

Crying and feeding issues

Advice for parents and carers of babies



By the Children and Young People Urgent Care Advisory Group

Unhappy baby?

It can be incredibly daunting being a new parent when your baby is crying and you don't know why or you are worried about feeding issues. This leaflet looks at the facts about crying and feeding issues and offers simple tips and advice that can help.

Do you know...

- Crying is normal – some babies cry more than others.
- You may feel frustrated and exhausted; this is normal. Parenting is really hard work.
- Health Visitors are a useful resource.
- Babies come in all shapes and sizes, just like adults: don't compare yours to others.
- It's good to network with other mums and parents for support.
- Sharing the workload of parenting with trusted relatives or friends can give you a break.
- Sleeping or resting when your baby sleeps is a good idea.
- Babies are active sleepers – they are noisy and snuffly when asleep.
- It is normal for babies to draw up their legs or go red in the face when they are doing a poo.
- Most babies bring up some milk after feeding – some bring up a lot.

Crying

All babies cry; some cry a little and some cry a lot. Crying is your baby's way of telling you they need comfort and care. Sometimes it's easy to work out what they want, and sometimes it isn't.

The most common reasons for crying are:

- Hunger
- Wanting a cuddle
- Tiredness
- Wind
- A dirty or wet nappy
- Being too hot or too cold
- Boredom
- Overstimulation

There may be times of the day when your baby tends to cry a lot and can't be comforted. Early evening is the most common time for this to happen. This can be hard for you as it's often the time when you're most tired and least able to cope.

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As my child's got older I've realised how much her personality affected her crying as a baby and nobody ever tells you this; that they come into the world as their own little person and often with a very strong personality. Abigail is highly sensitive - disturbed by noise and too much stimulation. Friends bouncing her up and down on their knees in a brightly lit café resulted in my daughter crying very loudly whilst other babies would be chuckling or sleeping away.

Gemma, mum of three

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Excessive crying

If your baby cries excessively there may be several reasons to explain this: colic, feeding difficulties, reflux or illness, so it is important to see a GP or Health Visitor to rule out more serious reasons for excessive crying.



If you think there's something wrong, always follow your instincts and contact your GP or Health Visitor, or phone NHS 111.

Colic



My first baby screamed every evening on the clock from 6pm to 1am. It was exhausting, nothing seemed to help; in the end my husband used to drive around the countryside until Charlie eventually went to sleep and we'd very carefully carry him back in and put him in his Moses basket. Luckily things improved greatly when he was three months and we could slowly start getting to know one another.

Emily, mum of two



Excessive crying could be a sign that your baby has colic. Colic is the medical term for excessive, frequent crying in a baby who appears to be otherwise healthy and well fed. It is a common yet poorly understood condition, affecting up to one in five babies. Everyone agrees that colic exists but no one knows what causes it. The crying sounds miserable and distressed, and stops for a moment or two, then starts up again, which suggests it could be caused by waves of stomach discomfort.

Colic usually begins within the first few weeks of life but often stops by the time the baby is four months old, and by six months at the latest.

You may also notice that your baby's face becomes flushed, and they may clench their fists, draw their knees up to their tummy, or arch their back. If your baby has colic, they may appear to be in distress. However, the crying outbursts are not harmful and your baby will continue to feed and gain weight normally. There is no clear evidence that colic has any long-term effects on a baby's health.

How to calm a crying and colicky baby (self-care)

There is no "best" way to comfort your baby or reduce the symptoms of colic. All babies are different and so respond to different methods, so you may have to see what works for you and your baby.

The following suggestions may help:

Keeping calm

- For the first few weeks try to keep things as calm as possible - this is your time to get to know your baby and for your baby to get to know you and their family.
- Get as much help and support as possible from families and friends, particularly during an episode of colic.
- Be reassured that it is not your fault that your baby has colic. Try not to compare yourself or your baby to others - this can be particularly hard, especially when it's your first baby.

