

The Maternal Support Framework A Mixed-Methods Exploration of Mothers' Perceptions of Understanding and Support During Excessive Infant Crying

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Abstract

Background: Background/

Objectives: Excessive infant crying affects approximately 20% of families, often resulting in parental distress, anxiety, and strained relationships. Despite its prevalence, many parents, particularly mothers, report feeling misunderstood and unsupported.

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Methods: A mixed-methods design was employed, integrating both quantitative and qualitative data. A total of 432 mothers participated in the study. Quantitative assessments compared perceived levels of understanding and support from three groups: partners, the social environment, and healthcare professionals. Qualitative data explored specific forms of support mothers found meaningful.

Results: Quantitative findings indicated that healthcare professionals were rated lowest in both understanding and support, with 50.6% of mothers reporting little or no understanding, and 47.1% reporting little or no support. In contrast, partners were perceived as the most supportive and understanding group. Qualitative analysis highlighted essential support forms, including emotional reassurance, avoiding maternal blame, practical assistance, and open communication.

Conclusions: The study reveals a gap in perceived support from healthcare professionals and emphasizes the vital role of partners and the social environment. Based on qualitative insights, a Maternal Support Framework is proposed to guide holistic, family-centered interventions, with the goal of enhancing parental and infant well-being.

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Original Manuscript

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Abstract

Background/Objectives: Excessive infant crying affects approximately 20% of families, often resulting in parental distress, anxiety, and strained relationships. Despite its prevalence, many parents, particularly mothers, report feeling misunderstood and unsupported. This study aimed to examine mothers' perceptions of understanding and support from partners, their social environment, and healthcare professionals.

Methods: A mixed-methods design was employed, integrating both quantitative and qualitative data. A total of 432 mothers participated in the study. Quantitative assessments compared perceived levels of understanding and support from three groups: partners, the social environment, and healthcare professionals. Qualitative data explored specific forms of support mothers found meaningful.

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Key words

Excessive Crying – Infant - Maternal Support – Parental Distress – Framework - Mixed-Methods

Introduction

Infant crying is an essential aspect of early development, serving as the primary mode of communication during the first months of life (Akhnikh et al., 2014a; Vermillet et al., 2022). While crying is typical behavior, it becomes a concern when approximately 20% of infants exhibit excessive crying (Adam-darque et al., 2021). To classify excessive crying, Wessel's definition is widely recognized, describing it as crying for at least three hours per day, three days per week, over three consecutive weeks (Wessel et al., 1954). This definition provides an objective benchmark for assessing crying severity, which is valuable for parents and healthcare professionals.

However, research has increasingly shifted from focusing solely on the duration and frequency of crying to considering its broader impact, particularly on parental well-being (Garratt et al., 2019). Reijneveld et al. (2001) emphasized the importance of definitions that integrate both crying duration and the distress experienced by parents. Additionally, some researchers distinguish between 'excessive crying,' which is based on parents' subjective perception that their baby cries too much and signals a potential problem, and 'prolonged crying,' which refers to a measurable duration (Long et al., 2018). This dual perspective highlights the growing recognition of parental perceptions and the intricate interplay between infant behavior and parental mental health.

The experience of having an excessively crying infant can profoundly affect parents, leading to heightened levels of distress, anxiety, and depression, as well as difficulties bonding with their child (Adam-Darque et al., 2021; de Kruijff et al., 2021; Garratt et al., 2019; Kurth et al., 2010; Stifter & Moding, 2018). These psychological challenges are often compounded by practical issues, such as early cessation of breastfeeding, overfeeding, and, in some cases, long-term developmental risks for the infant. In severe instances, excessive crying may increase the risk of shaken infant syndrome (Kurth et al., 2010; Stifter & Moding, 2018; Wolke et al., 2017; Zeifman & St. James-

Roberts, 2013). These far-reaching effects underline the necessity of addressing excessive crying not merely as an infant issue but as a family-centered concern that prioritizes the well-being of parents (Garratt et al., 2019).

A qualitative study by Garratt and colleagues (2019) explored UK parents' experiences of having an excessively crying baby. This study showed that parents often have disrupted expectations and experiences of parenthood, perceive stigma and social isolation, and seek support and validation of their experience (Garratt et al., 2019). This sense of isolation is further amplified by dissatisfaction with healthcare; research shows that 55% of the participating Dutch mothers in a study by Van der Veek and colleagues (2023) feel they receive inadequate information about their infant's crying and possible healthcare services (van der Veek & van Rosmalen, 2023). Therefore, proactively providing comprehensive information during pregnancy or shortly after birth might better equip parents to manage the challenges associated with excessive crying (Garratt et al., 2019). In the same vein, Harskamp et al. (2023) explored the types and format of healthcare support parents with excessively crying infants need. They identified four key themes: (1) the need for confidence in healthcare professionals, (2) the need to investigate potential somatic causes of crying, (3) the need for acknowledgment of their baby's crying, and (4) the need for support to break the cycle of exhaustion and self-doubt (Harskamp-Van Ginkel et al., 2023). These findings underscore the importance of holistic, family-centered care that addresses not only the crying itself but also the emotional and practical challenges faced by parents. Providing tailored support is essential for preventing cascading difficulties and fostering positive parent-infant interactions (Viragova & O'Curry, 2021).

