

# Getting to Know Your Newborn

Parents might be surprised by how their newborn looks. Before birth, babies are immersed in amniotic fluid and folded up in an increasingly tight space. Then in most deliveries, they're pushed through a narrow, bone-walled birth canal. So many newborns look bluish, are covered with blood and a waxy goo, and can even look bruised. These features can make a newborn look strange, but they're temporary.

## What Happens Right After the Birth?

When you'll get to first see and touch your newborn may depend on the type of delivery, your condition, and the condition of your baby. After an uncomplicated vaginal delivery, you should be able to hold your baby within minutes.

In most cases, infants seem to be in a state of quiet alertness during the first hour or so after delivery. It's a great time for you and your newborn to begin bonding. But it's OK if you can't meet your infant right away — you'll have plenty of quality time together soon.

## Your Newborn's Skin

Babies are born covered with a creamy, waxy white substance called **vernix** (VER-niks). It protects a baby's skin from the amniotic fluid before birth, and should wash off when the baby gets their first bath.

You might see your baby's scalp, forehead, cheeks, shoulders, and back covered with a fine hair, called **lanugo** (leh-NEW-go), especially if your baby was born early. Lanugo usually disappears in the first few weeks of life.

The hue and color patterns of a newborn's skin can surprise parents. **Mottling** of the skin, a lacy pattern of small reddish and pale areas, is common. So is blueness of the skin of the hands and feet and the area around the lips, especially if the baby is in a cool environment.

When bearing down to cry or having a bowel movement, an infant's skin may briefly look dark red or bluish-purple. Many newborns also have red marks, scratches, bruises, and **petechiae** (peh-TEE-kee-eye), tiny specks of blood that leaked from small blood vessels in the skin. These are caused by having to squeeze through the birth canal, and will heal and disappear during the first week or two of life.

The top layer of a newborn's skin will flake off during the first week or two. This is normal and doesn't require any special skin care. Peeling skin may be present at birth in some infants, especially those born past their due date.

## Jaundice

**Newborn jaundice** is when the skin and white parts of the eyes look yellow. This is common and normally starts on the second or third day after birth. It'll clear up in 1–2 weeks. While some jaundice is normal, if an infant becomes jaundiced earlier than expected or their bilirubin level is higher than normal, the doctor will closely monitor the baby.

## Birthmarks

Some babies are born with a **birthmark**. Pink or red areas, sometimes called **salmon patches**, are common and generally disappear within the first year. They're usually on the back of the neck or on the bridge of the nose, eyelids, or brow but can happen anywhere on the skin, especially in light-skinned infants.

**Mongolian spots**, flat patches of slate-blue or blue-green color that look like ink stains on the back, buttocks, or elsewhere on the skin, are found in more than half of Black, Native American, and Asian infants and less often in white babies. These harmless spots almost always fade or disappear within a few years.

Other types of birthmarks include:

- **hemangiomas**
- **port-wine stains**
- **cafe-au-lait spots**, light-brown spots that may deepen in color (or even first appear) as the child grows older. They're usually of no concern unless they're large or there are six or more spots on the body.
- common brown or black moles (called **pigmented nevi**) can be there at birth or appear (or get darker) as a child gets older. Tell your doctor if your child has larger moles or a mole with an unusual appearance, as these might need to be removed.

## Rashes

Several harmless skin **rashes** and conditions may be there at birth or appear during the first few weeks, including:

- **Milia:** Tiny, flat, yellow or white spots on the nose and chin, which are caused by the collection of secretions in skin glands and will disappear within the first few weeks.
- **Miliaria:** Small, raised, red bumps that can have a white or yellow "head," which is why it's also called infant acne. It's often on the face and can be on large areas of the body, but it's a harmless condition that will go away within the first several weeks with normal skin care.
- **Erythema toxicum:** This harmless newborn rash of red blotches with pale or yellowish bumps at the center can resemble hives. It usually blossoms during the first day or two after birth and clears up within a week.
- **Pustular melanosis:** This is a rash of dark brown bumps or blisters scattered over the neck, back, arms, legs, and palms. It clears up without treatment.