Suckling

- If you're breastfeeding, let your baby suckle at your breast. Breastfeeding can be used to comfort and calm babies, as well as to alleviate hunger. It may feel difficult to achieve a balance between feeding, which seems to comfort your baby, and then your baby crying once off the breast. If you have concerns please ask your Health Visitor or breast feeding advisor.
- Some older babies will take a bit of cloth to use as a comforter. You could use a piece of cloth that you've slept with so it has your smell on it.

Holding and gently rocking your baby

- Hold your baby or put them in a sling so that they're close to you. Move about gently, sway and dance, talk to them and sing. All babies are different, so sometimes rocking and singing can keep your baby awake and overstimulate them.
- Try different positions such as on your shoulder, cradled in your arms or lying tummy-down along your forearm, keeping the baby more upright to aid digestion.

- Rock your baby backwards and forwards in the pram, or go out for a walk or a drive. Lots of babies like to sleep in cars. Even if they wake up again when you stop, at least you'll have had a break.
- Raising the head of the crib so that the baby is not lying flat may aid digestion and reduce tummy pains.

Distractions

- Find something for them to listen to, such as calming music on the radio, or "white noise", such as the sound of the Hoover or the washing machine - you can also buy "White Noise" music.
- With older babies a cot mobile may distract them, but could also overstimulate them.
- Babies like movement, so pushing them around in their pram or pushchair or going for a drive can be comforting.
- Try stroking your baby's back firmly and rhythmically, holding them against you or lying them face downwards on your lap. You could learn more techniques at a baby massage course, often run at Children's Centres or through your Health Visitor.
- Bathing your baby may help. This calms some babies instantly, but makes others cry even more.

Getting to know your baby

- Take time to get to know your baby - watch their cues for hunger and affection and respond to those, meeting their needs in accordance with their own demands and patterns.
- Responding in this way will make your baby feel secure, so they will cry less, making life easier for you too.
- Some babies, like some adults, need a routine; this may be particularly helpful if you find it difficult to tell what your baby wants from their cry. Keeping regular times for sleeping and eating may work for your baby.
- Some babies, on the contrary, do not respond well to a routine and this could be the reason for their crying.

Advice for parents

Having to care for a baby with colic can be distressing, particularly for first-time parents. It is important to remember that:

- **Your baby's colic is not your fault** – it does not mean your baby is unwell, or that you are doing something wrong.
- **Your baby will outgrow colic.**
- **It is important to look after yourself** – if possible, ask friends and family for support so you can take a break, and rest when your baby is asleep.
- **If you start to feel you can't cope**, put the baby down safely and take a break.
- **If you are feeling desperate seek urgent help.**
- **If you are finding it difficult to manage** with your baby's crying and colic please **speak with your GP or Health Visitor**. Support groups, such as Cry-sis can also offer help and advice if you need it.
Website: www.cry-sis.org.uk Telephone: 08451 228 669
(lines are open 9am to 10pm, 7 days a week)

Details of my Health Visitor:

Advice from your doctor: Sometimes your baby's colic may be made worse if they have underlying feeding issues such as reflux, or are being overfed. In these cases there are additional tips that could help. Talk to your health care professional.

Feeding difficulties and reflux

Reflux is a normal developmental process that babies will outgrow; it is extremely common, affecting around 40 per cent of babies, the majority of which do not need investigation or drug treatment.

Reflux is baby heartburn and indigestion. Your baby does not necessarily need to be sick to have reflux. This is called “silent reflux”.

You should see a health professional if your baby has projectile vomiting or the vomit looks green (bile) or if your baby fails to put on weight.

Occasionally babies that vomit a lot can become dehydrated. This is more likely to be the case if the vomiting is due to another condition such as gastroenteritis (tummy bug).

Warning signs that your baby is dehydrated

- your baby’s nappy remains dry.
- poor overall appearance, lethargy, dry mouth.
- no tears in an older baby (as babies under two months do not usually produce tears).
- sunken eyes.
- the soft spot (fontanelle) at the top of your baby’s head is more dipped in than usual.