Even though healthcare professionals are thus critical in providing support and care for parents with an excessively crying baby, an integrative approach involving the whole

social environment of parents with an excessively crying baby is essential. Moreover, existing research often isolates specific aspects of excessive crying, such as healthcare interventions for example, manual therapy (Carnes et al., 2018; Holm et al., 2021), probiotics (Dorreh et al., 2017), parental coping (Garratt et al., 2019), or soothing techniques (e.g., swaddling (Blom et al., 2009)). Furthermore, studies on excessive crying are often small in scale, and an integrative care framework for parents with excessively crying infants is lacking. However, to optimally identify the needs of parents with an excessively crying baby, an assessment of the current situation and their idea about the ideal situation can contribute. Therefore, this study explores the understanding and support mothers currently receive from their partners, social environment, and healthcare professionals. This exploration was used to build a conceptual framework as a foundation for supporting families with excessively crying babies.

The current study

Previous research showed that mothers with a crying baby reported feelings of *not being taken seriously* or that the heaviness of the situation was not being *understood or acknowledged* (van der Veek & van Rosmalen, 2023). Receiving *inadequate or insufficient support* was a separate topic mentioned by van der Veek and colleagues (2023). Obviously, being understood and receiving support are two different things when it comes to families with an excessively crying infant. Therefore, the present cross-sectional online survey study aimed to explore how mothers perceive the understanding and support of their partners, social networks, and healthcare professionals. Further, the perceptions about the current situation and the needs of mothers regarding understanding and support of their whole environment were combined to reach the ultimate goal of this study, namely the development of a conceptual model of maternal support that could form a foundation for future research

and interventions, namely the Maternal Support Framework.

Methodology

Procedure

Recruitment started in January 2024. A probability sampling technique was employed by distributing an invitation to participate through Facebook®, posting the invitation in groups that bring together parents with an excessively crying baby. Persons were eligible for inclusion if they were mothers currently having or having had an excessively crying baby (without a specific quantification of the crying amount as our main focus is on parental perception). When interested mothers wanted to participate, they could click on an anonymous link that directed them to the questionnaire. The study received approval from the Ethics Committee of Ghent University (2023-141W) and was conducted in accordance with the General Ethical Protocol for Scientific Research at the Faculty of Psychology and Educational Sciences. Prior to the commencement of the questionnaire, written informed consent was obtained from all participants. Additionally, participants acknowledged a privacy statement at the beginning of the questionnaire, which provided comprehensive information regarding GDPR compliance and the handling of their data.

Data collection

A questionnaire was developed based on previous research indicating a gap in knowledge about the perceived understanding and support of mothers' direct environment (partner, social environment, and healthcare professionals). Participants completed an online questionnaire using Qualtrics^{XM}® consisting of 11 questions that were a combination of multiple-choice, closed-ended Likert

scale questions, and open-ended questions. First, they indicated the crying amount during the entire day, morning, afternoon, evening, and night. Next, they responded to six closed-ended questions that assessed their perceptions of understanding (three questions) and support (three questions) from their (1) partners, (2) social environment (parents, grandparents, friends, colleagues, etc.), and (3) consulted healthcare professionals (healthcare disciplines were not specified). These questions utilized a six-point Likert scale with the following verbal anchors: perfect (1), very good (2), good (3), fair (4), poor (5), and none (6). The use of these verbal anchors avoids numeric values and clearly defines the scale in verbal terms. The choice for six points was used to prevent consistently selecting the neutral midpoint (Ab Latif et al., 2017; De Meyer et al., 2019; Schneider et al., 2016; Vogel et al., 2019). To encourage deeper insights, participants were additionally asked how they wanted to be understood and supported by each of the groups (partners, social environment, and healthcare professionals in general). Finally, they could write down which healthcare professionals they consulted during this period by answering an open question. The complete questionnaire can be found in **Appendix 1**.

