

# The crying and screaming infant

As a paediatric gastroenterologist, I am often asked to see a screaming infant with parental concerns about “silent reflux”, or food intolerance. Many of these infants have neither of these diagnoses. The internet is littered with advice for new parents but sadly, much of this advice is inappropriate and is frequently misguided, inaccurate and misleading. Allow me to explain.

## ***What is normal crying?***

Excessive crying – usually defined as crying > 3hours, for 3 days a week, is often a transient neurodevelopmental phenomena, and labelling these children as “refluxing” encourages widespread use of unlicensed reflux medicines with questionable benefit. It is normal for an infant to cry for about 2 hours a day in the first 6 weeks. This is how healthy babies signal their need for a response from a parent. 5% of babies will still be unsettled beyond 4 months.

## ***Silent reflux – not a reason***

With their distressed infant in hand, most of these parents come to me clutching their articles or chapters in their books on silent reflux. But expert consensus and good clinical practice has confirmed that reflux disease in infants is not a cause of excessive crying. Anti-reflux medicines rarely benefit, and if they do, are often no better than placebo. Although parents report benefit, it is hard to understand why an antacid medicine would work in a screaming infant, when it is milk and not acid that is refluxed. Reflux is diagnosed with vomiting and confirmed by investigation and not proven by a trial of therapy. For most infants, reflux is not linked to excessive crying in the first few months and medication is often not required.

## ***So why would an infant cry excessively?***

- There is a genuine link between feeding difficulties and excessive crying. This includes inadequate management of breast feeding, attachment and positioning and impaired mutual regulation of feeding by mother and infant.
- As the volume of milk consumed evolves during breast feeding, the burden of lactose changes and overload of lactose leads to discomfort, distended tummy, and crying.
- In formula fed infants, as well as some breast fed infants, one of the commonest causes is cow’s milk protein allergy. This is not lactose intolerance – this is a genuine and real protein allergy in 2% of infants. This causes unsettled behaviour, vomiting, blood in stools and eczema and should be considered when other family members struggle with milk. This needs a change in formula supervised by a paediatric gastroenterologist. Parents should not switch brands of milk, nor try soy nor goats milk. This can also be managed by probiotics in breast feeding mothers.

## ***Complex adaptive systems.***

This neurodevelopmental and psychological principle describes how an infant and mother must be working together, reading non verbal clues from each other. Poor mental health, sleep deprivation, inconsistent advice from professional and family and preconceived ideas about

routine, all contribute to an evolving conflict between mother and baby. Mothers must use their intuition, and allow the infant to control feeding times, feed volumes, and hunger. Imposing a routine in an unwilling infant will just lead to distress, excessive crying, and unwilling use of medicines.

### ***So how should we manage the crying infant.***

Consultations with a health professional need to be unhurried and explore all of the options above. After careful assessment, advice about sleeping, and feeding may be adequate. Advice on sensory integration – avoiding fussing behaviour, and encouraging physical contact may be necessary. A change in formula to a non allergic feed is frequently preferable to anti reflux medicines. Reassurance that the crying will settle in time is more helpful than a prescription.

### ***Where is the more information***

Be wary of following advice from books on this issue. Books are written by authors, but babies are born to mothers. Follow your intuition. The best advice may be available from an experienced grandparent. Further useful articles are on [www.dr-hyer.co.uk](http://www.dr-hyer.co.uk). Alternatively ask your GP or health visitor for advice

Normal variation in crying pattern
Feeding difficulties
Lactose overload
Cows milk protein allergy
Imposition of routine
Maternal- infant bonding issues

Table 1 Causes of crying infants

Table 2 Therapeutic options for excessive crying

Advice on feeding
Physical contact – avoid fussing behaviour
Allow infant to impose feed and sleep pattern
Change in infant formula
Manage maternal health and sleep deprivation
Avoid unnecessary medicines

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