Also, because a fetus can suck while still in the womb, some infants are born with **sucking blisters** on their fingers, hands, or arms.

## Your Newborn's Posture/Arms and Legs

During the first several weeks, babies tend to keep their fists clenched, elbows bent, hips and knees flexed, and arms and legs held close to the front of their body. This position is similar to their position in the womb during the last months of pregnancy. Because the hands are usually tightly closed, it may be hard for you to open them because touching or placing an object in the palms triggers a strong grasp reflex.

Note: Infants who are born early may have some differences in their posture, appearance, activity, and behavior compared with full-term newborns.

Sometimes parents worry about the curved look of their newborn's feet and legs. But the usual position of the fetus in the womb during the final months of pregnancy is hips flexed and knees bent with the legs and feet

crossed tightly up against the abdomen. So it's no surprise that a newborn's legs and feet tend to curve inward.

You can usually move your newborn's legs and feet into a "walking" position. And this will happen naturally as a baby begins to bear weight, walk, and grow through the first 2–3 years of life.

## What Are a Newborn's "Primitive Reflexes"?

Infants are born with natural responses to stimuli, such as light or touch. These are called **primitive reflexes**, and they disappear as the baby matures. They include the:

- **sucking reflex:** This triggers an infant to forcibly suck on any object put in their mouth.
- **grasp reflex:** This causes a newborn to tightly close their fingers when pressure is applied to the inside of the infant's hand by a finger or other object.
- **Moro reflex, or startle response:** This causes newborns to suddenly throw their arms out to the sides and then quickly bring them back toward the middle of their body if they're startled by a loud noise, bright light, strong smell, sudden movement, or other stimulus.

Also, because their nervous systems are developing, newborns' arms, legs, and chins may tremble or shake, particularly when they're crying or agitated.

## Your Newborn's Sleeping and Breathing

In the first weeks, infants usually spend most of their time sleeping. Newborns whose mothers had some kinds of pain medicines or anesthesia during labor or delivery can be especially sleepy during the first day or two of life.

Babies younger than 1 year old should always be **placed on their backs to sleep** — never on their stomachs or on their sides. Sleeping on the stomach or side increases the risk for sudden infant death syndrome (SIDS).

It's normal for newborns to breathe somewhat irregularly. When they're awake, their breathing rate can vary widely. It might sometimes be as fast as 60 breaths per minute, particularly when they're excited or after a bout of crying. Also common are periods when they hold their breath for about 5–10 seconds and then start breathing again on their own. Known as **periodic breathing**, this is more likely during sleep and is normal. But if your baby turns blue or stops breathing for longer stretches of time, **go to the emergency room right away**.

Talking won't come until much later, but your newborn will make lots of noises — especially high-pitched squeaks — in addition to the crying that all infants do. Sneezing and hiccups are common and are not signs of problems.

## Your Newborn's Head

A newborn's skull is made of several separate bones (which will eventually fuse together) to allow the large head to squeeze through the narrow birth canal without injury to mother or baby. So a baby's head might show some degree of **molding**, which is when the skull bones shift and overlap, making the top of the head look long, stretched out, or even pointed at birth. This will go away over the next several days as the skull bones move into a more rounded shape. The heads of babies born by cesarean section or breech (buttocks or feet first) delivery usually don't show molding.

Because of the separation of your newborn's skull bones, you'll be able to feel (go ahead, you won't harm anything) two **fontanels**, or soft spots, on the top of the head. The larger one, toward the front of the head, is

diamond-shaped and usually about 1 to 3 inches wide. A smaller, triangle-shaped fontanel is farther back on the head, where a beanie might be worn.

