Why baby cries more at night

Infant sleep makes night crying common

Babies do not sleep like older children or adults. Their sleep is lighter, more fragmented, and organized into relatively short cycles. At the end of a cycle, a baby may stir, vocalize, open their eyes, or cry before returning to sleep. Waking between infant sleep cycles is therefore expected, particularly in newborns and younger infants. Some babies resettle with little help; others need feeding, holding, or a familiar cue from a caregiver.

Early infancy also involves an immature circadian rhythm in babies. The circadian system is the internal timing network that gradually helps the body distinguish day from night. Before this rhythm matures, a baby may sleep for extended periods in daytime and become more wakeful or unsettled overnight. Exposure to normal daylight during the day and quiet, dimly lit care overnight can support this transition, but it does not make the process immediate.

Sleep pressure can also work against a peaceful bedtime. A baby who has had a busy day, missed restorative naps, or remained awake beyond their usual tolerance may become overtired. Overtired babies can appear energized, irritable, and harder to settle, rather than simply sleepy. Conversely, a late, lengthy nap can leave some babies less ready for nighttime sleep. These

patterns vary substantially by age and temperament, so an individual pattern matters more than an idealized schedule.

It is helpful to separate a normal brief arousal from sustained distress. Pausing briefly, while observing safely, may allow a baby to resettle when they are grunting or fussing in active sleep. Escalating, persistent crying calls for a responsive check of basic needs and wellbeing.

Evening crying can be a developmental pattern

Many young babies have a predictable period of increased fussiness in the late afternoon and evening. This is sometimes described as the evening "witching hour," although it is a developmental pattern rather than a mysterious event. Research summarized by University College London notes that infant crying commonly follows an age-related pattern, often increasing in the early weeks before easing over subsequent months.

The causes are probably multifactorial. By evening, a baby has accumulated sensory input, fatigue, and feeding needs. Their capacity for self-regulation is still limited, so small discomforts can provoke more intense crying. The caregiver may also be more fatigued at this time, which can make the same amount of crying feel harder to manage. This does not mean the caregiver has caused the crying.

Some infants have prolonged crying episodes that are difficult to soothe despite being otherwise well. Colic is commonly used to describe excessive, recurrent crying in an otherwise healthy infant, but a clinician should consider the full history rather than relying on the label alone. The pattern usually improves with maturation, yet parents should discuss persistent or concerning crying with their pediatric clinician to ensure that feeding problems, illness, pain, and other causes have been considered.

Evening crying is not proof that breast milk, formula, or a caregiver’s routine is inadequate. Avoid making multiple major changes at once in response to a few difficult nights. A simple record of sleep, feeds, urine output, stools, and crying periods can help reveal patterns and provide useful information at a medical appointment.

Hunger and feeding needs often continue overnight

Newborns have small stomach capacities and rapid metabolic needs, so frequent night feeds are normal. Overnight feeding needs depend on age, growth, feeding method, medical history, and the advice of the baby's clinician. A young baby who cries after being put down may be hungry again, may not have taken an effective feed, or may need time to burp and settle after feeding.

Clues that crying may be hunger-related can include rooting, bringing hands to the mouth, lip-smacking, or becoming calmer when offered a feed. Crying is often a later hunger cue, so responding before a baby becomes highly distressed can make feeding easier. However, not every wake or cry requires feeding, especially as babies grow and their feeding patterns change. A clinician can give individualized guidance about whether overnight feeds remain necessary.

Feeding discomfort may also be relevant. Swallowed air, a need to burp, temporary abdominal fullness, or normal gastrointestinal maturation can make lying flat feel uncomfortable. Gastroesophageal reflux can occur in infancy, but visible spit-up alone does not establish that reflux is the cause of distress. If there is poor weight gain, feeding refusal, recurrent forceful vomiting, blood in vomit or stool, or marked distress during feeds, seek medical assessment rather than attempting to diagnose the cause at home.

Caregivers should avoid diluting formula, adding cereal to bottles, changing formulas repeatedly, or using medications or supplements for crying without professional advice. These approaches may create nutritional or safety risks and can obscure an underlying issue. The safer approach is to ensure feeds are prepared as directed and raise ongoing concerns with a pediatric healthcare professional.

