



Crying and unsettled babies

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Background

- Crying is normal physiological behaviour in young infants. At 6 8 weeks age, a baby cries on average 2 3 hours per day. Parents may perceive crying as excessive when crying is still within normal limits.
- Colic is defined as 'excessive crying'. An infant with colic usually cries for more than three hours per day on more than three days per week.
- Colic is extremely common and occurs in up to 40 percent of all infants. It usually starts somewhere between the third and sixth week after birth and ends when a baby is three to four months of age.
- Parents can often feel distressed, exhausted and confused.

Average sleep requirements

At birth babies tend to need approximately 16 hours sleep decreasing to 15 hours at 2-3 months old.

A 6 week-old baby generally becomes tired after being awake for 1.5 hours and a 3 month-old baby generally becomes tired after being awake for 2 hours.

Clinical Characteristics of colic:

- Crying develops in the early weeks of life and peaks around 6-8 weeks of age
- Infants with colic are well and thriving. There is usually no identifiable medical problem.
- Usually worse in late afternoon or evening but may occur at any time
- May last several hours
- Infant may draw up legs as if in pain, but there is no evidence that colic is attributable to an intestinal problem or wind
- Usually improves by 3 4 months of age

Assessment and management

It is important to rule out other causes of excessive crying. See table below for differential diagnoses.

Observation before touching the baby is very important. Consider interaction with parents, behaviour of parents, and consolability. Moving all limbs normally? Abnormal posture or tone? Any increased work of breathing?



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	Differential Diagnosis	History and Examination
Non - pathological / medical cause unlikely • Usually thriving • Well child	Hunger	 Consider if baby frequently feeds < 3 hourly Poor weight gain Inadequate breast milk supply
	Tiredness / overstimulation	 Excessive overstimulation Signs of tiredness - frowning, clenched hands, jerking arms or legs, crying, grizzling
	Colic	 Excessive crying How are parents coping? Sleep / cry diary Worse in afternoon / evening? Draw legs up in pain Improves by 3-4 months
	Maternal post-natal depression or anxiety	 GP may be aware of maternal mental health concerns May require a period of admission
Food sensitivities • Vomiting • Diarrhoea • Atopy • FTT • Weight loss • Abdominal pain • Cramping	Gastro- oesophageal reflux disease	 Frequent vomiting i.e > 4 or more times per day Feeding difficulties Crying after feeding?
	Cow's milk protein allergy	 Vomiting, blood or mucus in diarrhoea Poor weight gain Family history in first degree relative Signs of atopy (eczema / wheeze) Significant feeding problems worsening with time
	Lactose malabsorption	 Frothy watery diarrhoea with perianal excoriation In formula-fed babies, may be lactose malabsorption due to mucosal injury of GI tract secondary to cow milk / soy protein allergy
Acute onset / clinically unwell	Sepsis	 Signs of fever, urinary tract infection, meningitis, shock, breathing difficulties, ear pulling, loss of appetite
 Pain score Fever Signs of shock Dehydration 	Raised ICP	 Red flags: Sudden onset of irritability and crying Take into account maternal and family psychosocial situation Excessive crying is the proximal risk factor for Shaken Baby Syndrome Clinically unwell
	Hair tourniquet	
	Corneal abrasion	
	Incarcerated inguinal hernia	
	Intussusception	



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Management flow chart for crying babies

