## How to manage colic crying

### Understanding colic crying without blaming yourself

Colic and excessive crying usually refers to repeated episodes of intense crying in a young infant who otherwise appears well, feeds adequately, and has no clear medical emergency. Classic descriptions often mention crying that occurs in predictable clusters, commonly late afternoon or evening, and may involve clenched fists, a flushed face, arched back, or legs drawn toward the abdomen. These signs can look like abdominal pain, although the exact cause of colic is often unclear.

Several mechanisms may contribute: immature regulation of the nervous system, normal infant crying trajectory, swallowed air, feeding flow issues, overstimulation, and individual temperament. Some babies may also have medical problems that mimic colic, which is why persistent or severe crying deserves professional review. A pediatrician can assess growth, hydration, stooling, feeding mechanics, infection signs, and other causes of discomfort.

It helps to reframe colic crying as a period to manage rather than a problem you must instantly solve. Many babies with colic gradually improve as the nervous system matures. Your role is to respond safely, check for needs, use soothing techniques, and protect both your baby and yourself.

## Start with a quick needs and safety check

Before moving into colic-specific soothing, do a brief but systematic check. A baby who seems inconsolable may have a simple unmet need or a source of discomfort that is easy to miss when everyone is tired.

Check feeding cues: rooting, hand-to-mouth movements, sucking, or turning toward the breast or bottle.
Check the nappy for wet or dirty nappy discomfort, rash, or tight tabs.
Look for temperature issues: too many layers, cold hands and feet with a cool trunk, or overheating.
Check clothing, socks, mittens, and fingers or toes for tight threads or hair tourniquets.
Burp the baby if they recently fed, especially after fast flow, gulping, or crying during feeds.
Reduce stimulation: dim lights, lower noise, and limit passing the baby between many people.

If these checks do not reveal an obvious cause, move to a calming sequence rather than trying random techniques every few seconds. Babies often need several minutes of consistent input before they begin to settle.

## Use safe soothing strategies in a steady sequence

Safe soothing strategies for newborns and young infants often rely on rhythm, containment, closeness, and reduced sensory load. No single method works for every baby, and colic may not stop immediately. Still, repeated gentle strategies can reduce intensity and help the baby organize their breathing, movement, and arousal.

Hold the baby close. Skin-to-skin contact or upright cuddling against your chest may help some infants feel regulated.
Swaddle if appropriate. A snug swaddle may calm some young babies, but it must allow hip movement, avoid overheating, and stop once the baby shows signs of rolling. Always place a swaddled baby on their back for sleep.
Try rhythmic movement. Gentle rocking, walking, a stroller walk, or slow bouncing while holding the baby securely can be soothing.

Use white noise. A steady sound such as a fan-like noise or white noise machine may help, kept at a safe volume and placed away from the baby's head.
Offer a pacifier. Non-nutritive sucking calms some babies, especially when they are tired but not hungry.
Change position while awake. Some babies settle when held tummy-down across your forearm or lap while awake and supervised. This is not a sleep position; babies should sleep on their backs.
Try warmth and touch. A warm bath or gentle tummy massage may relax some babies. Avoid hot compresses and avoid deep pressure.

Choose two or three strategies and use them consistently for several minutes. For example, dim the room, hold the baby upright, offer a pacifier, and use quiet white noise. If that fails, try a brief walk in a stroller or a warm bath. Rapidly switching techniques can sometimes increase overstimulation in babies.

**Feeding, gas, and overfeeding considerations**

Feeding-related crying in infants can overlap with colic. Babies may cry more after swallowing air, feeding very quickly, struggling with latch, or taking in more milk than their stomach comfortably holds. Avoid overfeeding by watching cues rather than using crying alone as a hunger signal. Hunger cues usually appear before full crying; late crying can also mean fatigue, overstimulation, or a need for help settling.

