

**Transcript: Shh, Shh, It's Okay: Coping With Crying in Babies and Toddlers
Featuring Pamela High, M.D.**

- Q: I am pleased to welcome Dr. Pam High, who will join us today to talk about one of the most distressing issues for so many new parents: how to cope with fussiness and crying. Pam directs the Division of Developmental Behavioral Pediatrics at Hasbro Children's Hospital, and serves as program director for Fellowship and Residency Training in Developmental and Behavioral Pediatrics. In addition, she is the director of the Infant Behavior Cry and Sleep Program at Brown Medical School and Women and Infant's Hospital. Pam, thank you so much for joining us today.
- A: I am pleased to be here. Thank you for inviting me, Annie.
- Q: So, the Cry and Sleep Program—that must be quite something to have to witness. I mean I guess that I can't really think of a topic that more parents ask me more questions about than crying. Let's talk a little bit about some research that Zero to Three conducted, Hart Research did it for us, where, again, crying was cited as the number-two most challenging behavior just behind temper tantrums. I think it would—might be helpful to try to touch on why babies cry—you know, what—what they're trying to communicate, umm, because it may not make it any easier to hear it or live with it, but, umm, it does certainly help to I think allay some parents' anxiety about what's going on.
- A: Umm, certainly. I think probably the most important thing is for parents to realize that crying is one of the child's, umm, earliest means of communication, that it's their human nature. It's a skill, uh, that, umm, they use to get what they need the most, which is their parent's attention. So, when infants cry, it—it isn't really a crisis, but more likely it's a mystery that parents, umm, may need to try to solve. And it's not so easy to solve that mystery a good deal of the time.
- Q: Right.
- A: So, , I think that crying, sleeping, and feeding as well are all really intimately intertwined with each other, so trying to pay attention not just of crying, but—but of the other elements that are going on in the baby's life I think are an—an important first step at, uh, trying to understand why babies are crying.

Q: So, one of the things I think that parents would benefit from understanding is, you know, what is typical in terms of a baby crying? Is there, you know, a number of hours that most babies cry when they're newborns? Is it— umm, is there a certain period of day that tends to be the time which is sort of the witching hour for every parent?

A: Well, there is a—a very significant amount of variability, but most babies for the first few days or weeks it's kind of a honeymoon period, and, umm, the peak of crying in babies we think is mostly, uh, around six to eight weeks. When babies are born early, correcting for their prematurity is six to eight weeks of age also, which is an interesting kind of phenomena.

Q: Yeah. That is.

A: And, , at least 25% of babies cry more than two and a half hours a day at that peak of crying. So, it's—it's not surprising that this is a significant, umm, stress on young families.

Q: , I think that's so important to keep in mind, because I—I—I think no matter how much you read about crying, or you are told that the baby's gonna cry—it sets off something that is very visceral, and, umm, very difficult to tolerate. And I think, you know, if you add to that that you are sleep deprived, that you're dealing with a lot of hormonal changes, umm, that dad may have been around for the first couple of weeks, but then he's at work and you're alone, umm, it can be really a very, very tough challenge.

A: But I think the good news is that for the majority of babies this improves, so there is a peak at around a month and a half or two—but by three to four months it's usually diminished significantly.

Q: Right. Right. So, if you can get through those few weeks, umm, you know, this too shall pass.

Q: let's talk a little bit about, umm, what you suggest. there are lots of different approaches. is there anything that you think, you know, really seems to work, or that parents should try that they may—you know, that they—that they may find is effective, or at least gives them a—kind of a— umm, a—something of a step-by-step to try when they're struggling with this?

A: Well, , the first thing that I try to do is look at the bigger picture.

Q: So, I use diaries to help, uh, families look at the amount of crying and feeding and sleeping, and how these are all related with each other. So, you know, for me thinking about how to establish some amount of routine and regularity in, uh, the infant and the family's life, and I often start with the bedtime and a bedtime routine.

Q: Right. Right.

A: Umm, I—I think that parents also need to have differential behavior with their babies during the day and during the night. Many times parents are up at night with the television or something on to be able to keep themselves awake while they are soothing their child, and I think inadvertently there may be, uh, a significant amount of stimulation that's going on by what the parent's using to stimulate themselves to stay awake.

Q: Right. That's really interesting. I've actually not heard that, but it makes total sense.