Managing feeding issues (self-care)

Tips to try if baby is unsettled during breastfeeding:

- Latching on - check how well your baby is attached to the breast. Your baby may be having difficulties latching on or may have additional problems such as tongue tie. Visit a breastfeeding or drop-in centre for further advice or support. Your Health Visitor can advise where these are.
- Keeping your baby close and cuddling him next to your skin allows him to smell you and hear your heartbeat, which will comfort and calm your baby. This will help you to feel calm and relaxed and help with breastfeeding.
- Think about what you're drinking. Think about avoiding fruit squashes, diet drinks, alcohol and drinks containing caffeine such as tea or coffee in your diet, as these can aggravate both colic and reflux.
- Think about what you are eating - some women also find that dairy products, chocolate and spicy food may aggravate their baby's condition.

Tips for formula fed infants... a stepwise approach

- If you are bottle feeding, hold your baby close during feeds and look into his eyes. Learn to notice his cues that he wants to be fed and when he has had enough.
- If you and your partner try and give most of the feeds yourselves, this will help build up a close and loving bond with your baby. Continuing skin-to-skin contact can calm and comfort you both at any time.
- Review the feeding history with your Health Visitor and reduce the volume only if excessive for baby's weight, then...

- Offer smaller and more frequent feeds as a trial whilst maintaining a sufficient overall volume of milk, then...
- Trial a thickened formula. These are available over the counter and do not need a prescription.
- Use a “fast flow” teat if you are bottle feeding, as holes in bottle teats that are too small may cause your baby to swallow air as they feed.

General tips for babies that are unsettled during feeding:

- **Don't feed your baby lying down**
Keep your baby upright before and after a feed. If formula feeding, hold the bottle in a horizontal position.
- **Always burp your baby after a feed**
To do this, sit your baby upright or hold them against your shoulder, making sure you support their neck and head. Gently rub their back in a circular motion until they burp. They may vomit a small amount of milk when you do this. This is normal.
- **Exercise their legs**
Gently move your babies knees to their chest and move their legs in a circular motion to move any wind down from their tummy.
- **Environment**
Move to a quiet, warm comfortable area where there is less stimulation and distraction for your baby.

Medical treatment

Medical treatment is not usually recommended for babies that cry excessively or vomit small amounts of milk (possetting). However, if you have problems coping, contact your GP or Health Visitor for advice about possible medical treatments.

There is little evidence on the effectiveness of most treatments for colic and feeding issues, although in some cases they can be helpful. Some medications can be purchased from your pharmacist - please speak to your pharmacist or discuss this at the Child Health Clinic.

Over the counter medications that can be purchased

Simeticone drops

Simeticone drops, such as Infacol, are a supplement that can be given on a spoon or directly from the dropper before a feed. The drops are designed to help release bubbles of trapped air in your baby's digestive system, so they may be of some use if indigestion is contributing to their colic.

Lactase drops

Lactase is an enzyme that helps break down a sugar called lactose, which is found in breast and formula milk. Your baby may have short-term problems digesting lactose, which could contribute to their symptoms. Lactase drops, such as Colief can be added to your baby's feed to make digesting the lactose easier.

A one-week trial of either simeticone or lactase drops is usually recommended. If your baby's symptoms do not improve within this time, it is usually felt that there is little point carrying on with the treatment.

Prescribed medications

If your baby is still distressed, seek professional advice from your GP or Health Visitor as there are a limited number of prescribed medications that may be considered if appropriate. Please always speak to your GP or Health Visitor if you are thinking about changing your baby's formula.

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We see a lot of young babies where parents have panicked and tried a different milk on a weekly basis - this gets confusing - we need to all work together to see whether the baby has a genuine cow's milk intolerance. The key message is if you are worried about your baby's feeding, see your GP or Health Visitor before switching.

Dr Michelle Russell-Taylor (Paediatrician)

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Crying and illness

Although all babies cry sometimes, there are times when crying may be a sign of illness.