Data-analysis

This study used a mixed-methods approach, integrating both quantitative and qualitative data to gain a comprehensive insight into maternal perceptions of support and understanding. The quantitative analysis involved descriptive statistics to calculate frequencies, as well as minimum, maximum, and mean values. A paired samples t-test was conducted to examine whether there was a significant difference in the understanding and support parents experienced from their partner, social environment, and healthcare professionals. Finally, Pearson correlations were calculated to assess the relationship between understanding and support provided by each group (partners, social environment, and healthcare professionals), as well as the correlations between the three groups for both understanding and support.

The qualitative aspect was integrated through open-ended questions that explored how participants wished to be supported and understood. Qualitative analysis used an inductive content analysis approach using NVivo® software (Drisko & Maschi, 2016). Initially, the data were thoroughly read multiple times to gain a deep understanding of the content. Following this, the organizing process began, which included open coding, theme development, and abstraction (Satu & Helvi, 2007). The final phase of abstraction involved creating overarching concepts. Additionally, the frequency with which each theme emerged in the data was calculated to assess how well each theme and the integration of themes resonated with participants. This approach allowed for an estimation of the importance and prevalence of the identified themes, ultimately contributing to the development of a framework for the overarching

concept of 'care for parents with an excessively crying baby,' referred to as the Maternal Support Framework (Raskind et al., 2019).

Results

Sample

A total of 432 mothers fully completed the questionnaire. Of these participants, 55% resided in the Netherlands, while 45% were from Flanders (Belgium). Additionally, 0.5% of participants reported living in other countries, specifically France or Italy. The average age of participants was 33 years, with ages ranging from 21 to 45 years. The number of children per participant varied from one to five, with a mean of 1.77 children per parent. Mothers mentioned they visited the following healthcare professionals during the period their baby cried excessively: general practitioners, pediatricians, midwives, child health clinics, osteopaths, pharmacists, physiotherapists, psychologists, chiropractors, dentists, radiologists, parenting coaches, lactation consultants, surgeons, dietitians, occupational therapists, etc. Most frequently consulted healthcare professionals were pediatricians (n=305; 75% of mothers), general practitioners (n=212; 52% of mothers), child health clinics (n=153; 38% of mothers), osteopaths (n=121; 30% of mothers), and midwives (n=112; 27% of mothers).

Table 1 provides an overview of consulted healthcare professionals and the number of mothers who consulted them.

Table 1

Overview of consulted healthcare professionals

HEALTHCARE PROFESSIONALS	# MOTHERS	% MOTHERS
Missing (participant did not specify consulted healthcare professionals)	24	6%
None	1	0.2%
Paediatrician	305	75%
General practitioner	212	52%
Child health clinic: 'Kind & Gezin' (BE) or 'Consultatiebureau' (NL)	153	38%
Osteopath	121	30%

Midwife	112	27%
Child physiotherapist	31	8%
Other alternative medicine practitioners (e.g., homeopaths, acupuncturists)	27	7%
Emergency doctor	23	6%
Lactation consultant	22	5%
Psychologist	22	5%
Chiropractor	12	3%
Dietitian	9	2%
Manual therapist	6	1%
Allergist	6	1%
Baby therapist	5	1%
Sleep coach	5	1%
Manual therapist	5	1%
Nurse	5	1%
Foot reflexologist	5	1%
Speech therapist	5	1%
Dermatologist	3	0.7%
Ear, Nose, and Throat specialist	3	0.7%
Mesologist	3	0.7%
Neurologist	2	0.5%
Dentist	2	0.5%
Psychiatrist	2	0.5%
Pedagogue	2	0.5%
Neonatologist	1	0.2%
Orthomolecular therapist	1	0.2%
TOTAL	1111	consulted healthcare professionals

Excessive crying, on average, began approximately two weeks and one day after birth. Parents reported that they typically noticed their baby's crying was above average around four weeks and two days after birth. Participants estimated that their babies cried for nearly 12 hours (11.97 ± 5.2 hours) each day, with the most significant crying occurring in the evening, averaging 6.5 hours (6.6 ± 5.3 hours). This was followed by crying in the afternoon, which averaged 5.5 hours (5.5 ± 5 hours), while mornings saw the least crying, averaging about four hours (4.1 ± 4.7 hours).

Quantitative analysis

Both the understanding and support parents receive from *healthcare professionals* were the lowest, with respective scores of 4.4 and 4.3 on a six-point Likert scale (ranging from 1 = perfect understanding/support to 6 = no understanding/support) (**Table 2**). More than half of the parents felt they were receiving no to little understanding from their healthcare professionals. The

same was seen for the received support, where 47.1% of the parents felt they were receiving little to no support. However, it is important to note that no distinction was made between professionals, and the results provide a general overview of all healthcare professionals in general.

