SYMPTOM

# Crying in childhood

Crying is a child's way of showing a physical need, pain, discomfort, or strong emotion.

**WHAT IT FEELS LIKE**
My child cries more or differently than usual

**WHERE IT IS FELT**
Eyes, face, voice, and sometimes the whole body

**MOST COMMON CAUSES**
Hunger, tiredness, discomfort

**WHEN IT IS URGENT**
Fever under 3 months, unusual drowsiness, or inconsolable crying

**USUALLY LASTS**
Minutes to hours, depending on age and cause

**SEE A DOCTOR IF**
Persistent change, poor feeding, sleep disruption, or parental concern

## Overview

Crying is a normal way for babies and children to communicate. A baby may cry because they are hungry, tired, uncomfortable, overstimulated, or seeking closeness. Older children may cry with pain, fear, frustration, sadness, or exhaustion.

The amount and pattern of crying matter more than crying alone. A sudden change, an unusual cry, or crying with other symptoms may suggest that a child is unwell.

Parents and caregivers often know when a cry seems different. It is reasonable to seek medical advice if you are worried, even when you cannot identify a specific symptom.

## What it may feel or look like

Crying may range from brief fussing to prolonged, difficult-to-soothe distress. A child may become red-faced, draw up their legs, clench their fists, arch their back, or push away attempts at comfort.

Young babies often have periods of crying in the late afternoon or evening. Crying commonly increases during the first weeks of life and then gradually decreases as the baby develops.

Notice what happens before, during, and after the crying. Helpful details include whether your child feeds normally, has wet nappies, sleeps, settles when held, or seems comfortable between episodes.

An unusual high-pitched, weak, or moaning cry can be more concerning, especially when accompanied by fever, poor responsiveness, vomiting, or breathing difficulty.

## Common causes

Common reasons vary with age.

In babies, crying often relates to hunger, tiredness, a wet or dirty nappy, being too hot or cold, trapped wind, or wanting to be held. Overstimulation from noise, light, or activity can also make settling difficult.

Some young babies have colic , meaning repeated periods of hard-to-soothe crying despite appearing healthy between episodes. Colic is not one specific disease, and other causes may need to be considered before that description fits.

Teething can cause sore gums, dribbling, and irritability. It does not usually explain a very unwell child or significant fever.

In toddlers and older children, common causes include minor injuries, constipation, headaches, viral illnesses, tiredness, frustration, separation anxiety, and difficulty expressing feelings. Changes at home, school stress, bullying, grief, or sensory overload may also contribute.

Less common physical causes include an ear infection, urinary infection, reflux, food-related problems, or pain that a young child cannot locate.

Urgent causes are uncommon but may include a serious infection, significant injury, bowel blockage, poisoning, or a problem affecting breathing or the brain.

## When to seek medical care

Call emergency services now if your child:

Seek urgent, same-day medical care if:

Arrange a routine appointment if crying keeps returning, disrupts feeding or sleep, or is affecting family life. Older children may need support if crying is linked to persistent sadness, anxiety, school avoidance, bullying, or loss of interest in usual activities.

- Is struggling to breathe, turns blue or grey, or has pauses in breathing

- Is unresponsive, extremely difficult to wake, or having a seizure
- Has a serious head injury or may have swallowed poison
- Has severe swelling of the face or tongue
- May be in immediate danger from abuse or injury
- A baby under 3 months has a temperature of 38°C or higher
- Crying is continuous, severe, or cannot be soothed
- The cry sounds unusually weak, high-pitched, or unlike your child's normal cry
- Your child has a stiff neck, a rash that does not fade under pressure, or marked drowsiness
- There is green vomit, blood in vomit or stool, severe belly swelling, or intense belly pain
- Your child is feeding poorly or has noticeably fewer wet nappies
- There is painful swelling in the groin or scrotum

## How the cause is found

A healthcare professional will ask when the crying began, how long it lasts, what helps, and whether it differs from your child's usual behaviour. They may ask about feeding, sleep, bowel movements, urination, fever, vomiting, injuries, medicines, and recent changes at home or school.

The examination depends on your child's age and symptoms. It may include checking temperature, hydration, breathing, ears, mouth, skin, belly, joints, and nervous system.

Most children do not need tests. Urine, blood, imaging, or other tests may be considered when the history or examination points to a particular illness.

## Treatment and self-care

Treatment depends on what is causing the crying. An infection, injury, constipation, or other medical problem may need specific care. When no illness is found, support usually focuses on comfort, routine, and helping caregivers cope.

For a baby, check feeding needs, the nappy, clothing, and room temperature. Try holding the baby close, gentle rocking, quiet speech, or a calm, dim environment. Some babies settle with steady background noise or a walk in a pram.

Do not shake a baby. If you feel overwhelmed, place the baby on their back in a safe, empty cot and step away briefly. Ask another trusted adult to take over if possible. Avoid falling asleep with a baby on a sofa or armchair.

For an older child, offer comfort before asking many questions. Once they are calmer, help them name what hurts or what happened. Regular meals, sleep routines, quiet time, and predictable transitions can reduce crying caused by hunger, exhaustion, or overload.

Use pain or fever medicines only as directed for your child's age and the product instructions. Ask a pharmacist or healthcare professional if you are unsure. Do not give aspirin to a child unless a specialist has specifically prescribed it.

## What to expect

Brief crying linked to hunger, tiredness, frustration, or minor discomfort usually improves once the need is met. Crying patterns in young babies often become easier as their sleep, feeding, and ability to settle mature.

Colic-like crying usually improves with age, although the weeks when it is most intense can be exhausting. It is not a sign that you are failing to comfort your baby.

Recovery from illness or injury depends on the cause. Seek another assessment if crying worsens, new symptoms appear, or your child does not return toward their usual behaviour.

## Common questions

Does picking up a crying baby spoil them?

No. Responding calmly helps a young baby feel safe. Babies do not cry to manipulate caregivers.

Could crying mean my child is in pain?

Yes, but crying can also reflect hunger, fear, tiredness, or frustration. Pain is more likely when crying begins suddenly, follows an injury, or comes with guarding, swelling, vomiting, or reduced movement.

Why does my baby draw up their legs?

Babies may do this while passing wind, crying strongly, or trying to settle. It does not identify one cause. Repeated episodes with severe pain, vomiting, blood in the stool, or unusual sleepiness need urgent assessment.

What if I cannot cope with the crying?

Put your child somewhere safe and take a brief pause. Contact someone you trust for help. If you are afraid you may hurt your child or yourself, seek emergency help immediately.

## Sources

- National Institute for Health and Care Excellence. Fever in under 5s: assessment and initial management . NICE guideline NG143
- Royal Children's Hospital Melbourne. Clinical Practice Guideline: Unsettled or crying babies
- NHS. Soothing a crying baby
- American Academy of Pediatrics, HealthyChildren.org. Responding to Your Baby's Cries
- Centers for Disease Control and Prevention. About Abusive Head Trauma