# Why do Babies Cry?

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All babies cry. Crying is a means of fast-tracking the parent (or primary carer) to respond to the baby's hunger or comfort needs, or to sensations that are too intense or overwhelming. However, recognising the different types of cry and reading the baby's baby signals, gives parents a better chance of working out the source of distress.

Very young babies make sounds based on reflexes such as sucking and yawning. The different pitches, patterns, and loudness of the cry indicate the urgency of the baby's need. Babies also use body language to communicate with the people closest to them. As they grow older, they may use gestures such as pointing, and make specific babbling noises to get their wants and needs met.

In the early months, crying often peaks at certain times of the day, during which time the baby may want to be fed or held constantly. In the fourth month, most babies settle into a routine, and crying peaks become less intense and more manageable.

Any one of the following could be possible reasons for crying. However, if removing the cause fails to solve the problem, parents should seek medical advice.

**Hunger**

Hunger is probably the first thing that parents think of when the baby cries. However, if the baby leaves the breast or bottle during a feed, or cries less than an hour after a feed, hunger is unlikely to be the reason.

Hunger signs include rooting for the breast, turning the head from side to side, opening and closing the mouth, sticking out the tongue, puckering the lips, and sucking the hands or fists.

From birth to three months, the hunger cry is based on the sucking reflex, in which the tongue is pushed up on the roof of the mouth to produce the sound *'neh'* or *'nah'.* If the baby is not fed, the cry will escalate to a strong, rapid, high-pitched sound.

If the mother feels that hunger is the reason for crying, she may discontinue breastfeeding, switch to a different brand of formula, or begin early solid food intake. However, it is worth exploring other reasons for crying before deciding.

**Swallowed air**

Some babies become so worked up that by the time feeding begins, they gulp air with the milk, which causes more crying. Fast delivery of milk from a full breast or

fast-flowing teat can make the baby gulp or swallow air. Air can become trapped inside the stomach if the baby slouches when feeding. When air passes into the small intestine, it can cause abdominal distension and discomfit.

As the diaphragm tightens to expel trapped air, an intermittent *'eh'* sound is produced. The baby may also produce a false smile, scrunch up his face, and roll his eyes.

The best way to disperse air is to position the baby upright during and after feeds. Carrying the baby in a sling carrier also allows swallowed air to be alleviated by gravity.

**Discomfit**

Some babies cry when their nappy needs changing. A nappy change gives the parent the chance to find out if it is too tight, or if something else is causing the baby distress.

Crying often coincides with changes in core body temperature, which can range from 36 to 37.4°C at different times of the day. Temperature naturally rises late afternoon and early evening and drops after midnight or in the early morning. It can also drop after a warm bath and in cold weather, or rise if the baby is over dressed, wrapped too tightly, or too hot. Removing or adding a blanket or clothing can make the baby feel more comfortable.

Babies may be unusually irritable if they have a gastrointestinal upset, fever or cold, and after a recent vaccination. Strong smells can also cause the baby distress.

An uncomfortable baby may produce a whiny and protracted '*heh*' sound, which may turn into a loud bawling cry if his or her needs are not satisfied. The cry may be accompanied by facial grimacing, fist clenching, and squirming.

Misalignment of the skull during childbirth can put stress on the nerves and muscles of the body and cause general discomfit. Cranial osteopathy can help babies who cry constantly for no apparent reason.

**Pain**

Skin pinching from a zip, car seat or pushchair strap, a painful bowel movement, an ear infection, an abdominal upset, and teething can cause pain.

Signs of pain include turning away from a stimulus, clenching the fists, jerking or flailing of the limbs, drawing the knees up to the chest, and arching the back when held. If the baby is suffering from an abdominal upset, the stomach may appear distended and feel hard. If the baby is overstimulated or has an ear infection, he may pull or grab his ears.

The pain cry may be sudden, shrill or piercing followed by an elongated pause during which the baby appears to stop breathing. The baby then catches his breath and lets out another long cry.

**Colic**

Inconsolable crying for three or more hours at the same time each day, usually in the late afternoon or evening is generally associated with colic.

The most logical cause appears to be a temporary insufficiency of the enzyme lactase, which breaks down lactose (milk sugars) in the small intestine. Overproduction of intestinal gases from undigested lactase can cause bloating and abdominal pain. Unless the baby is hungry, small regular feeds can protect babies from excessive gas production.

The baby may produce a sudden, shrill or piercing *'eairh'* cry and pull the knees up to the chest to force out trapped gas. Symptoms usually occur within an hour after a feed, peak at six weeks-old, and decline at four months-old.