Although parents' perceptions of understanding and support from healthcare professionals were the lowest, there is also room for improvement in the understanding and support from parents' partners and social environment. A large group of parents reported receiving little to no understanding (17.6%) and support (21.8%) from their *partner*, as well as little to no understanding (42.5%) and support (38%) from their *social environment*.

Table 2

Parents' perceived understanding and support (six-point Likert scale)

		PARTNER	SOCIAL ENVIRONMENT	HEALTHCARE PROFESSIONALS
UNDERSTANDING	VERY GOOD - PERFECT	36.4%	8.4%	12.3%
	FAIR - GOOD	45.9%	49.2%	35%
	NO - LITTLE	17.6%	42.5%	50.1%
	MEAN	3,1/6	4,2/6	4.4/6
SUPPORT	VERY GOOD - PERFECT	31.8%	14.7%	11.2%
	FAIR - GOOD	46.4%	47.4%	40.9%
	NO - LITTLE	21.8%	38%	47.9%
	MEAN	3,3/6	4/6	4,3/6

Mothers perceived their partner's *understanding* as better than that of both healthcare professionals ($p < 0.01$) and the social environment ($p < 0.01$). Although there was no significant difference between the perceived understanding of the social environment and healthcare professionals, the difference was marginally significant in favor of the social environment ($p = 0.058$). Similarly, mothers reported higher *support* from their partners compared to both their social environment ($p < 0.05$) and healthcare

professionals ($p < 0.05$). Additionally, they felt they received less support from healthcare professionals than from their social environment ($p < 0.05$).

When looking at the *relationship between understanding and support*, we see that these two concepts are strongly correlated, both when considering the partner ($r = 0.788$; $p < 0.001$), the social environment ($r = 0.719$; $p < 0.001$), and healthcare professionals ($r = 0.812$; $p < 0.001$). Looking at the concept of *support*, significant correlations were also found between support from the partner and the social environment ($r = 0.119$; $p = 0.01$), from the partner and healthcare professionals ($r = 0.123$; $p < 0.05$), and the social environment and healthcare professionals ($r = 0.111$; $p < 0.05$). Finally, significant relationships were found between *understanding* perceived by the partner and the social environment ($r = 0.160$; $p < 0.001$), the partner and healthcare professionals ($r = 0.169$; $p < 0.001$), and the social environment and healthcare professionals ($r = 0.160$; $p < 0.001$). However, the Pearson correlation coefficient is rather low.

Qualitative analysis

423 (out of the 432) participants filled in the open-text questions about how they want understanding and support from their partners, social environment, and healthcare professionals (in general) to be improved. It was striking that when people were asked to name their needs, they tended to focus not on their active needs but rather on negative experiences in which their needs had not been met. These narratives shed light on the unmet expectations and frustrations of mothers navigating the challenges of excessive infant crying. For example, one mother shared:

“I wish certain people would have acknowledged it. And that they wouldn’t accuse me of keeping my child away from family while I was acting in my child’s best interest, and they were

unwilling to adapt."

(The Netherlands, 29 years old, consulted a general practitioner, child health clinic, pediatrician, and dermatologist)

Another mother noted:

"They dismissed me as a young mom, ignorant, first child, and all that."

(Belgium, 26 years old, consulted several pediatricians and general practitioners)

These experiences, while painful, were crucial in identifying the gaps in support and helped shape the themes referred to as 'maternal support forms.' Through an in-depth analysis of these support forms or themes and their sub-themes, the Maternal Support Framework was developed (**Figure 1**). This framework structures maternal support forms based on the groups from whom mothers expect understanding and support: their partner, their social networks, and healthcare professionals. A total of 25 maternal support forms or themes were identified, of which nine were common across all three groups. Emotional support emerged as a prominent support form and was further divided into six sub-forms, such as active listening, avoiding blame, and breaking down taboos around maternal struggles. A participant's quote below emphasizes the taboo around admitting struggles during early parenthood while she points out a lack of support options:

"It's a shame that there is still so much taboo around this, and that having a baby is still expected to be mostly "joyful," while in reality, when you truly talk to people, you realize that many parents struggle and that for a lot of them, their "cloud" is more

gray than pink. It's also frustrating that society expects you to be back at work three months after giving birth, functioning just as before—whether you have a high-needs baby, sleep deprivation, or not. Additionally, there are very few support options or places where you can seek help for yourself and your baby. You can talk to a psychologist, but even there, waiting lists are always an issue.”

(Belgium, 35 years old, consulted a midwife, general practitioner, and psychologist)

While many support forms were shared across groups, some were specific to particular relationships. For example, mothers expressed distinct expectations from their partners, such as shared responsibility, patience, emotional reassurance, and being present. This resulted in the development of eight specific partner support forms. One mother recounted:

“My partner had no patience with our crying baby. It frustrated him a lot, and he took it out on me. It would have been really helpful if he could have stepped in with patience and acceptance sometimes.”

