



Newborn Crying Reference Sheet

<i>Discomfort</i>	<i>Sleepy</i>	<i>Hungry</i>	<i>Trapped Gas</i>	<i>Tummy Pain</i> MODERATE
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<p>SIGNS</p> <ul style="list-style-type: none"> • Arch away from discomfort • Irritability • Squirmy/Wiggly 	<p>EARLY</p> <ul style="list-style-type: none"> • Dozy • Withdraw • Self-sooth (6-8 weeks suck fingers or hands) 	<p>EARLY</p> <ul style="list-style-type: none"> • Lip licking • Open/close mouth • Suckling • Stirring 	<p>EARLY</p> <ul style="list-style-type: none"> • “Gassy” Stare/Smile • Rolling Eyes • Chewing, tongue out (not rooting) 	<ul style="list-style-type: none"> • Tension • Irritability • Tries to self sooth • “EAIRH” Cry
<p>CHECK</p> <ul style="list-style-type: none"> • If baby feels hot or too cold • Dirty diaper • Entangled fingers/toes *hair tourniquet 	<p>MID</p> <ul style="list-style-type: none"> • More Withdrawn • Tense • “OWH” Cry 	<p>ACTIVE</p> <ul style="list-style-type: none"> • “Rooting” or Diving • Breathing fast • Clenched Fists • “NEH” Cry 	<p>MILD</p> <ul style="list-style-type: none"> • Tension/Irritability • Refusing to eat • Spitting up • “EH” Sound/Cry 	<p>SEVERE</p> <ul style="list-style-type: none"> • High pitched scream • Inconsolable • (Acid/Silent reflux)
<p>UNRESOLVED</p> <ul style="list-style-type: none"> • “HEH” Cry • Short, mild bursts increasing in intensity 	<p>LATE</p> <ul style="list-style-type: none"> • Fight or flight • Fussing • Signs of discomfort • Inconsolable 	<p>LATE</p> <ul style="list-style-type: none"> • Moving head from side-to-side • Crying • Turning Red • Inconsolable 	<p>UNRESOLVED</p> <p><i>*Discomfort will continue until gas is released. If not released, gas can begin to cause gut pain.</i></p>	<p>UNRESOLVED</p> <p><i>*“EAIRH” will become loud, rhythmic and intense.</i></p>



Newborn Crying Soothing Guide



Discomfort

- Most of the time, newborn fussing and discomfort can be easily remedied.
- Check baby's body position. Awkward positioning or not in view of mama.
- Check clothing for fit. Hair and thread tourniquets can go unnoticed.
- Check skin temperature. Low grade fevers can occur for many reasons. Over 100 F see your doctor
- Consider the environment (bright lights, loud noises, harsh or strong smells.
- Your baby may simply want to be held/suckle.

Sleepy

- As your baby grows they may not drift off to sleep as easily.
- Offer a feed at the first signs your baby is tired.
- Rocking or gentle motion (car ride, stroller, bouncer or swing).
- Place your baby down for naps in a dim or dark, quiet and cool place.
- Contact naps are a great way to ensure your baby is getting the sleep they need.
- Babywearing keeps your hands and arms free while your baby sleeps soundly.

Hungry

- Crying is generally considered a late hunger cue.
- If you are breastfeeding, your baby might want to eat more often as breast milk digests quickly.
- Do some gentle compressions to increase milk flow and help your baby finish a feed.
- You can not overfeed or "spoil" a breastfed baby. Feed every 2-3hrs.
- If you are formula feeding, your baby may stay fuller longer. Feed every 3-4 hours.
- Paced bottle feeding can help reduce gas and spit up.

Trapped Gas

- Every baby goes through stages of gassiness as they grow and their digestive tract develops.
- Feed your baby slowly and burp during and after.
- Avoid letting your baby get too upset as crying episodes can lead to swallowed air.
- Milk that doesn't move through the digestive tract can cause gas and pain. "Bicycle legs" motion helps move gas/milk along.
- If you find your baby has painful gas often, consult with your doctor or paediatrician.

Tummy Pain

- Trapped gas or milk in your baby's digestive tract will cause stomach pain if not resolved.
- Acid reflux can be caused by food sensitivities and how your baby's esophagus is developing.
- Avoid laying baby on their back after feeds. If necessary, raise the head of their mattress slightly so they sleep at an incline to reduce discomfort.
- Over the counter infant gas remedies can be effective.
- Frequent tummy pain, or constipation should be addressed with your paediatrician.