Parents should seek medical advice before giving their baby gripe water or medications to relieve colic. Even herbal remedies may contain harmful ingredients, which can have adverse side effects.

**Maternal diet**

There is no scientific evidence to suggest that vegetables, fruits, and dairy products in the maternal diet produce excessive intestinal gas in the baby. Nevertheless, chemical additives in processed foods and caffeine may lead to gastrointestinal distress in some breastfed babies.

Although rare, very sensitive babies may react adversely to wheat, eggs, or peanuts in breast milk. Crying that is not accompanied by an intestinal upset, a rash or congestion is probably not food-related. Keeping a journal with a record of foods eaten and the baby's symptoms can be helpful in pinpointing problem foods.

**Milk protein intolerance**

If the baby has been recently introduced to formula and cries immediately after a feed, an allergic response to cow's milk protein could be responsible. Crying may also be accompanied by other symptoms such as vomiting and diarrhoea.

Formula, which has been specially treated or contains no milk proteins, can be given as an alternative, but only on the advice of a health professional.

**Growth spurts**

Growth spurts generally occur between one and eight weeks, and between three and nine months, and in short, intense bursts. The baby may quickly outgrow outfits, want

to nurse more frequently, wake up sooner after naps, and cry more often. Massage and exercise can help relieve stress and tension in the muscles, joints, and ligaments.

**Frustration or boredom**

Babies may cry out in frustration when they cannot reach a toy or object, and when they attempt new skills. Frustration cries are common in three to six-month-old babies.

When babies are bored, or in need of a change of activity or scenery, they may fuss and cry in a whiny way. A new toy, getting out and about in the fresh air, and seeing other babies and people can make a difference to the baby's mood and sense of well-being.

**Tiredness**

Teething, immunizations, growth spurts, overstimulation, and exposure to environmental smoke or chemical contaminants can also cause irritability and poor sleeping patterns.

High levels of artificial light can slow down the production of melatonin, a hormone that suppresses intestinal contractions and induces sleep. A darkened room will help babies to develop good sleeping habits.

Tiredness signs include yawning, fussing, droopy eyelids, rubbing the eyes, stretching of the arms and legs, and loss of interest in people and toys. The yawn reflex is accompanied by air inhalation and exhalation of breath, which produces a soft rhythmical *'owh'* sound.

**Overstimulation**

Too much attention, noise, bright lights, and unexpected or frequent changes in routine can lead to inconsolable crying, which generally peaks in the late afternoon or evening.

Overstimulation signs include turning away from lights, sights and sounds, flailing of the arms and legs, resisting touch by objects and people, arching the back, and pushing the parent away. Despite cuddling, carrying, or desperate drives in the car, an overstimulated baby is very difficult to pacify. A daytime routine that includes frequent rest-breaks will rejuvenate the baby both mentally and physically.

**Lack of attention**

Babies cry when they need attention or close physical contact. A loving cuddle satisfies the baby's emotional needs and reaffirms the parent-baby relationship, which results in a happier and more content baby.

Numerous studies (e.g. the theory of attachment) show that consistency and promptness in the maternal response leads to a decline in the frequency and duration of crying. Research also shows that carrying the baby in the parent's arms or in a carrier for at least three hours during the day, can significantly reduce crying and fussing that clusters in the evening.

**Parental tension and anxiety**

Inconsolable crying can make parents feel stressed, exhausted, and helpless in caring for their baby. However, the baby will quickly pick up on tension and emotions and the crying will escalate.

Close family members may be able to hold the baby while the mother takes a break. Putting the baby in the cot or pram can give the mother a chance to unwind and regain her emotional strength.

**Separation**

Happy gurgling may turn to a cry when the baby is handed to other people. Separation anxiety usually sets in at about six months-old, but it can happen sooner.

Separation anxiety is more common in breastfed than formula fed babies, who usually spend more time with the mother than with other people. If the mother-baby bond is emotionally strong, and a secure bond has been formed to a secondary figure, the baby will be less vulnerable to separation stress in the mother's absence.

**Summary**

As time goes on, parents become more familiar with the baby's body language and are better able to interpret the different cries. For example, when the eyelids become droopy and the baby produces an *'owh'* sound, the parent knows that it is time for a nap. Even if it is not possible to work out the cause of crying, holding the baby will provide emotional support and security.

Parents should be encouraged to seek professional advice if they feel there is an underlying health or medical problem or if the baby continues to cry excessively in the fourth month.

If further help is needed, Cry-sis (www.cry-sis.org.uk) provides support to parents with excessively crying babies. The helpline (08451 228 669) is open 7 days a week from 9am to 10pm.

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