(The Netherlands, 29 years old, consulted a child health clinic)

Another mother highlighted the value of teamwork, stating:

“My partner and I have really been a team during this challenging time. He has pulled me through, and I have done the same for him.”

(The Netherlands, 27 years old, consulted a child health clinic, general practitioner, and pediatrician)

These accounts underscore the critical role of partners in alleviating the mental and emotional burden of excessive infant crying.

Similarly, the support forms directed at healthcare professionals were particularly distinct, with seven support forms specific to this group. Participants emphasized the importance of continuous care, appropriate referrals, and a holistic approach to addressing the issue. One mother expressed frustration, saying:

“It is important that these parents feel heard. Don’t let them struggle on their own. I only realized later that my baby was a high-needs baby, even though I had asked the consultation clinic for help so many times. I felt so alone. It turned out that our hospital had a special clinic for crying babies—they probably could have helped much sooner. This might have spared me from depression.”

(The Netherlands, 37 years old, consulted a general practitioner and a pediatrician ‘too late’)

Another lamented the lack of acknowledgment of their struggles:

“Since the baby was growing well, there was no problem. My own struggles were not acknowledged.”

(Belgium, 38 years, consulted a pediatrician)

These examples highlight the need for healthcare professionals to go beyond surface-level assessments and consider both parents' and infants' physical and emotional well-being.

The social environment, while less distinctive and showing more overlap with the other

support forms, is also a critical source of either comfort or frustration. The most important theme related to the social network that distinguished itself from the other two groups was learning to cope with crying. This was made clear by a mother:

"When they came to visit and saw that he wouldn't stop crying, they often couldn't leave fast enough."

(Belgium, 38 years old, consulted a midwife, pediatrician, and general practitioner)

However, concerning their social network, mothers called for practical support, open communication, and an effort to break down taboos, which are common support forms. One mother shared:

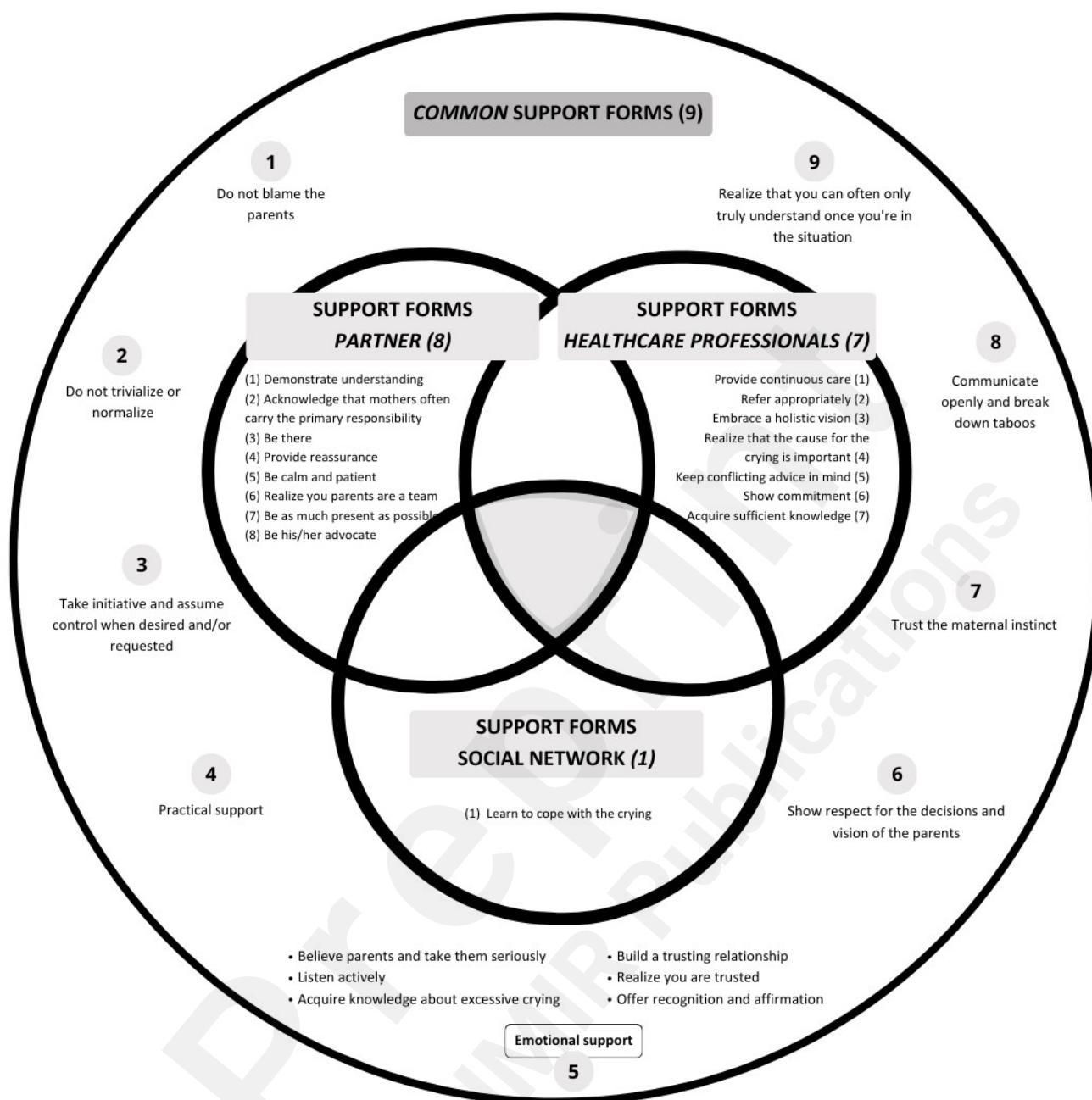
"Avoid giving generic advice—just listening is enough. Offer to watch the baby for a few hours so they can recharge, take over household chores, or prepare dinner."

