

Ask the Expert

LINDA GILKERSON

ZERO TO THREE Board Members share their expertise and insight regarding important issues affecting infants, toddlers, and their families.

MEET: Linda Gilkerson, PhD, is professor and director, Irving B. Harris Infant Studies Program, Erikson Institute, Chicago, Illinois. Dr. Gilkerson's area of specialization is early intervention and infant mental health. She has made pioneering contributions in promoting a focus on social-emotional development and reflective supervision within both the health and early intervention systems. Dr. Gilkerson is the founder and executive director of Erikson's Fussy Baby Network and co-principal investigator, Infant Crying and Developmental Outcome: A Biobehavioral Approach, NICHD-funded research project awarded to University of Illinois—Brain Body Center. She is also principal investigator for a study on the effectiveness of an infant mental health-informed intervention approach for fussy babies and their families.



Helping Families With Fussy Babies

Q: What are some of the causes of excessive crying in infants?

A: All babies cry. In fact, there is a typical pattern of crying that was first discovered years ago by T. Berry Brazelton, MD, who asked mothers in his practice to make a log of when their babies cried. The infants did not cry very much for the first 2 weeks, then their crying increased to a peak at around 6–8 weeks and started to diminish for the next 2 months to a level which stayed relatively stable for the rest of the first year. We call this pattern of typical crying the “Crying Curve.” In Dr. Brazelton’s study, babies also tended to cry more in the evening. Cry researchers tell us that babies fuss as well as have full-blown cries and that parents gauge their response to the baby based on the intensity of the cries or fusses.

But some babies do cry more than others. Medical reasons account for about 5–10% the babies who cry a lot. Common medical reasons include cow’s milk protein intolerance, GER (gastroesophageal reflux), or infantile migraines. Pediatricians use the Rule of Three to identify babies with excessive crying or colic; that is, babies who cry more than 3 hours a day for 3 days a week for at least 3 weeks. Although all babies have times when their crying is unsoothable, colicky babies may have more of these times.

Q: What impact does infant crying have on relationships within the family and on infant development?

A: Parents don’t forget. Although colic crying ends typically when the baby is around 3–4 months old, and for many babies and families there are no long-term consequences, parents remember the stress of their infant’s crying. For some families, the increased stress of infant crying, particularly if linked to other psychosocial stressors which often begin prenatally, can feed into a cycle of parent-

infant relationship distress. Research shows that parents can have less optimal interactions with their colicky babies and that fathers may struggle more than mothers, feeling particularly powerless themselves and judging the mother’s caregiving more negatively. Research from Barry Lester’s group at Brown University shows that maternal depression can go along with infant colic in over 40% of the mothers seeking help with their baby’s crying. It’s important to note that in studies of infant crying, many mothers of irritable babies do show sensitivity and affection, overriding the impact of the infant’s irritability. The key is to remember that colic crying should diminish by 3–4 months. When the crying persists past 4–6 months, these babies are at higher risk for longer-term sensory and regulatory problems, especially if the crying is associated with feeding, sleeping, or other behavioral concerns. Thus, the new Rule of Three around infant crying is: Follow-up Until Resolved.

Q: How can families be helped?

A: Some ways to help include the following:

1. *Listen to parents and invite them to tell you about their baby’s crying.* When a parent sees their baby as difficult, take them seriously. Parents are often frustrated by those who minimize their concerns, offer advice too quickly, or seem to judge them. If a baby is difficult for a parent, then this is a difficult baby for this family. You can say: “I know this has been hard. I’d really like to hear about Danny’s crying. What has it been like for you to take care of Danny with all this crying?”
2. Help parents “organize” what they know about their baby and “prioritize” their strategies. Most parents have a hunch about what will help their baby but it’s hard for them to trust their own competence and stick with an approach. Watch closely for

what they are doing that is helping and highlight how their baby responds. When you see a pattern that seems to interfere with soothing, wonder with the parent about it. Most times, parents are trying too many different strategies and may need support to settle into a few calming routines that work most of the time.

3. *Help parents find “the words and the ways” through inconsolable times.* Explain that it is normal for there to be times when their baby is inconsolable or upset and the parents feel at the end of their rope. It’s part of being a parent. Help parents talk about how they will handle these times and have specific strategies which will decrease the stress. It is always okay for parents to call the doctor if they are worried about their baby, or to talk to a friend, family member, or professional if they are worried about their own responses. It is also okay for a parent to put the baby down in a safe place or ask someone else to step in before feeling overwhelmed.
4. *Most strategies have their trade-offs; the key is for parents to find the ones that they can sustain.* Caregiving decisions are family decisions, reflecting the characteristics of the baby and the parent’s culture, values, personal history, and available resources.
5. *If a parent is still struggling with their baby’s crying after 4–6 months of age, offer to help the parents learn more about their baby and/or find extra support for themselves.* Be ready to differentiate need and go in the direction of the family’s concerns, as well as carefully share your own observations. These are often complicated situations, with multiple contributing factors. You may be one of the first persons who is able to provide a calm presence where the parent can truly share their worries and begin to find their way.

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