

# Cry baby: why is my baby crying?

Why do babies cry? In short, newborns cry to communicate. Remember, newborns cannot talk. They can't even smile back at you until around six weeks of age.

Ah, but what are they trying to tell us? Babies cry when they...



- Are tired.
- Are hungry.
- Feel too cold.
- Feel too hot.
- Need to be changed –I never really believed this reason before I had my twins. My firstborn couldn't have cared less if he was wet and could nap right through a really poopy diaper. Then I had my twins. I was amazed that their crying stopped if I changed the tiniest bit of poop or a wet diaper. Go figure.
- Are bored. Perhaps she is tired of the Mozart you play and prefers some good hard rock music instead. Maybe she wants a car ride or a change of scenery. Try moving her

to another room in the house.

- Feel pain. Search for a piece of hair wrapped around a finger or toe and make sure she isn't out-growing the elastic wrist or ankle band on her clothing.
- Need to be swaddled. Remember a fetus spends the last trimester squished inside of her mom. Discovering her own randomly flailing arms and legs can be disconcerting to a newborn.
- Need to be UN-swaddled. Hey, some like the freedom to flail.
- Need to be rocked/moved. Dr. Lai's firstborn spent hours tightly wrapped and held by her dad in a nearly upside down position nicknamed "upside-down-hotdog" while he paced all around the living room.
- Need to burp. Lay her down for a minute and bring her up again to see if you can elicit a burp.
- Are gassy. Bicycle his legs while he is on his back. Position him over your shoulder so that his belly presses against you. You'd be gassy too if you couldn't move very well. The gassy baby is a topic for this entire post– talk to your doctor for other ideas.
- Are sick. Watch for fever, inability to feed normally, labored breathing, diarrhea or vomiting. Check and see if anything is swollen or not moving. Listen to his cry. Is it thin, whimper-like (sick) or is it loud and strong (not so sick)? Do not hesitate to check with your pediatrician. Fever in a baby younger than eight weeks old is considered 100.4 degrees F or higher measured rectally. A feverish newborn needs immediate medical attention.

What if you're certain that the temperature in the room is moderate, you recently changed his diaper, and he ate less than an hour ago?

- **Walk outside with your baby**– this can be a magic "crying be gone" trick. Fresh air seems to improve

a newborn's mood.

- **Offer a pacifier.** Try many different shapes of pacifiers. Marinade a pacifier in breast milk or formula to increase the chance your baby will accept it.  
Pick him up, dance with him, or walk around the house with him. You can't spoil a newborn.
- **Vacuum your house.** Weird, but it can work like a charm. Place him in a baby frontal backpack or in a sling while cleaning.
- **Try another feeding,** maybe he's having a growth spurt.
- When all else fails, **try putting him down** in his crib in a darkened room. Crying can result from overstimulation. Wait a minute or two. He may self-settle and go to sleep. If not, go get him. The act of rescuing him may stop the wailing.
- If mommy or daddy is crying at this point, **call your own mom or dad or call a close friend.** Your baby knows your voice and maybe hearing you speak calmly to another adult will lull him into contentment.
- **Call your child's health care provider** and review signs of illness.

**If you feel anger and resentment toward your crying baby, just put him down, walk outside and count to ten.** It is impossible to think rationally when you are angry and you may hurt your child in order to stop your frustration. Seek counseling if these feelings continue.

Now for the light at the end of the newborn parenting tunnel: the peak age when babies cry is six weeks old. At that point, infants can cry for up to THREE HOURS per day. Babies with colic cry MORE than three hours per day. (Can you believe people actually studied this? I am amused that Dr. Lai won a prize in medical school for a paper on the history of colic).

By three months of age crying time drops dramatically.

While most crying babies are healthy babies and just need to find the perfect upside-down-hot-dog position, an inability to soothe your baby can be a sign that she is sick. Never hesitate to call your baby's doctor if your baby is inconsolable, and don't listen to the people who say, "Why do babies cry?...They just do."

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## Does my baby have GERD or spit-up?