(Belgium, 28 years old, consulted a general practitioner, pediatrician, osteopath, homeopath, and physiotherapist)

Overall, the findings revealed that while some support forms overlapped across groups, others were distinctly tied to the specific role of the partner, social networks, or healthcare professionals. The complete codebook, including all support forms and sub-forms, is available in **Appendix 2** (on request). A list of support forms and sub-forms, each with a verbatim quote, can be found in **Appendix 3** (on request).

Figure 1

Maternal Support Framework



Discussion

This cross-sectional online survey study provides an exploration of maternal perceptions of understanding and support when faced with an excessively crying baby. With 432 participants, it offers a robust and diverse dataset, enabling nuanced insights into support needs to identify possible support forms towards partners, social networks, and healthcare professionals, resulting in the development of the Maternal Support Framework.

Descriptive analyses showed that mothers (N = 432) consulted a total of 1111 healthcare professionals at least once during the period their baby cried excessively. On average, a mother consults 2.7 healthcare professionals, with pediatricians being the most common. This high level of healthcare use aligns with previous research (van der Veek & van Rosmalen, 2023). One reason for this is that many mothers feel a strong need to find an explanation for their baby's excessive crying. However, in 95% of cases, no medical cause is found, and crying usually decreases by the time the baby is three to four months old. This suggests that the reduction in crying may be due to other factors, not just the healthcare professionals parents consult and 'finding the cause' of excessive crying is not the primary reason for its reduction (Akhnikh et al., 2014b; Biagioli et al., 2016; Sarasu et al., 2018). For example, the months wherein parents consult different healthcare professionals might cover the natural peak of infant crying (Vermillet et al., 2022). Consulting various healthcare professionals likely gives parents a sense of control, as they hope for a quick fix, which for them often means receiving a medical label (Dahlen et al., 2018). However, this high healthcare consumption in combination with the low satisfaction of parents when it comes to healthcare delivery also highlights a lack of continuous and solid support, leaving parents feeling that they must take charge in the search for a cause since they seem to believe that without a medical cause, there is no solution to excessive crying.

Mothers most frequently consulted a pediatrician, general practitioner, child health clinic, osteopath, or midwife. Remarkably, no mother mentioned consulting an IMH specialist. One possible explanation is that parents, given the recent development of this field, are not yet aware of the existence of these specialized professionals. Another

possibility is that parents are aware of a professional's IMH training but simply do not specify it. Lastly, parents may have consulted such specialists without realizing their additional expertise. However, future research could help demonstrate the added value of such specialists in cases of excessive crying, as current research lacks a clear link to this issue even though the existence and role of these specialists are increasingly being acknowledged (Lakatos et al., 2024).

Mothers of excessively crying babies reported the lowest levels of understanding and support from healthcare professionals, with over half feeling they received little to no understanding (50.1%) and 47.1% feeling unsupported. These numbers are in accordance with previous research indicating that 55% of mothers feel they receive inadequate information regarding their baby's crying and their caregiving role (van der Veek, Shelley M C Van Rosmalen, 2023). While healthcare professionals showed the greatest need for improvement, mothers also experienced significant gaps in support and understanding from their partners and social environment. Notably, 17.6% of mothers felt their partner provided little to no understanding, and 42.5% felt the same about their social environment. This suggests widespread challenges in securing sufficient support networks for mothers.

