Effective calming strategies for babies

Begin with a calm, structured check

Before trying multiple soothing techniques, pause for a brief assessment. Check whether the baby may be hungry, needs a nappy change, is too hot or cold, has a wet or soiled diaper, or is showing signs of fatigue. Feeding cues can include rooting, hand-to-mouth movements, lip smacking, and increased alertness; crying is often a late hunger cue. Fatigue may present as staring away, yawning, jerky movements, difficulty maintaining eye contact, or escalating irritability.

Also consider less obvious discomfort. Examine clothing and the diaper area for tight elastic, trapped fingers or toes, or irritation. Check that the baby’s environment is not excessively bright, noisy, or crowded. Some infants become distressed after prolonged handling, frequent attempts to feed, or a busy sequence of visitors and household activity. Reducing stimulation can be as helpful as adding comfort.

Use a slow sequence rather than changing methods every few seconds. A useful progression is to reduce stimulation, offer steady contact, add a quiet sound, and then introduce gentle movement if needed. Give each change a short opportunity to work. Rapid switching can make it difficult to identify what helps and may further activate an already dysregulated infant.

Use touch and positioning for containment

Many babies settle when they feel physically contained. Hold the infant close against your chest while supporting the head, neck, and trunk. A steady hand over the chest or abdomen, gentle stroking of the back, or skin-to-skin contact may provide predictable tactile input. Keep your movements unhurried and observe the baby's breathing, facial expression, muscle tone, and color.

For a very young infant, swaddling can reduce sudden arm movements and create a contained sensation. Swaddling must be snug around the torso but allow the hips and legs to flex and move. It should never cover the face or restrict breathing. Stop swaddling as soon as the baby shows signs of attempting to roll, and do not use weighted swaddles or weighted blankets.

Research examining four soothing techniques found that teaching caregivers swaddling, holding the infant in a side or stomach position, shushing or white noise, and swinging was associated with infant self-regulation behaviors related to sleep, crying, and feeding. These positions are for calming only while the adult is awake and actively observing. If the baby becomes drowsy or falls asleep, move the infant onto the back on a firm, separate sleep surface.

Some caregivers find it useful to review How to calm baby safely when they need a concise reminder of positioning and caregiver safety boundaries. Never shake, jerk, toss, or forcefully bounce a baby, even when the crying is intense.

Offer predictable sound and movement

In utero, babies experience continuous rhythmic sounds, so a quiet, repetitive sound may be more regulating than complete silence. Try speaking in a low, steady voice, humming, singing softly, or using gentle shushing. A consistent background sound, such as a fan placed well away from the crib, may help mask sudden household noises. Keep all sound at a low volume and never place a sound machine, phone, or speaker inside the sleep space or close to the baby's head.

Rhythmic movement can be calming when it is gentle and predictable. Hold the baby securely while walking slowly, swaying from side to side, or rocking in your arms. A properly fitted baby carrier may allow close contact and movement,

but the infant’s face must remain visible, the chin must not be pressed to the chest, and the airway must remain open. Follow the carrier manufacturer’s age, weight, and positioning guidance.

Movement should be smooth rather than vigorous. If the baby’s crying escalates, the body stiffens, or breathing appears irregular, stop and reassess. Rocking devices, swings, and car seats are not routine sleep surfaces. If a baby falls asleep in one of these locations, transfer the infant to a firm, flat, separate sleep surface as soon as practical.

Warm water may soothe some infants during an evening routine, but a bath requires continuous hands-on supervision. Test the water, keep the baby within arm’s reach, and never leave the infant alone even briefly to answer a phone or retrieve an item.

Try sucking and feeding support thoughtfully

Sucking can reduce arousal through non-nutritive sucking, the rhythmic sucking that occurs without milk transfer. If breastfeeding is established and the baby is showing hunger cues, feeding may be the most appropriate response. Burping, adjusting the feeding position, and allowing pauses may help a baby who is swallowing air or becoming overwhelmed by a rapid milk flow.

A pacifier can be useful for some infants who have already fed and are seeking sucking for comfort. Offer it without forcing it into the mouth, and do not dip it in honey, sugar, or other substances. Inspect it regularly for damage and clean it according to the manufacturer’s instructions. Pacifier use should not delay a feeding when hunger cues are present, and families can discuss timing with a pediatrician or lactation professional if breastfeeding or weight gain is a concern.

When feeding-related crying is frequent, difficult, or associated with coughing, choking, repeated vomiting, poor intake, or inadequate wet diapers, seek clinical advice rather than repeatedly changing formulas, feeds, or positions without guidance. A healthcare professional can assess feeding mechanics, hydration, growth, and possible medical contributors.

Reduce overstimulation and build a transition to sleep

Some crying reflects an infant who is overtired or overstimulated rather than one who needs more activity. Dim the lights, lower voices, turn off screens, and reduce unnecessary handling. Face the baby toward your body if visual input appears to be too intense. A short, repeatable routine can help the nervous system anticipate sleep: feeding if needed, a diaper change, quiet holding, a brief song, and placement in the sleep space.

Watch for early sleep cues and begin the transition before the baby becomes frantic. When the infant is calm and sleepy, place the baby on the back in a clear crib, cot, or bassinet with a firm, flat mattress and a fitted sheet. Keep pillows, loose blankets, toys, bumper pads, and positioners out of the sleep space. A non-weighted wearable blanket may provide warmth without loose bedding, but it should fit correctly and must not cover the head.

For additional product guidance, families may review Safe sleep products for babies, particularly when a product is marketed as a solution for crying, reflux, or longer sleep. Devices that incline, restrain, position, or add weight can create hazards despite reassuring marketing claims. Calming should never depend on an unsafe sleep arrangement.

Protect the caregiver and recognize limits

Infant crying can trigger a strong stress response, especially during the first months, after a difficult birth, or when sleep is severely fragmented. A caregiver who feels anger, panic, or loss of control should place the baby on the back in a clear, safe crib and step away for a few minutes. Take slow breaths, drink water, contact a trusted adult, or call a support person. A short pause in a safe sleep space is safer than continuing to hold the baby while overwhelmed.

Share responsibility when possible. One adult can soothe while another prepares food, handles household tasks, or provides a protected period of sleep. If crying is prolonged, tracking the timing, feeding, stools, wet diapers, sleep, and attempted strategies may help a clinician identify patterns, although the record should not become an additional source of pressure.

Contact a healthcare professional if the baby’s crying is persistent, unusually

high-pitched, markedly different from usual, or difficult to console, or if caregivers are worried. Seek urgent medical care for breathing difficulty, blue or gray color, seizure-like activity, extreme lethargy, a fever in a young infant, repeated forceful vomiting, a swollen abdomen, blood in the stool, signs of injury, or markedly reduced feeding and urination. If you suspect abuse or feel you may shake the baby, put the baby down safely and seek immediate help from emergency services or a crisis service in your region.