What to do when baby won’t stop crying

Begin with a calm, systematic check

Before trying multiple soothing methods, pause and assess the most common causes. Wash your hands, make sure the baby is secure, and observe the overall situation. A baby may be crying because they are hungry, need a burp, have a wet or soiled diaper, feel too hot or cold, are overtired, or are overstimulated by light, noise, movement, or handling.

Consider when the baby last fed and whether they are showing hunger cues, such as rooting, hand-to-mouth movements, or increased alertness. Feed according to the baby’s usual plan and professional guidance. Do not force a feed if the baby is refusing or appears acutely unwell.
Check the diaper and examine clothing, socks, and blankets for tightness, dampness, or irritation. Look carefully for anything constricting a finger or toe, including a strand of hair.
Feel the baby’s chest or back rather than relying only on hands and feet to judge temperature. Remove excessive layers and follow local guidance for measuring temperature if illness is possible.
Notice whether the cry began suddenly, sounds different from usual, or occurs with feeding, urination, movement, or a particular position. These details can help a clinician understand the pattern.

Try to avoid repeatedly changing techniques in rapid succession. Fast movement, loud voices, and frequent passing between caregivers can increase stimulation. A quiet, organized approach is often more useful than trying everything at once.

Try safe soothing strategies

Once basic needs have been checked, use safe soothing strategies for newborns that match the baby's age and developmental stage. Hold the baby close against your chest, support the head and neck, and speak or hum in a low, steady voice. Gentle rocking, walking, or rhythmic patting may help some babies regulate their breathing and attention.

Reduce stimulation by dimming lights, lowering noise, and moving to a quiet room. Some babies respond to consistent background sound, such as a soft spoken voice or a low-volume white-noise machine positioned well away from the crib. Stop any method that appears to upset the baby, causes breathing difficulty, or makes the baby excessively sleepy.

If the baby is swaddled, follow current safe-sleep guidance: use a light, appropriately fitted swaddle, keep the head uncovered, avoid overheating, and stop swaddling when the baby shows signs of rolling. Never shake, jerk, toss, or vigorously bounce a baby. Avoid placing a baby to sleep on a sofa, armchair, adult bed, or other soft surface.

After feeding, keep the baby upright while awake if this is comfortable and consistent with professional advice. Do not use unprescribed medicines, gripe water, herbal products, or formula changes as a response to crying without discussing them with a healthcare professional.

Look for patterns without assuming a diagnosis

Some infants have predictable periods of increased fussiness, often in the late afternoon or evening. Crying may also cluster around feeds, bowel movements, or transitions between sleep and wakefulness. Keeping a brief record of feeding, sleep, wet diapers, bowel movements, crying duration, and associated behaviors can reveal patterns and provide useful information for a clinician.

Colic is a term used for recurrent, intense crying in an otherwise apparently healthy infant, but it should not be used to dismiss persistent distress. Similar crying can occur with feeding difficulties, gastroesophageal symptoms, infection, injury, or other medical problems. A baby may need assessment if crying is new, worsening, unusually high-pitched, associated with poor feeding, or difficult to console.

Seek advice about feeding technique if the baby coughs, chokes, arches repeatedly, tires during feeds, vomits forcefully, has fewer wet diapers, or is not gaining weight as expected. A lactation consultant, pediatric clinician, or feeding specialist may help assess positioning, milk transfer, bottle flow, or other contributing factors. Do not make major feeding changes based solely on crying.

For persistent inconsolable crying, contact the baby's healthcare professional even if you cannot identify another symptom. Your observations, including what has already been tried, are clinically relevant.

Know when to seek urgent medical care

Persistent crying can be the first noticeable sign of illness, particularly in a young infant. Contact a healthcare professional promptly when crying is accompanied by fever or an abnormal temperature, poor feeding, repeated vomiting, diarrhea, marked sleepiness, unusual irritability, breathing changes, or a clear reduction in wet diapers.

Urgent evaluation is needed for a baby who has difficulty breathing, turns blue or gray, is limp or difficult to wake, has a seizure, develops a rapidly spreading rash, or has signs of serious dehydration. A fever in a very young infant requires prompt medical advice because age-specific thresholds and evaluation pathways matter. Use a reliable thermometer and tell the clinician the measurement, method, and time taken.

Do not wait for crying to stop if the baby may have been injured, has fallen, has been shaken, or has a possible ingestion. Call emergency services immediately for severe breathing difficulty, unresponsiveness, seizure activity, or blue or gray discoloration. Follow the dispatcher's instructions and do not transport an unstable baby yourself unless emergency professionals

advise it.

Trust a substantial change from the baby's normal behavior. Caregivers often recognize that a cry is qualitatively different before they can describe why. These red flags during infant crying warrant professional guidance rather than repeated home soothing attempts.

Protect the baby and yourself during difficult periods

Crying can trigger intense stress, especially when it continues despite careful attention. If you feel anger, panic, or an impulse to handle the baby roughly, put the baby on their back in a clear, flat, separate sleep space and leave the room for a short period. Make sure the environment is safe, then breathe slowly, drink water, or call another trusted adult. This is a safe crib break, not abandonment.

Never shake a baby. Shaking can cause catastrophic brain and eye injuries even when there are no immediate external signs. Do not cover the baby's face, place them face-down for unsupervised sleep, use weighted sleep products, or leave them unattended on an elevated surface.

Ask for practical support before exhaustion becomes unmanageable. Another adult may be able to hold the baby while you eat, sleep, shower, or attend an appointment. Discuss recurring crying with your healthcare professional, including your own sleep deprivation, anxiety, depressive symptoms, or intrusive thoughts. Mental health support is part of infant safety and family care.

When you return to the baby, use a simple sequence: check breathing and position, reassess basic needs, try one quiet soothing method, and seek medical advice if the crying remains unusual or concerning. You do not have to solve the crying immediately to respond safely.

Prepare useful information for a clinician

If professional advice is needed, prepare the baby's age, medical history, birth history if relevant, feeding method, usual urine and stool pattern, recent temperature, medications or supplements, and immunization status. Note

when the crying started, how long episodes last, whether it is continuous or intermittent, and whether it is linked to feeding, lying flat, movement, urination, or bowel movements.

Describe the cry as precisely as possible: weak, high-pitched, hoarse, sudden, or different from the usual cry. Mention changes in alertness, skin color, breathing, muscle tone, vomiting, stools, rash, and consolability. A short recording may help a clinician understand the sound, but do not delay urgent care to make one.

Follow the clinician’s instructions about examination, monitoring, feeding, and follow-up. If symptoms worsen after an initial conversation, contact the service again or seek emergency care as appropriate. A reassuring assessment does not mean you should ignore a later change in the baby’s condition.