Therefore, data were thoroughly analyzed, hoping of identifying high support needs. An in-depth analysis of the data led to the development of the Maternal Support Framework, consisting of 25 maternal support forms divided into common maternal support forms and specific maternal support forms. Nine maternal support forms were identified, which applied to each of the groups (partners, social networks, and healthcare professionals). Eight maternal

support forms were only detected towards healthcare professionals, seven were identified towards mothers' social networks, and one was specified for their partners.

First, **common maternal support forms** were identified. *Emotional support* emerged as a critical area, with mothers emphasizing the need to understand and acknowledge their struggles. The stigma surrounding excessive crying, often exacerbated by societal taboos, leaves mothers feeling isolated and unsupported. These findings align with previous research, indicating that insufficient social recognition and lack of open communication can significantly increase maternal distress (Garratt et al., 2019; Reijneveld et al., 2001). Furthermore, *practical support*, such as household tasks or caregiving assistance, was another recurrent theme. Many mothers reported that small gestures, like offering to babysit or prepare a meal, could have alleviated their overwhelming burden. This resonates with studies advocating for community-based interventions to enhance family resilience during challenging periods (Harskamp-Van Ginkel et al., 2023).

Second, despite the fact that no distinction could be made between different healthcare disciplines, critical aspects of improving **healthcare delivery** were revealed. Mothers expressed dissatisfaction with fragmented or dismissive healthcare, where excessive crying was trivialized or attributed to 'normal' infant behavior without thorough investigation. The need for continuity of care with appropriate referral to caregivers who can provide the most appropriate care at the time of the request for help and a holistic vision of both the baby's and mother's well-being was strongly emphasized, as also shown in previous research (McCallum et al., 2011). The study underscores the need for a holistic

screening approach that goes beyond quantifying crying episodes. Incorporating emotional and contextual factors into assessments could facilitate targeted interventions and foster greater understanding among healthcare professionals. Such approaches would align with calls in the literature for more family-centered care models that prioritize both infant well-being and parental mental health (Botha et al., 2019; Reijneveld et al., 2001). A great example of such a good practice, where a multidisciplinary approach is used with a focus on continuity of care, is the care model described by De Graaf and colleagues (2023) which is currently being further developed at the Sint-Antonius Hospital in the Netherlands (de Graaf et al., 2023). Accordingly, the recently validated Infant Crying and Parent Well-Being (ICPW) Screening Tool could serve as a starting point for a more nuanced approach to identify parents whom have a problem with the excessive crying of their infant. Hereby ensuring that parents and infants who need support (identified through the ICPW questionnaire) receive the most appropriate support tailored to their specific needs (de Graaf et al., 2024).

Third, maternal support forms toward mothers' **partners** were identified. Participants highlighted the importance of a unified approach, where partners act as advocates and teammates in managing the situation. The strain of excessive crying often amplified the mental load for mothers, particularly when partners were perceived as less engaged or understanding. Conversely, where strong partner support was present, mothers reported greater emotional stability and a sense of shared responsibility. These findings support literature emphasizing the protective effects of strong partner relationships in mitigating stress. However, having an excessively crying baby might cause marital stress,

arguments, and feelings of resentment towards the partner, which confirms our findings (Botha et al., 2019).

Fourth, the forms of maternal support from the **social environment** were explored. Mothers often felt that their networks failed to grasp the intensity of their experiences, leading to feelings of alienation. Experiential knowledge—where social contacts had faced similar challenges—was perceived as enhancing understanding and empathy. This suggests a potential benefit of peer-support programs or initiatives that connect parents with others who have navigated similar challenges (Santos et al., 2015).

The results of this study also highlight gaps in research and practice. Existing studies often focus on isolated elements of the parent's environment, such as partner support or healthcare, while neglecting the broader social and societal context. This fragmented nature of current research also limits generalizability. This study provided a first step in expanding the scope of research to encompass a fuller spectrum of maternal experiences. However, including the role of societal pressure, for instance, could yield valuable insights for developing comprehensive support systems. Also, this study emphasizes the importance of fostering greater knowledge and understanding of excessive crying among different central stakeholders—parents, social networks, and healthcare professionals. Enhancing awareness could reduce stigma, improve acknowledgment of parental struggles, and ultimately lead to better care and support. Such efforts could transform excessive crying from an isolating and distressing experience to an opportunity for building stronger family and community resilience. Finally, the findings of this study underscore the need for a holistic and context-sensitive approach to understanding and addressing

excessive crying, both in research and in practice.