A: Umm, you know, when this happens, when sort of the day and the nighttime get reversed, which is more common than you would imagine, uh—

Q: Yes. Uh, I kind of remember that.

A: Out of desperation what sometimes happens is the parent may nap when their child naps, or the parent may try to get the things done during the day when the child naps during the day, and the baby may end up having very long, umm, time—sleep times during the day, and more minimal sleep in the nighttime.

Q: Right.

A: So, you know, I would never say don't let your baby sleep, but I would say don't let your baby sleep too long at any one nap.

Q: Right.

A: So, after a couple of hours, it's probably time to wake them up and show them their beautiful face in the mirror and sing with them and dance with

- them, and, you know, do the active things in the day with the lights on, 'cause they can't tell the difference between day and night.
- A: But they can tell the difference between light and dark, and they can tell the difference in their parent's behavior. If the parents are really subdued and try not to talk with them and play with them in the middle of the night, but—but keep it as, umm, unstimulating and boring as possible.
- Q: Yeah. I—I want to ask you about pacifiers, because I know this is something that a lot of parents wonder about. It can help soothe the baby. Umm, some approaches to curing colic say you should definitely give them something to suck on. What's your thinking about that?
- A: You know, I would say there's a little bit of controversy in this area, and the controversy comes up, umm, in part around breastfeeding and whether or not pacifiers interfere with breastfeeding or not.
- Q: Right.
- A: So, it's less controversial in a baby who isn't breast fed, but of course we know that breastfeeding is, umm, the best thing we can do if it's going well for baby and mom.
- Q: Right. Right.
- A: Umm, but after, you know, breastfeeding is well established, then I don't think there's any reason not to try a pacifier. Some babies will love it and take to it, and other babies will not.
- A: , The biggest difficulty with the pacifier is as kids get older when it falls out the baby wakes up, and the parents can become a slave to the pacifier.
- Q: Yeah. I certainly remember that too.
- A: Umm, pacifiers are protective, umm, about things, like, uh, sudden infant death syndrome, or crib death when babies, umm, uh, fall asleep—fall asleep and—and don't wake up.
- Q: Right.

- A: This is not a common condition. Uh, it used to be, umm, in one in 1,000 children in the United States. Since our Back To Sleep Campaign, it's now in fewer than one in 2,000 children. But there is some data that pacifiers are protective about this, so that's another reason that people are enthusiastic about them.
- Q: Right. —and I think—back to when my kids were babies, and there was a lot of, umm, talk about, “Well, you can spoil a baby. Don't pick the baby up if a baby's crying.” And, —I think a lot of parents now know that that's not a good philosophy, umm, that, uh, certainly when babies are very young, they're not manipulating you. . They—they're doing it to signal something that's—that's bothering them, that you have to be a detective to solve.
- A: . I think when babies start to cry is exactly the time to pay the most attention to them to try to figure out, umm, what's going on. But, on the other hand, if parents have been holding and walking and, uh, you know, gone through their whole repertoire of trying to understand what's going on are they cold, are they hungry, are they wet or dirty or need to be changed—and when—when really nothing is working, then might be a time that they might want to put the baby down and give both themselves and the baby a little break.
- Q: Right. Right.
- A: Not to leave when they cry for an hour or anything like that, but to leave them in a safe place for a short amount of time to see if the baby has any self-soothing strategies.
- Q: When you talk about—nothing seems to be working, umm, and in those early months I think it's when it's most distressing, 'cause you're so new to this, and—umm, oh, I remember reading books that said, “Oh, is it a hungry cry, or is it a tired cry,” and I'm thinking, “I don't have a clue whether it's a hungry or a tired cry. I can tell you I'm tired and exhausted, but I have no idea.” And of course, you know, you would go through your whole repertoire, and sometimes I remember feeling that maybe something was really wrong. Is there—is there a way that you counsel parents to kind of tell when it might be worth calling the pediatrician or your health care provider?
- A: Well, I think when you're dealing with babies who cry for more than three hours for more than three days a week for three weeks in a row, and it's

mostly in the first three months of life, is—is the typical, umm, definition, if you will, of colic. But it doesn't really help us very much, because it doesn't identify at all why the baby is crying.

Q: Right. Right.

A: Umm, and depending on whose study you look at, this is very prevalent, somewhere between, umm, 5% and 20% of young babies are considered to be in this fussy baby, colicky baby kind of, umm, category, which can be very distressing for their parents.