Listen for sudden changes in the pattern or sound of your baby's crying. Often, there'll be a simple explanation. For example, if you've been going out more than usual your baby might be overtired.

If they seem to have other symptoms, such as a cough or fever, they may have an illness. Your baby may have something minor, such as a cold, or something more serious.

If you think there's something wrong, always follow your instincts and contact your GP or Health Visitor, or phone NHS 111.

Use the traffic light guide on the next page to work out what to do.

What do I do if my child is crying or not feeding?



RED

If your child...

- has a weak, high-pitched continuous cry
- seems floppy when you pick them up
- vomits green fluid
- passes blood in their stools
- is under three months old and has a temperature over 38
- is between three and six months old and has a high temperature over 39
- has a high temperature, but their hands and feet feel cold
- has a bulging fontanelle (the soft spot on a baby's head)
- has had a fit
- turns blue, mottled or very pale
- has difficulty breathing, breathes fast or grunts while breathing, or seems to be working hard to breathe
- has a spotty purple-red rash anywhere on the body (this could be a sign of meningitis)



AMBER

If your child...

- has signs of dehydration
- has had fewer wet nappies than usual
- is between three and six months old and has a temperature over 38
- is failing to put on weight or losing weight
- has started vomiting when this isn't usual for them
- is vomiting for more than 12 hours, or vomiting with great force.
- brings up a lot of milk after each feed
- has had diarrhoea (explosive or very runny poo) for more than 24 hours
- appears to be getting worse or if you are worried



GREEN

If your child...

- brings up small amounts of milk after a feed (possetting)
- cries and seems inconsolable at certain set times during the day e.g. evenings
- is pooing normally for them (this could be after every feed, or up to every three days dependant on your baby)
- is gaining weight
- has restless and noisy sleeping as is usual for them
- has an unchanged sleeping pattern
- has none of the symptoms listed in the red and amber boxes

You need emergency help

Call 999 or go straight to the nearest hospital Emergency (A&E) Department.

Your nearest hospitals (open 24 hours, 7 days a week):

- Stoke Mandeville Hospital, Aylesbury
- Wexham Park Hospital, Slough
- Milton Keynes Hospital
- John Radcliffe, Oxford
- Hillingdon Hospital
- Frimley Park, Surrey
- Royal Berkshire, Reading

You need to contact a nurse or doctor today

Please telephone your GP surgery or, if it is closed, call **NHS 111**.

Self-care

You can care for your child at home using the advice on this leaflet.

If you feel you need more advice, please contact your Health Visitor, GP Surgery or your local pharmacy.

Find links to these at **www.nhs.uk**

You can also call **NHS 111** for advice.

Some useful information

If you need advice please try:

Your local pharmacy can be found at www.nhs.uk

Health Visitor:.....

Your GP Surgery:.....

Please contact your GP when the surgery is open or call **NHS 111** when the GP surgery is closed. **NHS 111** provides advice for urgent care needs. It is available 24 hours a day, 365 days a year. Calls from landlines and mobile phones are free.

NHS Choices:

www.nhs.uk for online advice and information

Buckinghamshire:

For common childhood illness advice see:

www.bucks.healthhelpnow.nhs.uk

Family Information Service

Telephone: 0845 688 4944 or www.bucksfamilyinfo.org.uk

Berkshire:

Family Information Service - Slough

Telephone: 01753 476589 or www.servicesguide.slough.gov.uk

Windsor, Ascot and Maidenhead

Telephone: 01628 683800 or www.rbwm.gov.uk

The Children and Young People Urgent Care Advisory Group is made up of child health specialists from across the NHS and partner agencies such as the Local Authority and is led by Aylesbury Vale and Chiltern NHS Clinical Commissioning Groups. We are a cross-organisational and multi-specialist group working to improve child health.

This leaflet has been produced after careful consideration of the evidence available including, but not exclusively, from NICE, SIGN, EBM data and the NHS.



**Child
health**