You might see the fontanels bulge in and out when your infant cries or strains, or if they seem to move up and down in time with the baby's heartbeat. This is normal. The fontanels eventually disappear as the skull bones fuse together — usually 12–18 months for the front fontanel and about 6 months for the one in back.

A newborn's head also may have a lump or two from the delivery. A circular swelling and bruising (called **caput succedaneum**) can appear toward the back of the scalp, the area of the head that often leads the way through the birth canal. This will fade over a few days. Some newborns have a collection of blood (called a **cephalohematoma**) under the outer covering membrane of one of the skull bones. Usually this happens during birth when the baby's head presses against the mother's pelvic bones. The lump is one side of the top of the head and may take a week or two to disappear. The breakdown of the pooled blood can make the baby a bit more jaundiced than usual during the first week of life. Both caput succedaneum and cephalohematoma happen outside the skull and neither are signs of a brain injury.

## Your Newborn's Face

A newborn's face may look quite puffy or even distorted due to fluid buildup and their trip through the birth canal. This often changes a lot during the first few days as the baby gets rid of the extra fluid, while that folded ear, flattened nose, or crooked jaw usually comes back into place over time.

## Your Newborn's Ears

A newborn's ears may be distorted by the position they were in before birth. They haven't yet developed the thick cartilage that gives firm shape to an older child's ears, so it's not unusual for newborns to come out with temporarily folded or otherwise misshapen ears. Small tags of skin or pits (shallow holes) in the skin on the side of the face just in front of the ear are also common. Skin tags usually can be easily removed (talk to your doctor).

## Your Newborn's Eyes

A few minutes after birth, most infants open their eyes and start to look around. Newborns can see, but they probably don't focus well at first, which is why their eyes may seem out of line or crossed at times during the first 2–3 months. Their eyelids can be puffy, so some infants might not be able to open their eyes wide right away.

When holding your newborn, you can encourage eye opening by taking advantage of your baby's "doll's eye" reflex, which is a tendency to open the eyes more when held in an upright position.

The white part of one or both of a newborn's eyes might look blood-red due to a **subconjunctival hemorrhage**. This happens when blood leaks under the covering of the eyeball during delivery. It's a harmless condition similar to a skin bruise and goes away after several days.

Parents are often curious to know what color eyes their infant will have. If a baby's eyes are brown at birth, they will stay brown. For infants born with bluish-gray eyes, the pigmentation of the iris (the colored part of the eye) may darken over time, and usually reaches its permanent color when a baby is 3–12 months old.

## Your Newborn's Nose

Because newborns tend to breathe through their noses and their nasal passages are narrow, small amounts of nasal fluid or mucus can make them breathe noisily or sound congested even when they don't have a cold or

other problem. Talk with your doctor about whether you should use saltwater nose drops and a bulb syringe to help clear the nasal passages.

Sneezing is also common in newborns. This is a normal reflex and isn't due to an infection, allergies, or other problem.

## Your Newborn's Mouth

When your newborn opens their mouth to yawn or cry, you may notice some small white spots on the roof of the mouth, usually near the center. These small collections of cells are called Epstein's pearls and, along with fluid-filled cysts sometimes on the gums, will disappear during the first few weeks.

## Your Newborn's Neck

Yes ... it's there. Normally the neck looks short in newborns because it tends to get lost in the chubby cheeks and folds of skin.

## Your Newborn's Chest

Because an infant's chest wall is thin, you may easily feel or observe your baby's upper chest move with each heartbeat. This is normal and no cause for concern.

Also, both male and female newborns can have breast enlargement. This is due to the female hormone estrogen passed to the fetus from the mother during pregnancy. You may feel firm, disc-shaped lumps of tissue beneath the nipples, which occasionally may release a small amount of milky fluid. The breast enlargement almost always disappears during the first few weeks. Do not squeeze the breast tissue — it will not make the breasts shrink any faster than they will on their own.

## Your Newborn's Fingernails

Infants' fingernails can be long enough at birth to scratch their skin as they bring their hands to their faces. If this is the case, you can carefully trim your baby's nails with a pair of small scissors.

