

## Consistent Crying

### How can children with consistent crying be identified?

- All babies and children cry. Crying is a child's way of communicating that he or she is
  - Hungry
  - Uncomfortable
  - Sleepy
  - Uncomfortable with a wet or dirty diaper
  - In need of and/or desires attention
  - Sick or in pain
- Some babies cry a lot, and others only a little.
- As babies become toddlers, they cry for the same reasons. They also cry as they deal with big emotions, such as frustration, sadness, or jealousy.
- Children usually cry less as they age, when they have developed other communication skills.
- When a child continues to cry excessively after caregivers have attempted to meet his or her needs and/or crying continues for a longer period than is usual for that particular child, it is a concern.

### How common is it?

- Infants typically cry about 1 to 3 hours per day.
- It is normal for babies to cry during late afternoons, evenings, and right before feeding and sleeping times. At these times, crying may occur excessively.
- Excessive crying is usually at its worst around 6 weeks of age and gets better over time.
- If an infant cries too often or for too long, there could be a medical problem that needs to be examined. The same can be said of toddlers and older children as well.
- A baby who has *colic*, a term used for babies who cry more than 3 hours a day for more than 3 days a week, will often cry inconsolably, despite a caregiver's attempt to soothe the baby. The cause of colic is unknown, but colic affects 1 in 5 babies.

### What are the behaviors usually seen?

- Excessive, consistent crying can cause extreme stress in the child and caregiver.
- Babies and young children who cry consistently may develop behavior disorders and emotional dysregulation in their toddler years (eg, sleep and eating disorders, tantrums, clinginess, fussiness).

### When should a more concerning issue be suspected?

If the crying is unexplained, it has occurred for 1 to 2 hours with no breaks, the caregiver has checked the child for causes such as pain and discomfort (eg, a fever, teething symptoms), and all basic needs have been provided for, including working to soothe the child, it is time to seek medical attention.

Here's an example. Connor is a 16-month-old boy who entered child care on a Tuesday morning. He cried most of the morning, despite the teacher's attempts to soothe him. He refused to eat or sleep. The teacher was calm and understood that Connor was having a hard time adjusting to his new environment, so she nurtured him as much as possible while also attempting to meet the needs of the other children in the room. Connor returned to child care on Wednesday and Thursday, and he was so distraught that the teacher spent both days trying to console him. Teachers and other children were exhibiting symptoms of stress because of the excessive crying. The teacher talked to the child care director and to Connor's mom on several occasions to figure out what to do to help him. On Friday, after crying all morning, Connor began to have fever and had explosive diarrhea. His mom was called, and she took him to the doctor. Connor received a diagnosis of rotavirus, as well as a blockage in his small intestine. The pediatrician found the source of Connor's pain and consistent crying. In this case, it first appeared that Connor's crying was caused by his change in environment. However, there was also an underlying physical cause of his distress.

## Consistent Crying (continued)

### What are typical management strategies in the behavioral support plan?

- Crying children need soothing, nurturing, and patient caregivers to interact with them.
- Holding the child, staying within eyesight, giving the child age-appropriate toys, talking to the child calmly, and reassuring the child that he or she is safe are all good techniques to use to soothe the child.
- Other tips to try are singing, rocking, giving the child a pacifier or other item (eg, a special blanket or stuffed animal), going for a walk, or putting the child in a safe place, such as a crib, swing, or playpen, especially if the caregiver needs a few minutes to collect himself or herself and calm down as well.
  - Different children will need different solutions for their crying, and these solutions may change over time. For example, some children may be soothed by rocking, and others may prefer being swaddled and held.
  - Never, ever shake a crying baby. If you feel overwhelmed, ask for help, take a time-out, or take deep breaths. While infants should not be left to “cry it out,” it may be important to ask for help from another caregiver or to put the baby down briefly while the primary caregiver gives himself or herself a break.

### When should I ask for additional support?

- Do not hesitate to ask for help when attempting to console a crying child.
- It is important for a caregiver to know his or her limits and recognize the warning signs of becoming overwhelmed. When a caregiver becomes overwhelmed, the child’s behaviors and reactions tend to increase.

- Seek help from parents, coworkers, medical professionals, and/or infant mental health consultants.

### What training and/or policies may be needed?

- Policies should be in place to protect the child and assist the caregiver, should the need arise.
- Caregivers need the option to ask for help and the opportunity to step out of the room to gather themselves, to be able to deal with the issues at hand in a responsible manner.
- Caregivers should receive training on child development and appropriate expectations for crying at various age levels. They should also receive professional development on methods for calming and soothing not only the child but also themselves, because it can be difficult to work with a child who cries often.
- Ultimately, the goal is for children to be happy and flourish developmentally. Crying issues put a strain on everyone in the environment (ie, teachers, other children, and the child), and anything caregivers can do to assist everyone in calming down in a plus.

### Where can I find additional resources?

- Zero to Three (<https://www.zerotothree.org>)
- American Academy of Pediatrics HealthyChildren.org: Crying & colic (<https://www.healthychildren.org/English/ages-stages/baby/crying-colic/Pages/default.aspx>)
- The Australian Parenting Website (Raisingchildren.net.au)
- *The Big Book of Symptoms: A–Z Guide to Your Child’s Health*
- *Caring for Your Baby and Young Child: Birth to Age 5*, by Tanya Altmann, MD, FAAP (<https://shop.aap.org/caring-for-your-baby-and-young-child-paperback>)

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