Q: Yeah. —I would categorize it as a total nightmare, umm, because, you know, as—as you know, you're so exhausted to begin with. Umm, moms are dealing with a lot of hormonal changes. Dad may be there for the first couple of weeks if he's lucky enough to get paternity leave, but then she's on her own. And if you do have a colicky baby, umm, those hours when the baby is screaming, or—you know, which could be—feel like the entire day can be very, very stressful. How do you counsel parents in terms of coping? You mentioned before that sometimes you just have to put the baby down and exit. Umm, why is that in fact a good strategy?

A: Umm, I think that's a good strategy for multiple reasons. Umm, one reason is that the baby and the parent, often the mother, umm, become a very symbiotic pair.

A: They really feed off of each other. They need each other. And they respond to each other's pain, if you will.

Q: Right.

A: So, if the baby is distressed, then the mother is trying very hard to calm their baby, sometimes this can make the mom feel stressed, hence exhausted themselves, and I think that the two of them sometimes can feed each other's kind of angst during that time. So, that's one good reason that it's the right thing to do in my mind.

A: I also think that this can be an incredible stress—incredibly stressful time for parents. Umm, and, you know, they just need a break from it.

Q: , Right, to leave the baby for five, ten, fifteen minutes is not gonna do irreparable harm to the baby, and, in fact, the opposite could in fact occur, which is a break in this dance, a time for you to kind of regroup, use whatever calming strategy you can.

A: Just from the mental health perspective for the parent. And the fact that sometimes the baby is crying because they're just absolutely exhausted and they want everything to stop.

A: So, in my experience, when parents do this—and I'm talking about leaving the baby for maybe five minutes, or ten minutes, or at most fifteen minutes—parents usually say that when they come back either this baby that they've been working very hard to soothe now will let them soothe them, or sometimes the baby was absolutely exhausted and they just fall asleep.

Q: Right umm, let's talk a little bit also about what happens in terms of, you know, what I've seen, which is parents who tell me, "Well, my child has been, you know, a pain in the neck since he was born. You know, he was—he came out screaming, and he's always been screaming." And—and they—there's both this labeling them I think maybe a little bit, umm, prematurely, but also, umm, worrying that this is what they're gonna be like for the rest of their lives.

A: Well, I think, umm, the follow-up information that we have on, uh, very fussy babies is that mostly they're indistinguishable from other children, umm, after their difficult first few months,

Q: Right.

A: You know, , parents get thrown off in their expectations, umm, for themselves and for their babies,.

Q: Right. So, it's very important therefore to not label your child, you know, to really understand that this too shall pass, that the child who starts off as a real fussy may turn out to be the most calm and even-tempered child, and, umm, vice versa. Umm, that certainly by the toddler years they may be very different.

A: That—that certainly is the case.

Q: Other than dealing with—you know, focusing on the baby's needs, what are some of mom or dad's needs if you have a colicky or very fussy baby?

A: Well, I think first and foremost parents do need to take care of themselves. Umm, I think they need at least 30 minutes a day of mom time and dad time to do whatever is relaxing for them, whether it's, uh, to take a shower, to go for a run, to meet a—to read a magazine, umm, to even just veg in front of the television, if that happens to be the most relaxing thing to them. They—they need a time to recharge their own batteries.

A: And also to not be shy about calling in, umm, the people around them—their family, their friends—uh, to take care of the parents if not the babies, umm, you know, to maybe bring over some food, or to come and watch the baby while mom takes a nap.

Q: Right.

A: Calling your lifeline.

Q: Right. Exactly. Calling your lifeline. And having those lifelines. I think, you know, that speaks to really understanding that, you know, no matter how, you know, sweet and calm your baby's gonna be most of the time, if you're lucky enough to have one of those, umm, there are gonna be times where you really need that break, you need that lifeline

A: They need to call in their village, uh, the people around them who—who, uh, love them, uh, who can potentially take care of parents or come and, uh, take care of the child for a while so the parent can have a break.

Q: Yeah.

A: Certainly this has to be a trusted person who knows young children, because just as this can be stressful for the, umm, parent, this can be stressful for, umm, anyone who takes care of them.

A: Umm, and that parents give themselves a break and not worry that, umm, every little piece of housework be taken care of in the timely way that it might otherwise be taken care of.

Q: Right. Exactly.

