

Caring for Crying

By
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Parents are often given conflicting advice about whether to apply a “scheduled” approach to baby care, or follow their infants’ demands. A recent study looked at the impact of different parenting approaches on infant crying and sleeping.

Researchers compared infants and parents in three communities with substantially different parenting approaches. The first group of parents practiced a “proximal” form of care: they held their babies more (15 to 16 hours/day), breastfed more often and slept with their infants throughout the night.

A second group of parents, in London, U.K. adopted a more “structured” approach: they spent much less time holding and carrying their babies, let their babies cry more often, and switched to bottle-feeding earlier.

A third group, in Copenhagen had an “intermediate” method: they held their babies less than the proximal care parents but more than the second group of parents, were more responsive to their babies than the second group of parents, and co-slept with their babies less than proximal care parents and only during part of the night.

The biggest finding was that the amount and intensity of unsoothable bouts of crying at five weeks of age, when colic usually peaks, were the same in all groups. Both babies who received proximal care and those who received intermediate care fussed and cried less overall in the first 12 weeks of life. On the other hand, the babies in both the structured care and intermediate care groups were more

likely to sleep through the night at 12 weeks than the proximal care babies.

Ultimately, the “best” strategy depends on what parents want to achieve, says Dr. Ian St James-Roberts, the study’s lead researcher, from the University of London. “Proximal care may suit some parents’ wish for close contact with their babies. For many Western parents, the goal is to minimize early crying and to encourage their babies to sleep through the night at as young an age as possible. If that’s the goal, then the mixed approach to care seems to be better overall.”

Dr. Dominique Cousineau, pediatrician and head of developmental pediatrics at the CHU Sainte-Justine in Montreal, says the finding that colic is independent of the method of care will no doubt be reassuring for parents. In her experience, most North American parents practice a form of care similar to the parents in the study who adopted an intermediate approach, because that is what practitioners are advocating. “In the first few months of life, the mother and the child are one. Holding babies and responding quickly to their cries helps develop their sense of security and plays an important role in developing the attachment relationship,” she explained. “It also fosters cerebral growth. Parents are teaching their baby that there is a consistent response to their actions, and this helps the brain organize and structure itself.”

While the optimal method of infant care is still under debate, parents of babies prone to colic can be reassured by one thing: it’s not their fault.

References

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