But Why do Babies Cry?
Night wakings, Cries, and the Needs of a Newborn Baby

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The human baby makes a lot of noise while crying. The position of her vocal cords in her larynx allows her to produce a powerful sound. If we were to compare in terms of decibels, it compares to the noise of a diesel engine or a lawnmower! An adult trying to vociferate in this way wouldn't last an hour. A baby, on the other hand, is able to cry loudly, and for a long time.

If we go back in time to our distant ancestors, it seems at first glance illogical that it be this way. How could natural selection favor the ability of such a vulnerable species at birth to scream so loudly? Surely, the loud noise of a screaming baby would attract predators, putting the small settlement at risk. Wouldn't a discreet squeak, like that of baby giraffes, kittens or puppies, have been more careful?

Certainly... But giraffes, cats, and dogs, like most mammals, learn early on to move quickly to their mothers in case of danger. In terms of its locomotor abilities, the small human baby is born 'prematurely', meaning that our species has a very large cortex and therefore an important cranial perimeter. In determining the duration of pregnancy, «nature» made a trade-off between the size of the female pelvis and that of the fetal skull. Brain maturation, far from being completed at birth, makes human babies highly dependent towards their caretakers. In fact, babies depend on the food and warmth we provide them with, and also the attention we give them. This long-term care creates intense bonds between the babies and the caregivers, and participates in the complex psychogenesis of the human being.

We like to romanticize the «primitive good mothers" and the «good savages» who knew «instinctually» how to take care of their babies. But if that were the case, human babies probably wouldn't have needed such an impressive vocal apparatus. As a matter of fact, their reality was harsh: women would die in childbirth, and injury was a lot more common. Sometimes, women had little to no desire to take care of their babies. We love to idealize women… Alas! Women are not archetypes.

So put yourself in the shoes of a newcomer. You have just arrived and perceive the urgency to communicate, but you do not yet have access to the language. Because your basic needs need to be met for survival, you find the most effective way to make these people take care of you: you produce an unbearable noise that potentially endangers them all! This noise effectively ends once you feel better, safe and secure suckling at the breast. Of course, babies cannot reason all of this consciously, but let's say natural selection definitely favored those who knew how to get noticed. It is more of a strategy of the species than of the individual, per se. And this primal instinct seems to have done the trick! Our species has proliferated, prospered and invaded all the biotopes on the planet.

In rich countries, concepts of pregnancy and birth monitoring, responsible parenting, contraception and their frequent corollary have emerged: the desire for a child. In terms of human history, this vision of reproduction is very recent. Women now have a say in their biological destiny, or can even refuse it, and in any case no longer suffer from it. The project of having a child can be discussed, thought out, and acted out in a more conscious manner. Many parents are intentional and caring. They are not the first of our species to behave in this way, far from it, but new freedoms of choice can ultimately contribute to a better welcoming of a child.

However much we are more prepared and intentionally becoming parents, newborns are not privy to all of this. Despite all the well-meaning attention of parents, babies of the twenty-first century howl as vigorously as hunter-gatherer babies once did when they are upset. Old survival reflexes developed over

millions of years do not fade in a few generations. Yet today's parents, with their intentionally small families that they have decided upon, have now little opportunity to witness what it's actually like to have a baby. Babies in magazines don't cry (except perhaps in diaper ads, especially when they don't yet have that special, leakproof diaper). In fact, babies in magazines stop crying when their parents buy them a bunch gadgets, toys and creams for their sensitive buttocks, and babies in magazines smile when their parents put money aside for their college tuition.

After two sleepless nights with a real baby in their arms, dismayed parents ask themselves this now existential question: «But why is my baby crying?»

And that's when they will get to know the opinions of relatives, maternity ward staff and early childhood professionals. Everyone seems to have their own explanation: some, full of common sense, others fuelled by fear. There's **projection** of our own emotions, there's confusion on how a baby's neurological and digestive systems work, and there's downright unrealistic, **pseudo-educational fantasies**. These three pitfalls in understanding the rhythms, cries and needs of baby humans deserve to be stopped; they are failing us.

To **project** is a mental mechanism that involves assigning to others our own cues, abilities, problems or emotions. It generates many errors of judgment and misunderstandings. Adults have well-established **benchmarks** to assess time of day. Our chronobiology has successfully evolved on the day-night rhythm; we have high energy in the middle of the day, and feel fatigued in the evening. In general, we work during the day and sleep at night. More or less consciously, we expect that newborns will already have an adult circadian rhythm. "*She wakes in the middle on the night ready to start her day!*" says the desperate parent of a newborn.

Adults are easily programmable: in a few days we adapt to summer or winter time, time shifts or even night work. But to think that babies can be programmed so quickly is getting ahead of oneself.
We also attribute many of our emotions, such as sadness or anger, to baby's cries, but the emotions linked to crying and hunger are much stronger… indeed, they stir visceral fears of absolute despair and abandonment, or even death (from starvation).

