

# Guide for parents: Crying in infants

Parents have a unique and irreplaceable role in their children's lives. There may be times when professional expertise is needed, but there are also many ways parents can equip themselves to meet their children's needs on their own.

One of the first ways an infant communicates is through crying. Babies cry often, and as parents, we are programmed to feel discomfort when our babies cry and want to respond to this.

A healthy, developing infant cries or shows significant discomfort for an average of 2 hours a day for the first 6 weeks of life. This drops to about an hour by the time the baby is about 12 weeks old. Being around a crying baby can be quite overwhelming as a parent. However, crying is completely normal for infants.

The small child under 4 months old does not see himself as an individual yet. He has been used to getting food continuously through the umbilical cord in the womb.

Here the child is also surrounded by warm water, in the dark, feels movements and hears soothing voices. We cannot therefore expect an infant to come directly out of the womb and enter life, as we adults do or older children do.

Infants also experience great neuropsychological development and experience light/sound and touch very primitively. A competent infant will therefore react quickly to not being skin to skin or in the arms of its parents, as it will feel unsafe. The child will therefore cry often.

If the infant cries more than 3 hours a day and more than three days a week, this is called excessive crying or colic. The cause of excessive crying or colic has not yet been found to be clear. Not even whether it can be due to challenges in the muscles and joints, or whether it can be due to an overreactive nervous system.

New Danish research shows no significant effect of chiropractic for infants with excessive crying or colic.



## You can usually remedy crying yourself

- Is your child hungry? Does it need a clean diaper? Or contact? Feel the child's neck. If the child is warm and dry on the neck, the temperature and clothing are often OK.
- Generally, put the child to the breast/offer food at early signs of hunger. That is, when the child puts the food in their mouth, smacks or starts to wake up.
- Lay skin-to-skin with the newborn as much as possible, while you are awake and can keep an eye on it.
- Generally, give your child gentle transitions. Dim the lighting at night and, for example, when bathing. Make sure that all items are ready and make sure that the child does not get cold.
- Consider offering a pacifier if necessary, but not instead of a meal.
- Try "white noise" from, for example, a vacuum cleaner or hair dryer. This is similar to the sound from the time in the womb.
- See if your child needs to burp during or after the meal.
- If your child seems to be in pain due to constipation/stomach cramps that are not considered to require a visit to a doctor, you can give a little sugar water if needed using a 2 ml syringe quietly into the child's mouth. This has a calming and pain-relieving effect on your child. Boil about 200 ml of water for 5 minutes, measure out 100 ml of water and mix this with 10 grams of sugar, which is dissolved in the water. Cool it so that it is room temperature.



## Think of this during the first time

- If you are two parents – cuddle each other and take turns sleeping.
- Reach out to friends and family. They will often be willing to help.
- Set a low bar for what you can accomplish in terms of practical things during this period.
- It is okay to get frustrated and upset. If you need a short break, put your child somewhere safe. Take a few breaths and return to comforting your child.

## When should you seek help?

- If your child is inconsolable and uncontactable, seems lethargic, or is excessively hypertonic/excessively tense. Contact your doctor/emergency room.
- Think about what you see in your child. Do you/your doctor/your health visitor consider that your child is developing as he should? Is he gaining weight? Is he growing? Is he urinating and defecating? In addition to crying, does your child also have periods of smiling? Eye contact? Does your child babble age-appropriately? If so, there is rarely cause for concern as to whether your child is seriously ill.