You know, it takes two to tango or three to tango from the very beginning, and paying attention to your own experience of your child's development is so critical. And I think this is particularly true if you have a colicky or a fussy baby, umm, for some of the reasons you stated, one of them being that you're gonna have a lot of feelings about this, including stress that can tip over into being very angry. It—I mean, I—I think that a lot of mothers would admit that as much as they adore this baby, that there are moments where you're just very angry and upset, and I think then feel very guilty about that. Do you find that is true with mothers that you, umm, counsel?

A: I think that's very true. It—it's not, uh, a sentiment that, uh, they will talk about really openly.

Q: Sometimes, you know, it's not until you have a baby that you begin to understand why, umm, parents can become so desperate, and frankly so angry at the baby if they've been crying and crying and crying, and they can't solve it, umm, that they actually consider or even go so far as to harm the baby. Maybe even in, umm, trying to calm the baby they go too far. Let—let's talk a little bit about this, because I think a lot of parents are very reluctant to give voice to these feelings.

A: I think that there are many parents who have these feelings and feel very guilty about it. It—it's something that I've only learned about when probing how parents are feeling in this very stressful time that they'll actually admit that they have had thoughts of hurting their baby. Now, certainly if a parent feels that they might hurt their baby, you're in a—an emergency situation, and you really do need to get help for both the mother and for someone else to step in and take care of the baby for a period of time. That's not the common situation. The common situation is someone who, uh, realizes that, uh, even though they're having these feelings, that they have enough support that, umm, they wouldn't do anything that they might regret. —The most common harmful thing that can happen during this period to kids is something referred to as shaken baby syndrome. And really, umm, what we're talking about with shaken baby syndrome is in young infants their head is proportionately much bigger than the rest of their body.

Q: Right.

A: And their neck is much weaker, umm, than, older children, and this puts them at particular risk. It turns out that if you have a young infant who is crying hysterically and you give him a little jerk it often will surprise them and they'll stop crying for a period of time—a very short period of time. And someone who doesn't really understand about the delicate situation of a baby maybe do the same thing again. And I think that that may be the mechanism that this very serious traumatic brain injury situation happens in some babies.

Q: Right. Right.

A: So, shaken baby isn't something that, uh, happens all the time, but when it does happen, it's really a devastating kind of situation for families.

Q: Let's talk therefore a little bit about the association between fussy babies and maternal depression. Umm—

A: You know, I would have to say that in my own clinical practice, umm, it would—it's almost surprising to see a very fussy baby that doesn't have a very stressed and oftentimes depressed-feeling parent.

Q: Right. Right.

A: Umm, I—and I think that the two sort of feed on each other. As the baby becomes more and more irritable, the parent feels more and more stressed.

Q: Right.

A: And sad, and potentially even depressed. Umm, maternal depression is not a, umm, uncommon phenomena.

Q: Yeah.

A: And, in fact, as many as fifteen to 20% of mothers may experience, umm, postpartum depressive kinds of, uh, symptoms. And there is an association with infant irritability.

Q: Right.

- A: And in my experience as, umm, babies become calmer, less irritable, those symptoms improve very dramatically in parents as well. I think sleep is another important element that's part of that, umm, constellation. So, when the babies are irritable and not sleeping, the parent isn't sleeping either—also, and that, uh, you know, is reflected in her mood.
- Q: Right. Well—and I think also of course one of the symptoms of depression can be that you can't sleep. So, if you add to that the fact the baby won't let you sleep when you may want to, or be able to sleep, umm, it's really an unbelievably difficult thing to deal with. And, as you've stressed, , if you feel you are suffering from postpartum depression, having really dark thoughts, or not being able to relate to the baby or deal with the baby's care, you know, it is critical. You don't wait and hope that it gets better. Umm, you get some help. Pam, is there anything else that, you know, you have found in your work, that's comforting or just very practicable?
- A: Crying isn't a crisis; it's a mystery.
- A: And, umm, it's human nature, and don't take it personally.
- Q: I think that's all good advice, , it is human nature; it is the way babies communicate. —they have no other way of letting you know,
- A: And all babies cry and all babies smile too.
- Q: Yeah. Great. Well, that's a wonderful note to end on. I really appreciate your time. Umm, so, Pam, I hope we'll be chatting again. Thanks so much.
- A: I really look forward to it, and thank you for this opportunity.
- Q: Okay. Great. Bye.
- 40:07
- A: Okay. Bye-bye.