For breastfed babies, consider whether latch, positioning, strong let-down, or very frequent switching between breasts is contributing to gulping or air swallowing. A lactation consultant can assess milk transfer, maternal comfort, infant weight gain, and feeding rhythm. Some breastfeeding parents wonder about eliminating foods such as dairy. Dietary changes should be discussed with a pediatrician or lactation professional, especially if there are red flags such as blood in stool, poor weight gain, eczema, or significant vomiting.

For bottle-fed babies, paced bottle feeding may reduce gulping: hold the baby semi-upright, keep the bottle more horizontal, pause regularly, and use a nipple flow that does not overwhelm the baby. Burp during and after feeds if the baby seems uncomfortable. Do not change formula repeatedly or start specialized formula without medical guidance, because frequent changes can

complicate assessment and may not address the underlying issue.

Gas may worsen crying, but gas is also common after crying because the baby swallows air. Gentle burping, upright holding after feeds, and calm feeding technique are reasonable. Medications, herbal products, gripe water, probiotics, or supplements should be discussed with your baby’s healthcare professional before use.

**Create a calmer environment during evening fussiness**

Many babies cry more in the evening. This evening fussiness in babies can coincide with accumulated fatigue, household noise, cluster feeding, caregiver exhaustion, and immature sleep regulation. A predictable wind-down routine may help, even if it does not eliminate colic.

Lower lights and reduce background television, loud conversation, and sudden noises.
Move to one quiet room rather than carrying the baby through multiple stimulating spaces.
Use a repetitive pattern: feed if hungry, burp, change, swaddle if safe, hold upright, white noise, and gentle rocking.
Keep visitors and advice-givers limited during the hardest part of the day.
Prepare simple caregiver supports in advance, such as water, snacks, a charged phone, and a safe place to put the baby down.

Your calm breathing can help, not because you are responsible for stopping the crying, but because babies often respond to the rhythm and tone of the person holding them. Try lengthening your exhale, relaxing your jaw and shoulders, and speaking in a low repetitive voice. If another trusted adult is available, trade shifts before either person becomes depleted.

**Protect caregiver wellbeing and prevent unsafe responses**

Caregiver stress during crying is a real safety issue. Colic can push loving, capable adults to the edge of their coping capacity. Feeling frustrated or tearful does not make you a bad parent; it is a signal that you need a pause and support.

If you feel anger rising, place the baby on their back in a safe sleep space such as a crib or bassinet with a firm flat mattress and no loose bedding. Step away for a few minutes, close the door if needed, breathe, drink water, call someone, or use headphones to reduce the intensity of the sound while you remain nearby enough to check the baby. A safe crib break during crying is far safer than holding a baby when you feel out of control.

Never shake, hit, throw, or roughly handle a baby. Shaking can cause catastrophic brain and eye injury. If you are afraid you might hurt your baby, put the baby down safely and call emergency services, a crisis line, or a trusted person immediately. If colic is affecting your sleep, mood, anxiety, relationship safety, or ability to function, tell your healthcare professional. Support for the caregiver is part of infant care.

**When to seek medical advice**

Because colic is a pattern, not something caregivers should diagnose alone, contact your pediatrician if crying is persistent, worsening, or feels different from your baby’s usual behavior. This is especially important for young infants, babies with prematurity or medical conditions, or any baby whose feeding, hydration, or alertness changes.

Seek urgent medical care for red flags for baby crying such as fever in a young infant, difficulty breathing, blue or pale color, repeated vomiting, green vomit, blood in stool, persistent vomiting or diarrhea, poor feeding, fewer wet nappies, unusual sleepiness, limpness, seizure-like activity, bulging fontanelle, a high-pitched baby cry, injury, or inconsolable crying in infants that does not improve with comfort. Trust your instincts: if your baby seems seriously unwell, get help promptly.

For non-urgent but ongoing colic concerns, it can help to bring a short log to the appointment: crying times, feeding volumes or breastfeeding patterns, stool and urine output, sleep, vomiting, weight concerns, and what soothing methods help or worsen symptoms. This gives the clinician a clearer picture without expecting you to remember details during a stressful visit.