SYMPTOM

Excessive crying in infants

Excessive crying is frequent, prolonged, or hard-to-soothe crying in a baby.

WHAT IT FEELS LIKE
My baby cries intensely and is difficult to soothe

WHERE IT IS FELT
Whole body, sometimes with a tense face and drawn-up legs

MOST COMMON CAUSES
Hunger, tiredness, normal developmental crying

WHEN IT IS URGENT
Temperature 38°C or higher in a baby under 3 months

USUALLY LASTS
Minutes to hours; developmental crying often improves by 4 months

SEE A DOCTOR IF
Crying repeatedly disrupts feeding, sleep, or family coping

Overview

Crying is one of the main ways a baby communicates. They may need food, sleep, comfort, a diaper change, or a calmer environment.

"Excessive" may mean crying that is prolonged, frequent, unusual, or difficult to soothe. A change from your baby's normal behavior matters more than the exact duration.

Crying often increases during the first weeks, peaks around 6 to 8 weeks, and eases by 3 to 4 months. Some healthy babies have prolonged crying without a clear cause, sometimes called infantile colic .^{1,2} However, crying can occasionally signal pain or illness.

What it may feel or look like

Your baby may cry in short bursts or for a prolonged period, often later in the day. They may remain unsettled after feeding, changing, holding, or rocking.

During crying, a baby may:

These actions do not identify a specific cause. Drawn-up legs and gas are common during crying.

Notice how your baby behaves between episodes. Normal feeding, alertness, wet diapers, and growth are reassuring. Persistent sleepiness, weakness, or poor feeding needs medical review.

- Clench their fists or stiffen
- Draw their knees toward their abdomen
- Become red in the face
- Pass gas or spit up
- Feed briefly, then pull away
- Settle briefly before crying again

Common causes

Everyday needs include hunger, a wet or dirty diaper, tiredness, being too warm or cold, and wanting physical contact.

Overstimulation or difficulty settling may follow noise, activity, visitors, or missed sleep.

Normal developmental crying can happen after obvious needs have been met. Colic describes repeated, prolonged crying in an otherwise healthy, growing young baby when no cause is found. It does not prove there is a digestive disease.^{1,3}

Feeding-related discomfort may follow swallowing air, feeding quickly, or difficulty attaching to the breast or bottle. Spitting up and reflux are common and do not always cause pain.

Less common causes include constipation, cow's milk protein reaction, eczema, or infection. Blood in the stool, repeated vomiting, poor growth, fever, rash, or pain during feeding needs medical review.

Occasionally, pain comes from an injury, a hair wrapped tightly around a toe or penis, a scratched eye, a trapped groin hernia, or a swollen testicle.

When to seek medical care

Call emergency services now if your baby:

Seek urgent medical care the same day if your baby:

Arrange a routine appointment if crying repeatedly affects feeding or sleep, your baby is not gaining weight, vomiting is frequent, or the pattern is becoming harder to manage. Book an appointment whenever you remain concerned, even without a specific warning sign.

- Has severe trouble breathing, turns blue or grey, or stops breathing
- Is unresponsive, unusually floppy, or has a seizure
- Has had a serious injury or may have been shaken
- Is choking and cannot breathe or cry
- Is under 3 months old with a temperature of 38°C or higher
- Has green vomit, blood in vomit or stool, or a swollen abdomen
- Is very sleepy, weak, difficult to wake, or refusing feeds
- Has far fewer wet diapers or other signs of dehydration
- Has a new rash that does not fade when pressed
- Has a bulging soft spot, unusual high-pitched cry, or obvious severe pain
- Cries continuously and cannot be comforted, especially if this is new

How the cause is found

A healthcare professional will ask about the crying pattern, feeding, vomiting, stools, wet diapers, sleep, fever, birth history, and growth.

They may check your baby's temperature, hydration, breathing, skin, mouth, eyes, abdomen, groin, fingers, and toes. Watching a feed may identify attachment, swallowing, or bottle-flow problems.

Most thriving babies with typical developmental crying do not need tests. Tests may be considered if infection, injury, dehydration, or another condition is suspected.^{2,3}

A short diary of crying, feeds, sleep, stools, and wet diapers can reveal patterns. A safely recorded video may also help.

Treatment and self-care

Check simple needs first. Offer a feed if appropriate, burp your baby, change their diaper, and make sure clothing is comfortable. Check fingers, toes, and the diaper area for swelling or a tightly wrapped hair.

Try calm, repetitive soothing such as holding your baby close, gentle rocking, walking, quiet singing, or reducing light and noise. No single technique works for every baby.

If your baby sleeps, place them on their back on a firm, flat infant sleep surface. Do not fall

asleep with a baby on a sofa or armchair.

Do not start medicines, herbal remedies, special formulas, or major changes to a breastfeeding parent's diet without professional advice. Many colic products have limited evidence, and unnecessary dietary restriction can affect nutrition.^{3,4}

If you feel overwhelmed, put your baby safely in their cot and step away for a few minutes. Ask a trusted adult to take over if possible. Never shake a baby. If you fear you may lose control, immediately contact someone you trust or an urgent healthcare service.⁵

What to expect

Developmental crying usually decreases as the baby's nervous system matures and they become better able to settle. Improvement is often gradual.

Crying caused by feeding problems, skin irritation, or illness may improve when the cause is treated.

Seek follow-up if the pattern changes, new symptoms appear, or your baby is not feeding and growing as expected. Tell a healthcare professional if the crying is affecting your sleep, mood, relationships, or ability to cope.

Common questions

Does drawn-up-leg crying mean my baby has stomach pain?

Not necessarily. Babies often tense their abdomen, draw up their legs, and pass gas while crying. Vomiting, abdominal swelling, bloody stool, poor feeding, or poor growth needs medical review.

Should I change my baby's formula?

Not without advice. Repeated changes may not help. A healthcare professional may recommend a supervised change if there are signs of a food-protein reaction.

Can holding a crying young baby spoil them?

No. Comfort helps a young infant feel secure. You can place your baby in a safe cot for a short break when needed.

What if nothing settles my baby?

Recheck feeding, temperature, diapers, clothing, and the body for signs of pain. Seek urgent care if crying is continuous, unusual, or accompanied by illness signs. Otherwise, arrange an

appointment to review the pattern and growth.

Sources

- Wolke D, Bilgin A, Samara M. "Systematic Review and Meta-Analysis: Fussing and Crying Durations and Prevalence of Colic in Infants." The Journal of Pediatrics . 2017;185:55-61.e4.
- Royal Children's Hospital Melbourne. Clinical Practice Guideline: Unsettled or Crying Babies .
- Sung V. "Infantile Colic." Australian Prescriber . 2018;41(4):105-110.
- National Institute for Health and Care Excellence. Clinical Knowledge Summary: Colic-Infantile .
- Centers for Disease Control and Prevention. About Abusive Head Trauma .