Let's try to sort this out a little bit....

First observation:
What we're imagining about babies' cries is disheartening.

In most settings, a crying adult makes everyone uncomfortable. We do not know how to react; approach him, leave him? We've lost our spontaneity. An admission of weakness, of overwhelm or, even more suspicious, a desire to manipulate, crying has become indecent and taboo. We have lost the habit of seeing people cry; adults hide to break down in tears when, not too long ago, Victorian novels were much more realistic in depicting emotion, dedicating pages to torrential tears. The collective mentality focused on beating, winning and performing is imposed on adults of both sexes and does not have room for tears. How dehumanizing is that! Isn't crying the simplest and most effective outlets for tension, the most natural way of self-soothing? (Let's reinstate crying and watch the average Westerner consume less and less chemical tranquillizers!)

Second observation:

We're confusing hunger for starvation.
In our countries, we're not used to feeling hunger anymore, mostly because we eat a lot, and because we follow a schedule based on work shifts. Could this be why hunger is so dramatized? 'I'm starving', 'I'm dying of hunger' and other similar expressions are just a tad exaggerative, yet are common usage. The concepts of hunger and starvation are often blurred. We hear a lot of 'world hunger', when the actual problem is actually malnutrition (which leads to starvation). Why so much confusion?

Food has never been so readily available. And fast food, junk food, and sugar have never been so easily accessible! In a consumer — or should we say 'wasteful'— society, we seem pretty obsessed with the notion of deprivation… Is there a void that we're trying to fill?

We seem to have forgotten that hunger cues are actually preventative. We need to feel hungry before our bodies tap into its energy reserves. And an adult has quite the reserves! In fact, if staying properly hydrated, an adult can fast for a few weeks without putting his life in danger. Hunger cues do not express an imminent end, rather, that the time to eat is coming up. Mealtime varies greatly from one culture to the next, and has changed over time as well. Typically, eating is a convivial activity that humans partake in together, either with friends or family, at a specific moment of the day. Our hypothalamus is responsible for controlling our biological clock, and it does a good job at remembering our daily habits, letting us know that we're hungry at the established times. What we consume maintains our reserves, but does not overturn deficits we may have.

Lest we forget: we are physiologically wired a certain way thanks to distant ancestors who had no refrigerators and no supermarkets. If their bodies had given hunger cues at an advanced stage of depletion, they would never have been able to muster the energy to hunt or gather. It seems that creating energy reserves and preventative cues that are highly sensitive to our social habits is a pretty good way of making sure the human species survived throughout millennia.

Even if we did widely accept this fact, we would be hard-pressed to change; our habits and tendencies regarding food are so intertwined with our feelings and emotions, that there would hardly be anything more challenging to change. Deep down, hunger is still associated with deprivation and shortage.

Third observation:
Cries and hunger make for a jarring combination.

In a society where crying is so shunned and hunger is so dramatized, one can only imagine how a baby's cry for hunger, being as urgent and desperate as it is, can only mean the baby is starving. (That, or that she's colicky. Colics are one of our most revered narrations around baby discomfort. After all, there aren't any diaper pins to poke babies anymore.)

In the same vein, feeding a baby who hasn't shown explicit (and vociferous) hunger cues is considered overindulging. Apparently, intense stress can be the only way to know for sure that baby is starving…

In today's specific context, the notion of 'feeding on demand' becomes a trap. Feeding on demand is a relatively new notion that sounds pretty permissive, and our habit of projecting has generated confusion and misunderstandings from it.

Parents, and especially the breastfeeding mother, will face tremendous — if not unbearable — pressure when their baby cries a lot. '*Has she had enough to eat? Is she still hungry? Well, obviously, since she's still crying*.'

Enter: the Bottle. This contraption is manageable and is easy to fill. Because of this, parents can 'know how much baby got'. But more than filing baby, we could say that the bottle also fills new parents with reassurance. Whether we like to admit it or not, we often doubt mothers, and mothers oftentimes doubt themselves, especially when it comes to nursing.

It should be noted in passing that humanitarian organizations readily use images of crying babies to illustrate the extreme destitution of the populations that need to be rescued by the charitable West. Vulnerable children, hunger, famine, and suffering are all amalgamated to create an image that resonates with our deep abandonment fears. And so, we donate. In a lot of ways, donating to a charity is like giving a newborn 'just a little' supplement from a bottle: both come from the same logic; that of appeasing some sort of deep wound within.

