



## CASE STUDY 33:

### Unsettled infant with frequent crying

Worried parents Evie and Trystan bring in their baby Juliette, two months, to their regular GP. They feel she has been very unsettled lately and are concerned something is wrong.

Their GP knows the perinatal history was unremarkable, and that Juliette was a term baby with no birthing or post-natal complications. She saw them two weeks prior for their six-week check and immunisations.

Juliette had been well, other than some sleep issues which the GP helped Evie and Trystan manage with advice and information from the PHN clinical referral pathways platform, HealthPathways Melbourne, [Infant Sleep Concerns page](#).

The GP now explored their concerns thoroughly. She discussed Juliette's crying patterns, responses to breastfeeding and possetting, as well as milestones and growth, and progress with sleep. She made sure to ask about how Evie and Trystan were coping and what practical and emotional support structures were available to them.

She also screened sensitively for other family factors that might impact care (as outlined in the HealthPathways Melbourne [Unsettled Infant page](#)), and found no concerning features on history, other than the parents' worry about the baby's increased crying.

## CASE STUDY 33:

### 2. Sensitive screen for psychosocial concerns. Be aware of:

- [family factors](#) ^ that can contribute to or impact care.

#### Family factors

- Exhaustion – do not underestimate the effects of sleep deprivation on a parent.
- Lack of support from partner or extended family and friends.
- Anxiety and lack of confidence in managing an infant.
- Unrealistic expectations of infant behaviour.
- Parental relationship difficulties and other factors which may impact on parenting capacity e.g., family violence, drug and alcohol abuse.
- Family adversity e.g., financial difficulties.
- Parental or carer mental or physical illness – consider [screening for anxiety and depression](#). See PANDA – [Mental Health Checklist for Expecting and New Parents](#). See also [Perinatal](#)

While she took the history, she noted that both Evie and Trystan, although they looked tired, interacted affectionately with Juliette through the consult. Juliette herself was comfortably sitting on her mother's lap.

The GP continued the examination by checking growth – length, weight, and head circumference – and plotting this on the charts in Juliette's health, learning and development green book.

She showed the parents how to read each of the charts, explaining that Juliette was continuing to track on her 50th centile line that she had started on. An age-appropriate examination revealed no matters of concern.

Juliette was babbling in the room and smiling at her parents when they interacted with her. She grabbed onto a tongue depressor when presented with one.

The GP acknowledged that an unsettled baby can be distressing and stressful for parents. She again reassured Evie and Trystan that Juliette was growing well, per her growth charts, reaching her milestones, and that the examination did not reveal anything to worry about.

[melbourne.healthpathways.org.au](http://melbourne.healthpathways.org.au) | July 2026

She used the HealthPathways Melbourne [Unsettled Infant page](#) to discuss the variation of crying in infants. In particular, she highlighted what is often referred to as 'PURPLE' crying – which is an acronym standing for 'peak, unexpected, resists soothing, pain-like, long-lasting and evening.'

Many infants, she explained, go through a period of PURPLE crying, which can be frustrating and challenging for parents.

### Unsettled infant who is otherwise healthy and thriving

1. Using the [Curves of Early Infant Crying](#) graph, discuss excessive [crying in healthy infants](#) ^.

#### Crying in healthy infants

1. Discuss crying:
  - Crying starts to increase at 2 weeks of age, peaks at 2 months, and slowly reduces by 4 to 5 months. At age 6 to 8 weeks, an average infant cries on average 2 to 3 hours per 24 hours. Crying is usually worse in the late afternoon or evening.
  - Most infants go through stages of increased crying, which is defined as crying > 3 hours per day, for > 3 days per week. This crying can be up to 5 to 6 hours at times.
  - An unsettled infant may draw up their legs as if in pain, but there is no evidence that excessive crying is caused by an intestinal problem or wind.
  - Excessive crying has been called colic, but this can be unhelpful as it can lead parents to believe there is something wrong with their baby's gut

She then discussed the conflicting evidence surrounding common remedies for excessive crying. She explained that studies show that colic mixtures have no effect compared to placebo. The same goes for anti-reflux medications when used to alleviate physiological reflux.

Evie asked if she should change her own diet in case her breastmilk was causing Juliette stomach irritation.