

NEWBORN APPEARANCE AND BEHAVIOR

NEWBORN APPEARANCE

Even after your child's physician assures you that your baby is normal, you may find that she looks a bit odd. Your baby does not have the perfect body you have seen in baby books. Be patient. Most newborns have some peculiar characteristics. Fortunately they are temporary. Your baby will begin to look normal by 1 to 2 weeks of age.

This discussion of these transient newborn characteristics is arranged by parts of the body. A few minor congenital defects that are harmless but permanent are also included. Call our office if you have any questions about your baby's appearance that this list does not address.

HEAD

Molding. Molding refers to the long, narrow, cone-shaped head that result from passage through a tight birth canal. This compression of the head can temporarily hide the fontanel. The head returns to a normal shape in a few days.

Caput. This refers to swelling on top of the head or throughout the scalp caused by fluid squeezed into the scalp during the birth process. Caput is present at birth and clears in a few days.

Cephalohematoma. This is a collection of blood on the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during the birth process. The lump is usually confined to one side of the head. It first appears on the second day of life and may grow larger for up to 5 days. It doesn't resolve completely until the babe is 2 or 3 months of age.

Anterior Fontanel. The "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick fibrous layer. Touching this area is quite safe. The purpose of the soft spot is to allow rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone when the baby is between 12 and 18 months of age.

EYES

Swollen Eyelids. The eyes may be puffy because of pressure on the face during delivery. They may also be puffy and reddened if silver nitrate eye drops are used. This irritation should clear in 3 days.

Subconjunctival Hemorrhage. A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It is caused by birth trauma and is harmless. The blood is reabsorbed in 2 or 3 weeks.

Iris Color. The iris is usually blue, green, gray, or brown or variations of these colors. The permanent color of the iris is often uncertain until your baby reaches 6 months of age. White babies are usually born with blue-gray eyes. Black babies are usually born with brown-gray eyes. Children who will have dark irises often change eye color by 2 months of age; children who will have light-colored irises usually change by 5 or 6 months of age.

Blocked Tear Duct. If your baby's eye is continuously watery, he may have blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is common condition, and more than 90% of blocked tear duct open up by the time child is 12 months old.

EARS

Folded Over. The ears of newborns are commonly soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume normal shape as the cartilage hardens over the first weeks.

FLATTENED NOSE

The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It will look normal by 1 week of age.

MOUTH

Sucking callus (or Blister). A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breast-feeding. It will disappear when your child begins cup feedings. A sucking callus on the thumb or wrist may also develop.

Tongue-Tie. The normal tongue in newborns has a short tight band that connects it to the floor of the mouth. This band normally stretches with time, movement, and growth. Babies with symptoms from tongue-tie are rare.

Epithelial Pearls. Little cysts (containing clear fluids) or shallow white ulcers can occur along the gum line or on the hard palate. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.

Teeth. The presence of a tooth at birth is rare. Approximately 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction can be made with an x-ray. The extra teeth need to be removed only if they become loose (with a danger of choking) or if they cause sores on your baby's tongue.

BREAST ENGORGEMENT

Swollen breasts are present during the first week of life in many female and male babies. They are caused by the passage of female hormones across the mother's placenta. Breasts are generally swollen for 2 to 4 weeks, but they may stay swollen longer in breast-fed babies. One breast may lose its swelling before the other one by a month or more. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops any redness, streaking, or tenderness.

FEMALE GENITALS

Swollen Labia. The labia minora can be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will resolve in 2 to 4 weeks.

Hymenal Tags. The hymen can also be swollen because of maternal estrogen and can have smooth $\frac{1}{2}$ inch projections of pink tissue. These normal tags occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.

FEMALE GENITALS,

Vaginal Discharge. As the maternal hormones decline in the baby's blood, a clear or white discharge can flow from the vagina during the latter part of the first week of life. Occasionally the discharge will become pink or blood tinged (false menstruation). This normal discharge should not last more than 2 or 3 days.

Male Genitals

Hydrocele. The newborn scrotum can be filled with clear fluid. The fluid is squeezed into the scrotum during the birth process. This painless collection of clear fluid is called hydrocele. It is common in newborn males. A hydrocele may take 6 to 12 months to clear completely. It is harmless but can be rechecked during regular visits. If the swelling frequently changes size, a hernia may also be present and you should call our office during office hours for an appointment.

Undescended Testicle. The testicle is not in the scrotum in about 4% of full-term newborn boys. Many of these testicles gradually descent into the normal position during the following months. In 1-year old boys only 0.7% of all testicles are undescended; these need to be brought down surgically.