## Your Newborn's Abdomen (Belly)/Umbilical Care

It's normal for a baby's abdomen (belly) to appear somewhat full and rounded. When your baby cries or strains, you may also see that the skin over the central area of the abdomen may protrude between the strips of muscle tissue making up the abdominal wall on either side. This almost always disappears during the next several months as a baby grows.

Many parents are concerned about the appearance and care of their infant's **umbilical cord**. The cord has three blood vessels (two arteries and a vein) encased in a jelly-like substance. Following delivery, the cord is clamped or tied off before it's cut to separate the infant from the placenta. The umbilical stump then will wither and drop off, usually in about 10 days to 3 weeks.

Until the cord falls off and the stump dries up, wash it with water if it gets dirty or sticky to help prevent infection. Don't soak the baby's umbilical area in water during bathing until the cord and stump are gone. The cord will go through color changes, from yellow to brown or black — this is normal. Talk to your baby's doctor if the area becomes red or there's a foul odor or discharge.

**Umbilical hernias** are common in newborns, especially in infants of African heritage. A hole in the wall of the abdominal muscles at the site of the umbilical cord allows the intestine to poke through when the baby cries or strains, making the skin over it bulge outward. These hernias are generally harmless and aren't painful to

the baby. Most close on their own during the first few years, but a simple surgical procedure can fix the hernia if it doesn't close by itself. Home remedies for umbilical hernias should not be used. These don't work and may lead to skin infections or other injuries.

## Your Newborn's Genitalia

The genitalia (sexual organs) of both male and female infants may look relatively large and swollen at birth. This is due to several things, including exposure to hormones made by both the mother and the fetus, bruising and swelling of the genital tissues related to childbirth, and the natural course of development of the genitalia.

More than 95% of newborns pee within the first 24 hours. If your baby is born in a hospital, nursery staff will want to know if this happens while your infant is with you. If a newborn doesn't pee for what seems like a while, this might be because they peed right after birth while still in the delivery room. With all the activity going on, it might not have been noticed.

### Females

In females, the outer lips of the vagina (labia majora) may look puffy at birth. The skin of the labia may be either smooth or somewhat wrinkled. Sometimes, a small piece of pink tissue may protrude between the labia — this is a hymenal tag. It's of no significance; it will eventually recede into the labia as the genitals grow.

Due to the effects of maternal hormones, most newborn girls will have a vaginal discharge of mucus and perhaps some blood that lasts for a few days. This is normal menstrual-type bleeding from the infant's uterus that happens as the estrogen passed from the mother begins to disappear.

### Males

In boys, the scrotum (the sack containing the testicles) often looks swollen. This is usually due to a **hydrocele**, a collection of fluid in the scrotum of infant boys that usually disappears during the first 3 to 6 months. Call your doctor about swelling or bulging in the scrotum or groin that lasts longer than that or seems to come and go. This can be a sign of an inguinal (groin) hernia, which is much more common in males and usually needs to be fixed with surgery.

The testicles of newborn boys may be difficult to feel while scrotum is swollen. Muscles attached to the testicles pull them up into the groin briskly when the genital area is touched or exposed to a cool environment. Infant boys also normally get **penile erections**, often just before they pee.

### Circumcision Care

After a circumcision, it usually takes between 7 to 10 days for the penis to heal. Until it does, the tip may seem raw or yellowish in color. Although this is normal, some other symptoms are not. Call your child's doctor right away if you notice lasting bleeding, redness around the tip of the penis that gets worse, fever, signs of infection (such as pus-filled blisters), and your baby not peeing normally within 6–8 hours after the circumcision.

### What Else Should I Know?

The first days and weeks of a newborn's life are a time of great wonder and delight for most new parents. But if you feel anxious or uncertain about any part of caring for your baby, call your doctor or other health care provider, or talk to family or friends who have experience caring for a newborn.

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