



Effective Services for Managing Infant Crying Disorders and Their Impact on the Social and Emotional Development of Young Children

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Topic

Crying behaviour

Introduction

Prolonged, unexplained infant crying is one of the earliest, and most common challenges for parents.¹ Three questions often arise with regard to this problem:

- 1) What is causing the crying?
- 2) What should parents do about it?
- 3) What does it mean for the future — does it foretell a difficult or disturbed child?

These questions also concern many professionals and are the focus of this article.

Subject

Some 12–20% of apparently healthy 1–3 month-old infants in Western societies cry for long periods for no apparent reason. Their behaviour is a source of worry to their parents.² Because prolonged crying at older ages is a much rarer occurrence and is not as well understood, we will focus on crying during infancy and its consequences, with some attention to crying in childhood.

Problems

There are several reasons for seeking an evidence-based approach to prolonged infant crying and its consequences:

- 1) Crying distresses many parents, who view it as a sign that something is wrong with their child and often employ a variety of dubious remedies. Parents want proven advice.
- 2) Popular books have given parents conflicting advice about how to manage infant crying, thereby compounding the problem.
- 3) Because parents often seek professional help, the problem is costly for health services. For example, the professional time devoted to crying and sleeping problems among infants cost the British National Health Service £65 million in 1997.³ Cost-effective services for crying should have the effect of conserving resources.

- 4) More rarely, exasperated parents shake or otherwise harm their crying babies, sometimes resulting in infant brain damage or death.⁴ Strategies for preventing Shaken Baby Syndrome are needed.
- 5) In some cases, adverse parent–child relationships and child outcomes develop.⁵ There is a need to understand the various outcomes and how to help in high-risk cases.

Research Context

Excessive crying in early infancy has been viewed as an infant problem attributable to gastro-intestinal disturbance, and is often referred to as “infant colic.” Research summarised by Barr, St James-Roberts, and Keefe⁶ has begun to nuance this view. First, they have found that while organic disturbances do give rise to crying, such disturbances are rare, occurring in about 1 in 100 infants, and in only 1 in 10 cases do parents seek professional help. Second, they have found evidence that challenges other assumptions, such as the belief that the crying signals underlying pain. In fact, the feature that disturbs parents most is the unsoothable nature of the crying, and parents’ attendant impression of losing control. Other studies have found a crying peak in normal infants at around 6 weeks of age. Normal infants share many of the features of clinically referred cases, suggesting that, rather than being unwell, many referred infants are simply at the extreme of the norm for such behaviour. The search for the cause of crying has shifted from gut pathology to studies of the neurodevelopmental changes that normally take place during early infancy. Lastly, because parental concern about crying is the presenting complaint, and some parents find it intolerable, it is important to recognise both the infant and parental components of this problem and to distinguish between them.

Key Research Questions

Research questions in the field of crying among infants should address the following questions:

1. How should practitioners identify and manage cases with an organic aetiology?
2. Can vulnerable parents be identified and how should such cases be managed?
3. Where there is no evidence of infant organic disturbance or parental vulnerability, should professionals intervene, and if so, how and when?
4. How can we explain the finding that many infants who cry a great deal go on to develop normally, while some suffer psychological and behavioural problems? What are the service implications of these factors?

Recent Research Results

The distinction between “organic” cases (in which infants are healthy) and other cases (in which parents are vulnerable) depends on accurate assessment. Expert, research-based guidelines have been proposed,⁶ but only apply to early infancy and require evaluation in routine practice. Dietary treatments for early crying have been advocated,⁷ but lack evidence in practical effectiveness. These treatments involve restricting the diet of breastfeeding women, which is difficult to achieve, or abandoning breastfeeding, which is contrary to public health policy.⁸

Crying babies can trigger depression in vulnerable women and maternal depression may, in turn, place children at risk with regard to long-term developmental problems.⁹

However, while depressed women welcome support and support does ameliorate depression, no beneficial effects have been found to date regarding their subsequent interactions with their babies, nor regarding infant outcomes.¹⁰ It is impossible to predict to a clinically useful degree which parents may be at risk for harming their babies. Nonetheless, raising awareness and asking all parents to sign contracts not to shake babies produced significant reductions of Shaken Baby Syndrome cases in one multi-centre trial, and therefore appears promising.¹¹

In fact, prolonged early infant crying can occur in spite of excellent parental care,¹² and does not usually predict long-term problems.¹³ Indeed, such findings would suggest that crying is normally an acute, self-resolving phenomenon. Interventions geared towards reducing crying by changing parenting methods have not produced reliable results.¹⁴ For the time being, current findings have raised cost-effectiveness issues and, in the absence of infant organic disturbance, interventions targeting infant crying appear to be of questionable worth. Instead, recommendations that focus on providing parents with information and support regarding how to contain crying have been published.⁶ The combination of persistent crying, sleeping, and feeding problems beyond 3 months of age and multiple parental psychosocial risks have been found to predict poor infant social and emotional development.^{15,16} Such infants have more extensive disturbances, and probably differ in aetiology from cases in which crying occurs solely in the first 3 months, but the nature of the differences is unclear. The findings imply that infants over 3 months of age who cry a great deal are at risk for developing long-term socio-emotional problems, but intensive intervention programmes targeting both infants and parents have failed to improve longer-term outcomes.^{15,16} The outcomes of irritable newborns from socio-economically disadvantaged families were improved by enhancing mother–infant interactions after 6 months of age in a carefully controlled study.¹⁴ Such findings are promising, but not readily translatable into cost-effective services.

Conclusions

Progress has been made in the area of conceptualizing crying among infants and its impact, and of developing assessments that distinguish between cases in which infants from 1–3 months old presented with organic disturbances, cases in which infants were healthy, and cases in which parents were vulnerable. Most infants who cry a great deal are healthy and stop crying spontaneously. Interventions that target crying have not been proven effective. Instead, as mentioned earlier, current recommendations for intervention focus on providing parents with information and support to contain crying. Promising initiatives have been taken in the prevention of Shaken Baby Syndrome, but these initiatives currently target the population at large and do not identify cases precipitated by infant crying. Prolonged crying after 3 months of age is rare and such infants likely have more extensive problems, and a different aetiology from cases in which crying alone occurs during the first 3 months. Prolonged crying after 3 months of age predicts adverse long-term child development in combination with parental psychosocial risk. The effectiveness of intervention programs that target older infants with crying disorders is uncertain.

Implications

Clearly, there is a need for practice-oriented trials that evaluate diagnostic assessment protocols in routine service use during early infancy. Moreover, community-based studies are needed to show whether services designed to reduce Shaken Baby Syndrome can be made more cost-effective by assessing infant crying. In this area, cases in which infants cry a great deal after 3 months of age warrant special attention, although interventions will have to be based on general principles rather than on evidence of effectiveness in treatment. It should also be noted that poor long-term social and emotional development is likely to be the product of multiple and cumulative risks in the infant and family. Practices in the field are therefore likely to be enhanced by considering crying together with other problems and risks in the infant and family, rather than by focussing on infant crying alone.

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