Tight Foreskin. Most uncircumcised infant boys have a tight foreskin that doesn't allow you to see the head of the penis. This is normal and the foreskin should not be brought down surgically.

Erections. Erections occur commonly in a newborn boy, as they do at all ages. They are usually triggered by a full bladder. Erections demonstrate that the nerves to the penis are normal.

BONES AND JOINTS

Tight Hips. Your child's physician will test how far your child's legs can be spread apart to be certain the hips are not too tight. Outward bending of the upper legs until they are horizontal is called 90 degrees of spread. (Less than 50% of normal newborn hips merit this much spreading.) As long as the upper legs can be bent outward to 60 degrees and are the same on each side, they are fine. The most common cause of a tight hip is a dislocation.

Tibial Torsion. The lower legs (tibia) normally curve in because of the cross-legged posture your baby was confined to while in the womb. If you stand your baby up, you will also notice that the legs are bowed. Both of these curves are normal and will straighten out after your child has been walking for 6 to 12 months.

Feet Turn Up, In, or Out. Feet may be turned in any direction inside the cramped quarters of the Womb. As long as your child's feet are flexible and can be easily moved to a normal position, they are normal. The direction of the feet will become more normal between 6 and 12 months of age.

"Ingrown" Toenails. Many newborn have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

HAIR

Scalp Hair. Most hair at birth is dark. This hair is temporary and begins to be shed by 1 month of age. Some babies lose it gradually while the permanent hair is coming in; others lose it rapidly and temporarily become bald. The permanent hair will appear by 6 months. It may be an entirely different color from the newborn hair.

Body Hair (Lanugo). Lanugo is the fine downy hair sometimes present on the back and shoulders. It is more common in premature infants. It is rubbed off with normal friction by 2 to 4 weeks of age.

NEWBORN REFLEXES AND BEHAVIOR

Some findings in newborns that concern parents are not signs of illness. Most of these harmless reflexes are not signs of illness. Most of these harmless reflexes are due to an immature nervous system and disappear in 3 to 4 months.

- Chin trembling
- Lower lip quivering
- Hiccups
- Irregular breathing. Any irregular breathing pattern is normal if your baby is content, the rate is less than 60 breaths per minute, a pause is less than 10 seconds, and you baby doesn't turn blue; occasionally infants take rapid, progressively deeper, stepwise breaths to completely expand the lungs.
- Passing gas (not a temporary behavior)
- Sleep noise from breathing and moving
- Spitting up or belching
- Startle reflex or brief stiffening of the body (also called the Moro or embrace reflex) after Noise or abrupt movement.
- Straining with bowel movements
- Throat clearing (or gurgling sounds of secretions in the throat)
- Trembling or jitteriness of arms and legs: common during crying. Convulsions are rare (during convulsions babies also jerk, blink their eyes, rhythmically suck with their mouths, and don't stop during sucking, call our office immediately, because your infant may be having a convulsion.
- Yawning

NEWBORN RASHES AND BIRTHMARKS

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. He can quickly change to a pale- or mottles-blue color if he becomes cold, so keep him warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

ACNE OF NEWBORN

More than 30% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

DROOLING RASH

Most babies have rash on the chin or cheeks that comes and goes. This is often due to contact with food and acid that has been spat up from the stomach. Rinse the baby's face with water after all feedings or spitting up.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

ERYTHEMA TOXICUM

More than 50% of babies get rash called erythema toxicum on the second or third day of life. The rash is composed of 1/2 to 1-inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

FORCEPS OR BIRTH CANAL TRAUMA

If delivery was difficult, a force may have been used to help the baby through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Skin overlying bony prominences (such as the sides of the skull bone) can become damaged even without a forceps delivery by pressure from the birth canal. Fetal monitor can also cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day 1 or 2 and disappear by 1 to 2 weeks. The fat tissue injury won't be apparent until day 5 to 10. A thickened lump of skin with an overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. For any breaks in the skin, apply an antibiotic ointment (over-the-counter) four times a day until healed. If it becomes tender to the touch or soft in the center or shows other signs of infection, call our office.

MILIA

Milia are tiny white bumps that occur on the face of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointment or creams should be applied to them.

Any true blisters (little bumps containing clear fluid) or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If they are caused by the herpes virus, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

MONGOLIAN SPOTS

A Mongolian spot is a bluish-gray flat birthmark found in more than 90% of Native American, Asian, Hispanic, and black babies. Mongolian spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a trace may persist into adult life.

STORK BITES (PINK BIRTHMARKS)

Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by 1 to 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life. Those on the forehead that run from the bridge of the nose up to the hairline usually persist into adult life. Laser treatment during infancy should be considered.