Paediatric Nursing

The Crying Child

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ON NO OTHER occasion, a crying infant is received with greater joy than at the time of birth. Thereafter, the crying infant becomes a source of anxiety and worry for the parents, a nuisance for the neighbours and a problem for the attending doctor. Babies can demonstrate their displeasure long before they can show pleasure and they vary in their response, some crying vigorously and others not so vigorously. It is unusual for a baby to shed tears during the first four weeks of life. The cry may be occasional or frequent and periodical. The character of the cry is different in different conditions and a watchful mother can distinguish a cry of pain from a cry of hunger even as early as the third week of life. I would go one step further and say that an observant nurse and an experienced pediatrician can spell the meaning of different types of cries like cerebral cry, cry due to hunger, loneliness, discomfort, pain, fear, jealousy, air hunger and many other conditions of which the more important ones are described below.

The commonest causes for crying in infants are those related to feeding, pain and development of personality.

I. FEEDING PROBLEMS

Babies derive pleasure, warmth, security and comfort when they are closely cuddled by the mother during the feeds. Insufficient feeds and imporer techniques leave behind hungry, insecure and irritable infants. The hungry babies are usually undernourished, fail to pick up weight satisfactorily, cry almost within an hour of feeding and wake up for feeds in the nights even after 3-4 months of age and are constipated. The amount of milk required by babies of the same weight and age varies. Not only the amount but also the duration of each feed varies with different babies, this being dependant upon the individual personality and the emptying time of the stomach, the flow of breast milk which is variable in different mothers and the size of the opening in the teats of the artificially fed babies. Too rapid a flow or removal of the bottle leaves behind a dissatisfied infant, who is deprived of adequate mouthing sensation. Hence no rigid rule for duration and quantity should be laid down. Babies on rigid feeding schedule are likely to cry for a longer time than babies on demand schedule.

Air swallowing due to underfeeding, prologed cry, nasal obstruction, too small or too large a hole in the teat, wrong feeding technique, failure to with draw the teat from the mouth at frequent intervals and an old teat whichis easily flattened result in flatulence. To avoid this the child should be put on the shoulder after or during feeds and burped.

Forcing a feed on an older infant with a spoon or cup, when it is not ready and vice versa, can also make the child cry.

II. CONDITIONS RELATED TO PAIN

1. Three months Colic

A few days after birth the baby starts screaming in the evenings, usually between 5 p.m. and 10 p.m. During an attack, the face becomes red, the legs are drawn towards abdomen and the infant screams. The attack may last 2-20 minutes. This is not relieved either by feeding or by picking up. These attacks occur at regular intervals. At times, the infant passes flatus and is temporarily relieved. In milder forms, the baby may become just irritable in the evenings without screaming. These attacks usually cease by the end of the 3-4 months. This is an entity of unknown etiology. They occur as much in artificially fed babies as in breast-fed babies. The nutritional status of infants with the three months colic is on an average good. The pain seems to be due to colonic contractions trying to expel the locked up air in the colon. Anticholinergic drugs administered before the anticipated attacks give some relief. Sometimes this needs augmentation with a sedative like chloral hydras (one grain).

2. Gastrointestinal Causes

(*a*) Infants with severe **gastroenteritis** and dehydration with acidosis very often present themselves with a 'peculiar cry'.

(*b*) **Intussusception** : Intussusception, a cause of intestinal obstruction, is an important condition to bear in mind in later infancy. It is characterised by sudden onset, with severe paroxysmal pain, vomiting and restlessness. During attacks of pain the infant cries when its face turns pale. This is a very significant sign. The face does not become red as in intestinal colic. Immediately after the attack of pain, the infant appears quite normal and is playful, in the early stages. Later on the loud cries are replaced by moaning sounds and the paroxysms of pain occur more frequently. At the beginning the large intestine is evacuated of its contents but soon the facal matter may be replaced by blood and mucous giving the appearance of current jelly. Palpation of an elongated sausage-shaped mass in the abdomen within a few hours of onset of pain is almost diagnostic of intussusception. Reduction of intussusception is done by barium enema in the early stages and by surgery in the later stages.

(*c*) **Dysentery** : Acute bacillary and amoebic dysentery are other causes of abdominal pain and may not be recognised. The infant with fever has paroxysmal attacks of pain and cry which are temporarily relieved with passage of mucus and/or blood in the stools. In severe cases the infant is likely to be peevish, irritable, restless and moaning even in bet-