is important to check and reassure yourself that there really is nothing wrong. Here are some things to look for:

- > Signs of fever? Check baby's temperature. NHS Choices recommend using a digital thermometer, touching the skin under

your baby's armpit (not through clothes) to confirm a temperature. A normal temperature is about 36.4°C, but this differs slightly from baby to baby. Over 37.5°C is usually considered a fever.

- > Bringing up part of a feed is common in early infancy, but frequent vomiting and failure to gain weight may indicate a more serious problem. Your health visitor or GP can offer guidance.
- > Is your baby constipated? Babies vary a lot in how often they poo. If you are worried about this, though, ask your health visitor or GP.
- > Food intolerance. This is rare – few babies cry a lot because they cannot tolerate cow's milk or other foods. But this can affect breast-fed babies as well as formula-fed ones. Your health visitor or GP can provide guidance.
- > For advice on other feeding concerns contact your health visitor, GP or NCT counsellor. For advice specifically on breast-feeding problems, contact: <https://www.laleche.org.uk>
- > Other illnesses or physical disorders that cause a baby to cry a lot without any fever do occur, but they are rare. Always contact your health visitor or GP if you suspect your baby is unwell.

Infant colic

- > The term 'infant colic' can cause confusion, because it is sometimes used to refer to crying and sometimes to the assumed cause – that the crying is caused by a gut problem.
- > For many parents, it refers to long and sometimes intense bouts of crying which occur for no apparent reason and are hard or impossible to soothe. These bouts occur mainly in the first 3 months of age and are quite common. 1 in 5 infants have them in some studies.
- > The causes of these crying bouts remain poorly understood. As well as theories which attribute them to gut disorder, others propose they are due to changes in brain function which are part of normal development. No theory is strongly supported by evidence.
- > Whatever their cause, it is not just parents who find it hard to stop these crying bouts: studies have shown that trained researchers using proven soothing methods find it difficult too.
 - > There is also evidence that most parents of crying babies are sensitive and responsive. In most cases, the long crying bouts that occur in young babies are not due to poor parenting.

- > The crying is just as likely to occur in second or later babies as first-borns, indicating that it is not due to parental inexperience either.
 - > Soothing methods which help stop the crying on one occasion may not work on another: the point about colic is that the crying is hard or impossible to soothe. It is not parents' fault, but using a range of soothing methods can help them to cope.
 - > Recent studies have found that giving probiotic drops ('friendly bacteria') to infants with colic reduced their crying. This remains controversial. Not all infants benefitted, there was no way to predict who did so, and the treatment usually took two weeks to work if it helped at all.



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