

When Your Baby Won't Stop Crying

How to Comfort and Soothe a Crying, Upset or Colicky Baby

[Español \(/es/articulos/crianza-familia/cuando-su-bebe-no-paran-de-llorar.htm\)](/es/articulos/crianza-familia/cuando-su-bebe-no-paran-de-llorar.htm)



It's tough when your baby won't stop crying. You may be worried that something is wrong with your child, that you'll lose your cool, that your parenting skills aren't up to the job, or that you'll never connect with your baby. But you can handle it! Learning the right techniques can help soothe an upset, unresponsive, or colicky baby while keeping you calm and in control.

Why do babies cry?

Babies cry for many reasons, and crying is the main way babies communicate. It's the way they capture your attention and express their needs. At first, it may be difficult to understand your baby's different cries, but as you spend more time listening, you will become better at recognizing and meeting your child's specific needs.

Common reasons babies cry

1. Sleepiness or fatigue
2. Wet or dirty diaper
3. Hunger
4. Overstimulation from noise or activity
5. Colic, acid reflux, or food allergies

6. Pain or illness
7. Gas
8. Stranger anxiety or fear

Is your baby unresponsive or indifferent?

Most babies use crying to communicate and they will continue to cry or show that they are upset until a parent or caregiver responds to their needs. Other babies, instead of crying, become upset and then tune out and fail to show any emotion. If you think about it, you probably know more than one adult who acts this way when faced with difficulty. An unresponsive baby might seem like an easy baby, because they may be quiet and agreeable. But a baby that doesn't respond to you, the environment, and sensory influences needs help. Call your pediatrician right away.

NEVER NEVER shake a baby

Shaken Baby Syndrome occurs when a baby is shaken. The blood vessels in a baby's head cannot tolerate the impact of shaking and can break.

- Each year about 1,000 children die from Shaken Baby Syndrome.
- Death, brain damage, mental retardation, seizures, or blindness may result from shaking a baby.
- Shaking usually happens when parents or caregivers become frustrated or angry when they are not able to stop the baby from crying.
- Shaken baby syndrome is 100% preventable.

Source: *American Academy of Pediatrics*

Coping with a crying, colicky, or unresponsive baby

You already know that no two babies are alike, but this reality may still hit you hard when you hear other parents talking about how easy their babies are or how their newborn sleeps peacefully through the night. Try to avoid comparisons and specific expectations, as they can create negative feelings—especially if you have a very challenging baby. Give yourself a break if you are having feelings you didn't expect. It may take a bit of time to get in sync with your baby, but the extra work will be worth it!

In stressful situations—when your baby won't stop crying or won't respond to you, and when you are feeling frustrated, tired, and angry—you need to develop some strategies for taking care of yourself. When you're calm and centered, you'll be better able to figure out what's going on with your child and soothe his or her cries.

Recognize your limits. Pay attention to internal warning signs when you are feeling overwhelmed. The sooner you spot your personal limits, the easier it is to plan ahead—for extra help, a break, an excursion outside, or a quick pep talk from a friend or loved one. The small things you do to prepare will help you get in the best frame of mind to care for your baby.

Remember that time is on your side. For most babies, crying peaks at six weeks and then gradually eases off. There is an end to the crying on the horizon! You may have to put in a little extra work right now and be very patient, but things *will* get better.

Reach out for support. If you can, enlist help during the fussiest times of the day. Say yes when people offer to help with housework, meals, or babysitting. Find a group of moms to talk to and get out of the house when you can. Knowing you have some help on the way can make a big difference.

You don't have to be perfect. Parenting is not about perfection. It would be impossible to be fully present and attentive to an infant, especially a crying infant, 24 hours a day. Experts estimate that meeting your infant's needs at least ***one third of the time*** is enough to support healthy bonding and secure attachment. Don't worry about getting it exactly right all of the time. Instead, try to relax and enjoy the times when your baby isn't crying.

Pay attention to your baby's signals

The whole world comes to your baby through their senses, and every baby has different sensory needs, which is why one baby might love to be held and another won't; or one baby will cry because of a wet diaper and another will ignore it and continue to play happily.

Get to know your baby's preferences by engaging all of your senses as you try to figure out what your baby needs. Try being especially attentive to:

Changes in mood – Do your baby's mood changes seem to coincide with environment changes, the time of day, or in relation to food or naps? For example, if your baby is cranky in the late morning, watch to see if they are sending signals that you're missing—like an isolated yawn or eye rubbing.

Reactions to different situations and environments – Babies often send signals that we as adults just don't notice. Your baby might get overstimulated if too many people are around or become especially upset about schedule changes.

Differences in your baby's cries – At first all cries will sound the same, but, gradually, you will hear how the “I’m hungry” cry is very different from the “I’m tired” cry. Notice noise level, pitch and intensity of the cry, as well as your baby’s body language and facial expressions. An arched back, a scrunched-up face, eyes tightly closed to shut out the light, fists curled up, rubbing eyes, hyperactive or frenetic movement—all of these signs communicate something specific about your baby’s emotional and physical state.