Baby spew doesn't always require reflux medications

In our office, two-month-old Max smiles ear to ear, naked

except for a diaper and a bib. His worried mom asks me about the large amounts of spit up Max spews forth daily. "He spits up after every feeding. It seems like everything he eats just comes back up. It even comes out of his nose!" she says. Max gained the expected amount of weight, an average of one ounce per day, since his one-month check-up. He breastfeeds well and accepts an occasional bottle from his dad. Even after spitting up and drenching everything around him, he remains comfortable and cheerful. He is well hydrated, urinates often, and poops normally.

In short, Max is a "happy spitter" Other than creating piles of laundry, he acts like any healthy baby.

Contrast this to two-month-old "Mona." She also spits up frequently. Sometimes it's right after a feed and sometimes an hour later. She seems hungry, yet she'll cry, arch her back, and pull off the nipple while feeding. She cries before and after spitting up. Her weight gain is not so good— she averaged one-half ounce of gain per day since her one-month visit. She seems more comfortable when upright and more cranky lying down.

Mona is **not** a "happy spitter."

Last story and then the lesson:

"Chloe" is a two-month-old baby who cries. Often. Loudly. Although most of the wailing occurs in the late afternoon and early evening, she also cries other times. She eats great and in fact, seems very happy while she feeds. She smiles at her parents mainly in the morning. She also smiles at her ceiling fan and the desk lamp. Movement calms her and her parents worry that she spends excessive time rocking in their arms or in her swing. Her cries pierce through walls and make her parents feel helpless. She often spits up during crying jags, and erupts with gas. She gained weight well since her last visit.

Here's the lesson:

All babies cry. All babies pee and poop. All babies sleep (at times). AND: all babies spit up. The muscle in the lower esophagus that keeps our food and drink down in our stomachs and prevents it from sloshing upwards, called the "lower

esophageal sphincter," is loose in all babies. The muscle naturally tightens up and becomes more effective over the first year of life, which is why younger babies tend to spit up more than older babies.

Max has **GER** (gastroesophageal reflux) , Chloe has **GER/ colic** and Mona has **GERD** (gastroesophageal reflux disease). Max and Chloe have physiologic, or normal, reflux. Mona has reflux that interferes with her mood, her feedings, and her growth.

GER, GERD **and** colic (excessive crying in an otherwise healthy baby) improve by three to four months of age. If your baby cries often (enough to make you cry as well) then you should see your baby's pediatrician to help determine the cause. It helps, before your visit, to think about when the crying occurs (with feedings? At certain times of the day?), what soothes the crying (feeding? walking/rocking?) and other symptoms that accompany the crying such as spitting up, fever, or coughing. Keeping a three day diary for trends can help pinpoint a diagnosis. We worry a lot when the babies are not "spitting up" but are actually "vomiting." Spit blobs onto the ground. Vomit shoots to the ground. Vomit which is yellow, is accompanied by a hard stomach, is painful, is forceful (think Exorcist), or enough to cause dehydration, all may be signs of blockage in the belly such as pyloric stenosis or volvulus. Seek medical attention immediately.

The treatment for Max, the happy spitter with GER? Lots of bibs for baby and extra shirts for his parents.

Treatment for Chloe, the crier? Patience and tincture of time. You can't spoil a young baby, so hold, rock and sway with her to keep her calm. Enlist a baby sitter or grandparents to help.

The treatment for Mona, the baby with GERD? **Small, frequent feedings** to prevent overload of her stomach, **adding cereal any bottle feeds** to help thicken the milk and weigh down the liquid, thus preventing some of the spit up (ask your doctor

if this is appropriate for your baby), and **holding her upright** after feeds for 15-20 minutes. Physicians **no longer advocate** inclining the crib. To prevent Sudden Infant death Syndrome, she should still be placed on her back to sleep on a flat, firm surface. Sometimes, pediatricians prescribe medication that decreases the acid content of the stomach to help relieve the pain of stomach contents refluxing into the esophagus.

Treatment for parents? Knowing that someday your baby will grow up, no longer need a bib, and probably have a baby who spits up too.

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