If we wish to calmly understand the cries of a newborn, we must first acknowledge our own fears of deprivation and abandonment in order to move past them. Our projections, infamous at misleading us, span towards the subconscious of our caregiving minds. This is especially important for our society's newborn 'specialists' (nurses, midwives and doctors) who play a major role in informing new parents on how to care for a baby. Because when it comes down to it, knowing all the facts on colostrum and all the benefits of exclusive breastfeeding led by baby's cues

is just no match for the overwhelm and desperation of new parents when you think you've failed your baby.

'Babies wake because they're hungry,
cry because they're very hungry,
fall asleep because they're full,
sleep long stretches because they've had enough to sustain them.'

These are few sentences that demonstrate how we've gotten the neurological and the digestive systems, and their respectful functions, mixed up. And these beliefs still persist in our collective mind, conveyed through healthcare professionals and well-meaning relatives, by books, media and TV shows. Indeed, it's let on that the nervous system is submitted to the level of fullness of a baby's stomach. When the stomach is empty, the nervous system is triggered to waken; when the stomach is full, it is induced to sleep.

It is obviously far more complex than that. Breastmilk is quickly digested, and yet babies can sleep for many hours at a time. Colostrum, the first form of breastmilk, is produced in small quantities after birth to not disrupt baby's immature digestive system, yet newborns manage to sleep. Inversely, some babies stay awake after a long feeding, and others cry for other reasons than digestive ones.

True, there are mechanisms to ensure a mother's production will regulate itself to baby's needs. When baby wants more milk, she will be awake to suckle at the breast more (demand), which in turn makes the breastfeeding mother produce more (supply). After a few days, supply and demand will have adjusted to baby's needs. Most experienced mothers will easily recognize these episodes as growth spurts.

In some cultures, the concept of waking-crying-eating is hardly an issue. In fact, when the mother-baby dyad is the norm, unrestricted breastfeeding is valued, and baby can go ahead and regulate her mother's production as she pleases. Baby will suckle a little or a lot, softly or tirelessly, depending on her appetite, but will never have too much to eat. Furthermore, breastmilk is easily digestible and is ever-changing, adapting itself perfectly to baby's needs. Baby wakes up and is looking for the breast? Let her latch on. Baby is crying? Let her latch on. For millions of years, anthropoids, early humans and then humans haven't second-guessed any of this.

Complications arose when breastmilk 'substitutes' (made of cow's milk diluted in water, then sweetened) and industrial milk came along. These alternatives were convenient, but not exactly well digested. Moreover, bottle nipples size was too big, which allowed for the milk to flow too easily to baby, regardless of the quality of her latch and suction. With the very real risk of overloading baby's digestive system, leading to indigestion, doctors were sensible enough to impose measures around feedings, which included imposing schedules with a minimum time gap in between feedings. This is, of course, where the rule of '*every four hours, six times a day'* comes from. Anxiety-induced control thus began.

Historically, the first healthy baby to end up in hospitals were orphans and those abandoned at birth, as well as the babies of severely impoverished women, who were the only ones who gave birth in the hospital at that time. Indeed, giving birth at home was significantly safer because the risk of infection was so high anywhere else. All these babies were put into the hospitals' nurseries, where formula-feeding followed strict schedules. This is why, today, the notions of mother-baby bonding and maternal instinct are relatively 'new' in hospital settings (the fact that it takes several years for a hospital to implement the Baby Friendly Hospital Initiative steps speaks for itself).

All women started giving birth in maternity wards in the second half of the twentieth century, at which point they were obliged to comply with the routines and regulations already in place. Hospitals promoted a culture of separation of the mother-baby dyad. After all, this was all it had ever known. But this culture, of course, generated many harmful consequences: strict schedules, lack of understanding of the physiology of breastfeeding and the normal rhythms of newborns… Still, hospitals had become the materialization of science and modernity. The progress of medical and pharmaceutical technologies inspired confidence. Coated in a prestigious scientific polish, outdated hospital policies were assimilated with all the rest and became known as the golden standard of newborn care. For the last fifty years, we are witnessing an exceptional anthropological phenomenon: mothers and babies sleep apart, and feedings have become systematized, even when babies are breastfed.

We are currently easing into more supple recommendations for mothers and babies. Nursing 'on demand' is recommended, but is prescribed with various guidelines such as '*five minutes per side*', '*two hours minimum between each feeding*', for a 'maximum of x, y, z hours', which gets mixed with conflicting advice such as '*on demand, yes, but only if she's actually hungry*'. Ergo, mothers are expected to be able to distinguish between 'hunger' cries and all the other types of crying. What a nightmare.

Admittedly, how can we expect a newborn baby to understand the concept of hunger as we adults grasp it? Our hunger cues as adults have been physically conditioned by cultural, daily routines, and we tend to dramatize them into meaning starvation. A newborn baby cannot interpret any of this.

