

## **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 don't respond to all cries or fusses equally. Parents gauge their response to the baby based on the intensity of the cries.

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. While the causes are not known, colic is often described as excessive crying without an identifiable cause in an otherwise healthy infant between the ages of 2 weeks and 4 months. Cries of babies with colic may have a higher pitch which can be more stressful to hear. Their cries seem to come out of the blue with no predictable trigger and the amount can vary day by day. The babies may look like they are in pain; their faces may be flushed, fists clenched, and they may have gas. 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 and may find that conflict in the couple or family relationship can linger from 1 to 3 years. 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, clearly described by Mechthild Paupošek and her colleague's in ZERO TO THREE's publication *Disorders of Behavioral and Emotional Regulation in the First Years of Life* (2008). 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. Irritable babies can be less responsive with fewer positive social behaviors and therefore, less reinforcing. 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 we help?**

**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. (He really settles when you wrap him so snugly. Is this something you do regularly?) 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. This will happen now, when their baby is young, and again and again. 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.* Lots of holding and continuous feeding may decrease the overall amount of crying (it will not stop colic), but may also increase night waking. Putting the baby down may increase overall crying, but it may also increase the likelihood of independent sleep. 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.* You can say: "I know you've been worried about Sally's crying for a while now, and it seems like she is still struggling. I'm wondering if you would like to talk with someone about her fussiness. I can help you find a resource person who specializes in understanding young babies' behavior." You might refer the family back to their pediatrician or to a behavioral/developmental pediatrician or an occupational therapist or other early interventionist specializing in infant regulation. If the issue seems more about the parent's mental health, then you may want to discuss an adult mental health referral. If the issue seems to be the parent–child relationship, then you may seek out an infant mental health specialist. 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.