Learning what it takes to soothe and comfort an upset or unresponsive baby may take all of your skills of perception and awareness. Don’t give up if you are having a hard time figuring out what makes your baby cry—he or she will probably keep trying to let you know.

Dr. Harvey Karp’s 5 S’s for soothing a crying baby

If your baby seems to be crying for “no reason,” pediatrician Harvey Karp advises parents to use the Five S’s, which recreate the womb environment and activate your baby’s calming reflex.

- **Swaddling.** Wrap your baby in a blanket so he feels secure.
- **Side or stomach position.** Hold your baby so they’re lying on their side or stomach. **But always put them on their back when going to sleep.**
- **Shushing.** Create “white noise” that drowns out other noises: run the vacuum cleaner, hair drier, fan or clothes drier.
- **Swinging.** Create a rhythmic motion of any kind. For example, take your baby for a ride in a stroller or car.
- **Sucking.** Let the baby suck on something, such as a pacifier.

Adapted from: *The Happiest Baby on the Block*

Evaluate your own emotional state

When your baby cries for hours on end, it is natural to feel responsible. Often, though, blaming yourself can get in the way of your ability to be calm, present, and responsive to your baby. The relationship with your baby is a partnership, so your emotions will make a difference to how your baby reacts. If you are feeling overwhelmed, depressed, angry, anxious, or detached, your baby may have trouble calming down.

Am I the reason my baby won't stop crying?

Are you distracted, overwhelmed, and at breaking point? If you're [stressed out and exhausted](#) (/articles/stress/burnout-prevention-and-recovery.htm), you're going to have trouble relating to your baby in a soothing, nurturing way. So it's important to get the support you need. Extra support is essential if you're:

1. Depressed
2. Suffering from a major illness or chronic health problems
3. Overwhelmed or fearful about parenting
4. Exhausted from lack of sleep
5. Feeling neglected, isolated, or unsupported
6. A previous victim of abuse or neglect



(/articles/parenting-family/building-a-secure-attachment-bond-with-your-baby.htm)
[Building a Secure Attachment Bond with Your Baby:](#) (/articles/parenting-family/building-a-secure-attachment-bond-with-your-baby.htm) Parenting Tips

Fortunately, there are great opportunities for overcoming the limitations a parent or child may bring to the [attachment relationship](#) (/articles/parenting-family/what-is-secure-attachment-and-bonding.htm). Parents who learn how to calm themselves, ask for support, and communicate with their infants can find the means for creating a successful attachment relationship—essentially teaching by their example—even with an upset or unresponsive infant.

Tips for keeping your cool and calming your baby down

Remember that your baby has feelings. Babies are emotional beings and experience feelings of happiness, sadness, joy, and anger from the very first moment of life. If, for whatever reason, you are having trouble being responsive to your baby, your child will pick

up on those signals. How would you feel if your spouse or parent was unresponsive to your signals or attempts to communicate? Thinking of your baby as an individual with a unique personality may make it easier to interpret and respond to his or her cries.

Choose some techniques for taking a “time out.” Strategies like counting to ten, going outside, taking deep breaths, putting your baby down and walking around the house for a minute, can all help you maintain a calm frame of mind.

Find a mantra. A mantra is a sound, word, or phrase, often said over and over again, to provide comfort and inspiration. With a crying baby, you may find yourself talking out loud anyway, and a mantra can be helpful to provide perspective, comfort, and energy to keep going. Some examples might be: “Just breathe,” “This is hard, but doable,” and “All will be well.”

[Baby blues or postpartum depression?](#)

Exhaustion, rapidly shifting hormones, and a challenging child might make you feel frustrated, sad, or even depressed. If you find yourself feeling depressed, worthless, or resentful or indifferent towards your baby, don't try to wait it out. See: [Postpartum Depression and the Baby Blues \(/articles/depression/postpartum-depression-and-the-baby-blues.htm\)](/articles/depression/postpartum-depression-and-the-baby-blues.htm)

Watch for attachment milestones

If your baby has challenges (like constant crying, fussiness, or unresponsiveness) that get in the way of emotional connection, bonding and attachment may suffer. The following attachment milestones can help you recognize your baby's attachment progress.

If the milestones are not happening in the right time frame, you should seek help. Fear or stress might make you feel reluctant to evaluate your baby this way, but [attachment problems \(/articles/parenting-family/attachment-issues-and-reactive-attachment-disorders.htm\)](/articles/parenting-family/attachment-issues-and-reactive-attachment-disorders.htm) identified *early* are usually easier to fix.

Attachment milestone 1: Attention and regulation (birth-3 months)

Attention and regulation go hand-in-hand, because a baby who can't calm down (and regulate their nervous system) won't be able to pay attention and interact with you.

Your baby has periods when they are calm (not crying), attentive (not sleeping), and shows interest in faces, but doesn't necessarily engage with you at this point.

You follow your baby's lead. When your baby pays attention to you, you respond with gentle touch, soothing tone of voice, and playful facial expressions. When your baby looks away, you do the same.