Limitations

This study benefits from a diverse age range among participants. Specifically, 19 participants were older than 45 years, and 1 participant was younger than 21 years. However, it is important to acknowledge the possible impact of the presence of age outliers in the sample. There might be a difference in perceptions between mothers currently having a crying baby and mothers who had an excessively crying baby a (long) time ago. However, both the perspective of people who currently have a crying baby and the perspective of those who have had a crying baby and now reflect on that period retrospectively are highly relevant. Although there are some limitations related to this age distribution, the presence of a diverse sample might contribute valuable, unique perspectives that enrich the findings. Their experiences may provide additional insights that would otherwise be missed.

There may be sampling bias, as mothers who were dissatisfied with the perceived understanding and support might have been more likely to participate than those without issues. Moreover, this study only involved *mothers* with excessively crying babies. This might be seen as a limitation as fathers, co-mothers, and same-sex fathers are equally important groups. However, the focus on mothers only ensures a consistent and homogeneous sample, reducing variability in responses that could arise from differences between mothers and fathers or co-mothers and same-sex fathers.

Additionally, the study relies on self-reported data, which can be subject to social desirability bias, recall bias, and individual interpretation. Mothers' perceptions of their infant's crying and the support they receive may not always

align with objective measures. However, self-reporting is an effective method for capturing personal perceptions, especially in sensitive topics like infant crying and parental support. The use of both closed- and open-ended questions enriched the data and helped mitigate biases by allowing participants to elaborate on their experiences.

We were unable to conduct further sub-analyses to examine the association between perceived understanding and support and the type of healthcare professional (due to not assessing perceived understanding and support separately for each consulted healthcare professional), even though this could have provided valuable insights. However, examining each healthcare discipline—which varies greatly in terms of approach, treatment methods, and patient interaction—would go beyond the scope of this study. Future research can focus on the role of each professional individually to identify both the added value and challenges of each discipline.

The findings highlight areas for improvement in healthcare practices based on maternal experiences. Further research involving healthcare professionals could provide a more comprehensive understanding of their role in supporting parents. Future research might focus on the validation of the conceptual Maternal Support Framework while taking into account the previously stated stakeholder groups so that the Maternal Support Framework can be expanded to the Parental Support Framework.

Conclusion

This study highlights the significant challenges faced by mothers of excessively crying infants, emphasizing the critical role of understanding and support from their partners, social networks, and healthcare professionals. Findings indicate that healthcare professionals provide the least understanding and support,

followed by social networks, while partners offer more consistent support and understanding. Despite these differences, the study reveals a strong correlation between understanding and support across all groups, underlining the need for holistic, family-centered care.

Qualitative insights further underscore the emotional and practical support needs of mothers, including a desire for more empathy, respect for their decisions, and tangible support. The Maternal Support Framework developed from this study offers a comprehensive guide to understanding and addressing Maternal support forms. It calls for greater collaboration among partners, social networks, and healthcare professionals to alleviate the mental and emotional burdens of parents, ultimately improving the well-being of both parents and infants. Future interventions should focus on bridging the gaps in understanding and support, fostering a more supportive environment for families dealing with excessive crying.

Declaration of interest statement

The authors declare that there were no competing interests.

Biographical note

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Contributor details

Oona Janssens conceived the study, performed data collection and data analysis, and wrote the manuscript.

Anna Galle reviewed and wrote the manuscript.

Ineke De Kruijff reviewed and wrote the manuscript.

Katrijn Brenning contributed to the data analysis, and reviewed and wrote the manuscript.

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Appendices

Appendix 1: Questionnaire

QUESTION	QUESTION FORMAT
1. Indicate how much your baby cries/cried... - Throughout the entire day; - During the morning; - During the afternoon; - During the evening; - During the night.	Multiple choice question
2. How do/did you perceive the understanding of your partner ?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
3. How do/did you perceive the support of your partner ?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
4. How do you want to be understood and supported by your partner ?	Open-ended question
5. How do/did you perceive the understanding of your social environment (parents, grandparents, friends, colleagues, etc.)?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
6. How do/did you perceive the support of your social environment (parents, grandparents, friends, colleagues, etc.)?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
7. How do you want to be understood and supported by your social environment (parents, grandparents, friends, colleagues, etc.)?	Open-ended question
8. How do/did you perceive the understanding of the healthcare professionals you consulted?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
9. How do/did you perceive the support of the healthcare professionals you consulted?	Six-point Likert scale ranging from one (poor/none) to six (perfect)
10. How do you want to be understood and supported by the healthcare professionals you consulted?	Open-ended question
11. Which healthcare professionals did you consult?	Open-ended question

Appendix 2 (on request)

Preprint
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Appendix 3 (on request)



Supplementary Files

Multimedia Appendixes

Untitled.

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