A baby's first rhythm isn't that of food intake, but rather that of awakenings. Her neurological rhythms and her different states of alertness go hand in hand with her brain development. Though the brain has been growing in-utero, it will continue to develop after birth. In the first few days of life, a baby's state of alertness, from quietly alert to sleeping, are somewhat aleatory. At best, we may notice a tendency for a state of active alertness somewhere between five and 10 PM.

On the other hand, nature did need to find a preventative way to get babies fed before getting too exhausted to let their caretakers know. Up until then, this baby was fed automatically, effortlessly and continuously via umbilical cord. Now she is discovering discontinuous feeding, and orally — meaning that she has to participate if she wishes to be fed. Luckily, baby has **primitive reflexes**, such as the rooting reflex (when baby actively searches for the breast) and the sucking and deglutition reflex. Although babies are born with these reflexes, they peak when she is in a **quiet alert state**. Therefore, feedings are timed with baby's awakenings. And ergo, a healthy baby born full term is in a quiet state enough on a 24-hour period to eat sufficiently. In the early breastfeeding days, it's much more accurate to talk about nursing upon awakening rather than nursing *on demand*. A baby who is wide awake nurses efficiently because she has better muscle tone. A baby who is crying because we '*have to make sure she's actually hungry'* or because *'it's not quite time for her next feeding*', is actually very restless and thus much less efficient at nursing.

Keeping baby close at all times allows parents to observe and recognize baby's cues. She will make eye contact and gentles gestures, she will turn herself in her parents' direction: this is baby's way of seeking connection. A straight back, head turned towards the breast, open mouth, are signs that baby is ready to nurse. By making parents are caregivers aware of these signs, baby is much less likely to need to cry to get her needs met. And that is a relief for everyone!

It is now proven that fetuses perceive and store memories of their intra-uterine life, such as tactile, kinesthetic, gustatory, olfactive, auditory and visual sensa-

tions. This rich sensorial experience becomes baby's reference for life outside the womb. At birth, they discover the intensity of light, the forcefulness of gravity, unknown smells, the stillness of a crib… With each awakening, they are confronted with so many new sensations that radically differ from the intra-uterine environment they are used to. Their very first vital need is therefore sensorial: having to reacquaint with her mother's body, voice and smell, rediscovering comfort in positions, rocking and warmth… but of this, mothers have always known. Of course, babies cannot return in-utero; the goal is rather to soften the transition between both worlds.

We could say that baby's need for connection translates to her first experience of 'hunger'. And God knows how good babies are at getting their needs met! Within minutes of being born, newborns will scream and shriek when put on an exam table. Are they actually hungry? Surely not, as of this time, they had been continuously fed by the umbilical cord. They are wailing because they need contact, and they need warmth. Infrared lamps do not replace human connection. When baby is routinely placed on her mother, however, she does not cry. Instead, she will put an extraordinary amount of energy into coming in contact with her mother. In fact, all of her body and all of her senses are put to use as a survival instinct to

find her mother's breast (rooting reflex). In return, she will feel 'rewarded' from the pleasurable, multisensory experience of nursing, and will want to do it again. This establishes a 'pleasure-desire' cycle.
Young mothers will admit that they 'don't know why the baby keeps crying', as though admitting that they aren't good enough to parent. In reality, newborns are 'hungry' for many more things than just milk: being held and being soothed, the smell of their mother, warmth. And with time, babies will learn how to distinguish all of that from actual hunger. They all learn eventually how to explicitly ask to be picked up, or nursed, or to take a bath. In other words, they learn how to perceive their different needs, and they will learn how to communicate them, too. Parents will learn to distinguish these different types of cries, at which point it makes more sense to 'nurse on demand'.

A third roadblock is our **pseudo-educational fantasies**, that is, certain statements that are widespread in our culture and that are deemed true and unquestionable. As we have seen, the time at which we eat dinner varies from country to country. This is because these human habits are conditioned by the culture from which we come. Québécois usually eat their supper around 5 PM, whereas Europeans countries have their last meal anywhere between 7 and 10 PM. So, when do we start 'enforcing' this schedule? And how to put it into practice? Obviously, every recommendation, from the strictest to the most lenient, has already been suggested, confirmed and imposed to parents.

Mothering (and parenting) is the first form a parent's love takes. Human babies are born much more dependent than any other mammal, and will stay dependant for much longer, too. During this time when they rely entirely on their caregivers, they are building the foundation for their emotional security and well-being. This assurance of feeling safe and cared for is what allows baby humans to grow into independent and capable adults, able to navigate in society with all of its frustrations and challenges.

Education is the other form of parental love. It encompasses teaching our children to be autonomous, to build their self-confidence, to offer necessary structure, rules and limits. It includes the transmission of technical and intellectual knowledge, as well as the cultural customs they were born into (such as eating habits and routines).

So, mothering reassures, whereas education structures.

Except that, in a world where high productivity and total independence represent the pinnacle of suc-