Attachment milestone 2: Shared joy (3-6 months)

Sharing joy with your baby establishes a connection between sensory experiences (things your baby sees, hears, and feels) and safe and loving interaction with another person.

Your baby seeks engagement with you and participates in the back-and-forth exchange of gestures, smiles, sounds, and movement. Your baby will probably need frequent breaks from interacting.

You continue to let your baby lead the exchange. When your baby wants to interact, you respond with playful activity. If your baby wants to take a break, you slow down.

Attachment milestone 3: Give and take communication (4-10 months)

With the third milestone, your baby's level of engagement with you becomes more sophisticated.

Your baby uses an ever-increasing range of sounds, facial expressions, and gestures—wide eyes, coos, nonsensical babbles, giggles, pointing—to invite you to play and to indicate needs and wants.

You continue to watch your child's signals, gestures, and facial expressions and adjust your responses to those cues. You should notice more back and forth communication.

Attachment milestone 4: Gestures and problem solving (10-18 months)

Your baby's new motor skills—scooting, crawling, pointing, and maybe walking—should lead to better communication and connection with you.

Your baby starts to combine their motor and nonverbal skills with their need to solve problems. For example, your baby might point to something out of reach or crawl to the highchair when hungry.

You continue to respond to your baby's cues and use words, facial expressions, and gestures of your own to confirm to your baby that the messages are heard.

Recognize and cope with colic

Colic is a general term used for babies who cry more than three hours a day for more than three days a week. A baby with colic will often cry inconsolably despite all attempts to comfort and soothe. The cause of colic, which affects one in five babies, is not clear. Some experts think that colic may be connected to the development of the infant's intestinal system, related to acid reflux (GERD), or to food allergies.

What colic looks and sounds like

Parents of babies with colic often say that the babies look like they are angry or in pain, have gas, or trying to go the bathroom without success. Other characteristics of a baby with colic:

- ▶ Higher pitched, more frantic crying
- ▶ Sudden crying, starting out of nowhere, and for no apparent reason
- ▶ Rigid or stiff body, often with clenched fists
- ▶ Bent legs and stomach may feel hard

Timing of colic

Colic often begins at two weeks after a baby's due date, reaches a peak about six weeks past the due date, and generally ends by the time the baby is 12-14 weeks old (or four months past the due date). Your baby's crying may taper off gradually past the six-week mark, or one day your baby might just stop the extended crying spells altogether. It may feel endless and unbearable while you are in the midst of it, but it will end.

What to do about colic

Pediatricians may be sympathetic and recommend Mylicon (simethicone) drops or gripe water, but often doctors will tell parents to "just be patient," because colic is not harmful and will go away on its own. Of course, in the midst of all that crying, having someone tell you to "be patient" may seem impossible to consider. In order to make it through, you will have to develop some great self-care strategies and enlist support.

Focus on one day at a time (mark off the days on a calendar if that helps).

Ask your doctor to consider the possibilities of food allergies or acid reflux (GERD), which can be remedied. If you are breastfeeding, you can try adjusting your diet to see if that affects your baby's crying spells.

Ask for help—support from your spouse, family, friends, and a babysitter or nanny will be essential to getting through the first few months of your baby’s life.

Know when to seek help

If you constantly feel overwhelmed and the feeling doesn’t go away, you probably need some outside help. Additionally, if you are feeling like you can’t pick up on your baby’s cues or your baby isn’t alert enough to engage in the early milestone behaviors, it is important to seek help as soon as possible. Problems that are identified early can almost always be solved.

Special circumstances that might require professional help

Physical, mental, or emotional challenges at birth, or soon after, are often traumatic to an infant and can cause your baby’s nervous system to get “stuck.” A nervous system that is stuck will probably have difficulty with regulation, which means the baby will have a hard time settling down.

Special or traumatic circumstances that might cause problems include:

- ▶ Premature birth
- ▶ Difficult or traumatic birth
- ▶ Medical problems or disability
- ▶ Adoption or separation from primary caregiver

Where to go for help when your baby won’t stop crying

If your baby is crying or upset often, or unresponsive, you should seek help from your pediatrician or a child development specialist. Your pediatrician should be able to recommend a specialist in early infant behaviors to help you figure out if there is a problem and what to do about it. Alternately, contact the pediatrics branch in your local hospital and ask about services in your area, such as:

Parenting skills classes. Available in many areas, coaching and education for parents and caregivers can build necessary parenting skills and offer support and advice.

Support groups. Run by peers rather than professionals, support groups provide a safe environment to share experiences, advice, encouragement, and coping strategies for parents of babies who won’t stop crying.

If the stress or crying becomes more than you can stand, or if you feel like shaking, hitting or harming your baby in any way, call for help immediately.

In the U.S.:

- 24-Hour Parent Helpline:
1-888-435-7553
- Crying Baby Hotline: 1-866-243-2229
- Fussy Baby Warmline:
1-888-431-BABY

In Australia:

- Parentline: 1300 30 1300

In Canada:

- Parent Help Line:
1-800-668-6868

In the UK:

- Parentline: 0808 800 2222
- Parent Lifeline: 0114 272 6575

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