Comfort, separation, and sleep associations matter

Human infants are biologically dependent on close care. At night, separation from a warm, familiar caregiver may be more noticeable because external stimulation has reduced. Crying can be a communication of discomfort, hunger, fear, or a need for co-regulation, meaning help from another person to calm the nervous system. Responding sensitively does not spoil a baby or create a moral problem; it addresses a developmental need.

At the same time, babies can learn associations around falling asleep. If a baby consistently falls asleep only while feeding, being rocked, or held, they may seek the same condition after ordinary night wakings. This is not manipulation. It is a predictable learning process, and the best response depends on the family, the baby's age, feeding needs, and caregiver capacity.

Research on behavioral sleep treatments indicates that caregiving and sleep practices can influence patterns of nighttime crying. This evidence should not be interpreted as a requirement to use a particular approach. Families may choose responsive settling, gradual changes to sleep associations, or other clinician-supported methods. For young infants, especially those with unresolved feeding or medical questions, the priority is meeting needs and following safe sleep guidance rather than expecting independent sleep.

A familiar bedtime routine can reduce stimulation and create predictable cues: feeding if appropriate, a diaper change, sleep clothing, a brief quiet interaction, and placement in the usual sleep space. Keep overnight interactions calm and practical. Low-stimulation nighttime settling, with dim light and limited conversation or play, can reinforce the distinction between night and day while preserving responsive care.

Check for ordinary discomfort before assuming a sleep problem

Nighttime crying can result from simple discomfort that is easier to miss when everyone is tired. Check whether the diaper is wet or soiled, clothing is restrictive, the room is unusually warm or cold, or a hair or thread is tightly wrapped around a toe, finger, or genital area. Also consider nasal congestion, which can make feeding and sleep more difficult for young babies who primarily breathe through their noses.

Teething is often blamed for sleep disruption, particularly in later infancy. Gum discomfort may contribute to irritability, but persistent, severe, or unusual crying should not automatically be attributed to teething. Fever, diarrhea, or pronounced lethargy deserve evaluation on their own merits. Similarly, developmental milestones, travel, vaccination-related discomfort, or a change in routine can temporarily affect sleep, but they should not prevent a caregiver from seeking advice when something seems wrong.

A consistent safe sleep environment is essential even during difficult nights. Place babies on their backs for sleep on a firm, flat sleep surface designed for infants, without loose bedding, pillows, or soft objects. Room-sharing without bed-sharing can make it easier to respond while reducing sleep-related hazards. When exhaustion is severe, avoid sitting with a baby on a sofa or armchair if there is a risk of falling asleep; these settings are particularly unsafe for infant sleep.

When crying becomes overwhelming, put the baby safely in their sleep space and take a brief reset nearby, if needed. Ask another responsible adult for support. Never shake a baby; shaking can cause severe brain injury even when there are no immediate visible injuries.

Know when nighttime crying needs medical attention

Most infant crying is not caused by a serious medical disorder, but medical causes are possible and should be considered when the pattern is new, intense, or accompanied by other symptoms. The most useful question is not simply how long a baby has cried, but whether the baby seems unwell, has changed from their usual behavior, or has warning signs involving breathing, feeding, hydration, temperature, or responsiveness.

Seek urgent medical advice for a young infant with a fever, and follow local guidance about the temperature threshold and age-specific urgency. Prompt assessment is also needed for breathing difficulty, bluish or gray coloration, repeated forceful vomiting, a swollen or tender abdomen, blood in vomit or stool, signs of dehydration, a weak cry, poor feeding, or unusual sleepiness. Reduced wet diapers in babies can be a sign of inadequate intake or dehydration, particularly when it occurs alongside dry mouth, no tears when crying in an older infant, or decreased alertness.

Contact a healthcare professional soon when crying is persistently inconsolable, clearly pain-like, markedly different from the baby’s usual cry, or occurs with poor growth, recurrent feeding difficulty, rash, ear pulling plus illness symptoms, or concern for injury. Trust a caregiver’s observation: a sense that a baby is "not themselves" is clinically relevant information, even when the cause is not obvious.

For a baby who is otherwise well but crying frequently at night, discuss the pattern at routine care or sooner if family functioning is deteriorating. Clinicians can review growth, feeding, sleep, stooling, reflux-like symptoms, and safe sleep. They can also help families make a realistic, age-appropriate plan that protects both infant wellbeing and caregiver sleep.