SYMPTOM

Crying in infancy

Crying in infancy is a baby's main way of signalling needs or discomfort.

WHAT IT FEELS LIKE
My baby cries and is hard to settle

WHERE IT IS FELT
Whole body, sometimes with a tense belly

MOST COMMON CAUSES
Hunger, tiredness, needing comfort

WHEN IT IS URGENT
Fever of 38°C or higher under 3 months

USUALLY LASTS
Often peaks by 6 to 8 weeks, then eases

SEE A DOCTOR IF
Crying is persistent, worsening, or different from usual

Overview

Crying is a normal way for a baby to communicate. A baby may cry because they are hungry, tired, uncomfortable, overstimulated, or seeking closeness. Sometimes no clear reason can be found.

Crying often increases during the first weeks of life. It commonly reaches its highest level at about 6 to 8 weeks, then gradually decreases over the next few months. Some healthy babies cry for long periods despite being fed, held, and cared for.

A sudden change from your baby's usual cry can be more important than the total amount of crying. Consider how your baby looks, feeds, breathes, responds to you, and produces wet diapers.

What it may feel or look like

Your baby may fuss, whimper, or cry loudly. Their face may become red, and they may draw up their legs, clench their fists, arch their back, or pass gas. These actions do not always mean there is a stomach problem.

Some babies cry mainly in the late afternoon or evening. They may resist soothing but seem well between episodes. Others cry around feeds or when becoming tired.

A weak, unusually high-pitched, or very different cry deserves attention, especially if your baby is difficult to wake, feeds poorly, or appears unwell.

Common causes

Common reasons include:

Colic describes repeated, prolonged crying in an otherwise healthy, growing infant when no other cause is found. It is a description of a crying pattern, not a single disease. Colic usually improves with age.

Reflux means stomach contents move back toward the mouth. This is common in babies and may cause spitting up. Reflux is less likely to explain crying by itself when a baby is feeding and growing well.

Less common causes include constipation, a skin problem, an infection, a reaction to cow's milk protein, or pain from an injury. Cow's milk protein allergy usually causes other features, such as blood in the stool, vomiting, eczema, diarrhea, or poor growth.

Rare but urgent causes include a serious infection, a blocked or twisted bowel, a trapped hernia, or an injury. These usually cause other concerning signs as well as crying.

- Hunger, tiredness, a wet or dirty diaper, or being too warm or cold
- Wanting to be held, rocked, spoken to, or moved somewhere quieter
- Swallowed air, feeding too quickly, or difficulty attaching to the breast or bottle
- Overstimulation from noise, light, handling, or visitors
- Normal periods of increased crying during early development

When to seek medical care

Call emergency services or go to emergency care now if your baby:

Seek urgent, same-day medical assessment if your baby:

Arrange a routine appointment if crying remains difficult to manage, is worsening, regularly affects feeding or sleep, or you are worried about growth. Feeding support can also help if feeds are painful, very long, or stressful.

Trust your sense that something has changed. You do not need to wait for every warning sign

before seeking advice.

- Is struggling to breathe, turns blue, or has pauses in breathing
- Is very difficult to wake, unusually floppy, or unresponsive
- Has a seizure
- Has green vomit, vomits blood, or has a severely swollen belly
- May have a serious injury or may have been shaken
- Has a purple or red rash that does not fade when pressed
- Is younger than 3 months and has a temperature of 38°C or higher
- Has continuous, inconsolable, or unusually high-pitched crying
- Is feeding much less, repeatedly vomiting, or producing fewer wet diapers
- Has blood in the stool
- Has a bulging soft spot on the head while calm
- Has swelling or redness in the groin or scrotum
- Looks unwell or behaves very differently from usual

How the cause is found

A healthcare professional will ask when the crying started, how long it lasts, and whether it happens around feeds, bowel movements, or sleep. They may ask about vomiting, stool, wet diapers, fever, rashes, injuries, and how your baby behaves between episodes.

They will usually examine your baby, observe alertness and breathing, check hydration, and review weight gain. Watching a feed may identify attachment, swallowing, or bottle-flow problems.

Most thriving babies who appear well do not need tests. Blood, urine, stool, or imaging tests may be considered when the history or examination suggests an illness.

A short diary of crying, feeding, sleep, vomiting, stool, and wet diapers can help. A video of an episode may also be useful if it can be recorded safely.

Treatment and self-care

First check whether your baby needs feeding, burping, a diaper change, different clothing, or sleep. Keep stimulation gentle. Dim light, quiet sounds, skin-to-skin contact, rocking, walking,

or steady background noise may help. No single method works every time.

Place your baby on their back for sleep on a firm, flat surface. If you swaddle, keep the face uncovered, avoid overheating, and stop when your baby shows signs of trying to roll. Do not let your baby sleep unattended in a swing or other inclined seat.

If feeding seems related to crying, ask for help with breastfeeding attachment, bottle technique, teat flow, and pacing. Avoid repeatedly changing formula or removing foods from a breastfeeding parent's diet without professional advice. Colic mixtures, herbal products, probiotics, or acid-reducing medicines like omeprazole or lansoprazole are not suitable for every baby and may not address the cause.

Crying can be exhausting. If you feel overwhelmed, place your baby safely in their cot on their back, step away briefly, and contact someone you trust. Never shake a baby. Seek immediate support if you are afraid that you or someone else may hurt the baby.

Treatment for an identified medical problem will depend on the cause.

What to expect

Normal crying usually becomes more noticeable over the first several weeks, peaks at around 6 to 8 weeks, and then eases. Colic-like crying often improves by 3 to 4 months.

Improvement may be gradual rather than sudden. Regular health checks can confirm that your baby is feeding and growing as expected. Persistent crying does not mean you have done something wrong.

Common questions

Does drawing up the legs mean stomach pain?

Not necessarily. Young babies often tense their bodies, pass gas, and draw up their legs while crying. Other symptoms, such as repeated vomiting, a swollen belly, blood in the stool, or poor feeding, are more concerning.

Should I pick up my baby whenever they cry?

Responding to a young baby's crying provides comfort and helps you check their needs. Holding and comforting an infant does not spoil them.

Can teething explain crying in a young infant?

Teething may cause gum discomfort later in infancy, but it should not be assumed to explain severe crying, fever, poor feeding, or an unwell appearance.

What if nothing settles my baby?

If your baby otherwise looks well, use calm soothing methods and take safe breaks when needed. Seek same-day advice if the crying is continuous, unusual, or accompanied by poor feeding, vomiting, fever, reduced wet diapers, or a change in responsiveness.

Sources

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- NHS. "High temperature (fever) in children."
- Royal Children's Hospital Melbourne. Clinical Practice Guideline: "Unsettled or crying babies."
- American Academy of Pediatrics, HealthyChildren.org. "Colic Relief Tips for Parents."
- National Institute for Health and Care Excellence. Clinical Knowledge Summary: "Colic - infantile."