

GETTING TO KNOW YOUR NEWBORN

GENERAL APPEARANCE OF NEWBORNS

We've all seen the rarely complicated TV and movie births that show the delivering mom ridiculously pulled together – makeup neat and not a hair out of place. After a few minor pushes and groans out pops baby (who is incidentally in reality several months old) nice and clean and neat.

If you've given birth or been present during a delivery, you know exactly how mom and baby really look. Baby emerges bluish, covered in blood and cottage cheesy goop and perhaps a little or a lot worse for wear. So, the fact that your newborn doesn't resemble the "Hollywood" norm shouldn't surprise you.

As you've learned, during your pregnancy, the fetus is developing immersed in fluid in a space that continually gets smaller and smaller – couple that with your little one making his way into the world by being forced through a narrow, bone-walled birth canal and that's if he doesn't need the assistance of suction or forceps.

Still, it helps to remember two things:

- Usually, the features that may make a normal newborn look strange are temporary.
- In the eyes of the adoring parent, every infant looks like the perfect baby anyway.

When and how you first get to see, touch, and inspect your newborn will depend your delivery, your condition, and the condition of your baby. Following an uncomplicated vaginal delivery, you should have the opportunity to hold your baby within minutes after the birth.

Some of the most common newborn traits include:

- A newborn's head is usually the largest part of her body and may seem misshapen. The bones aren't firmly set and may be somewhat molded together from moving through the birth canal. The head becomes rounder after birth.
- A newborn's nose is often flat and usually covered with [milia](#). These little pimple-like bumps are immature oil glands that will go away without treatment.
- The baby's breasts and genitals may look a little swollen.
- The skin of a newborn will be slightly mottled at first and may be covered with a pale, cheesy coating called [vernix](#). Fine, downy hair called lanugo may also be present, but it usually disappears within the first few weeks.
- A newborn will cough, sneeze, yawn, hiccup or cry when uncomfortable or lonely. He will grasp and respond to being startled. Reflexes include sucking, rooting and the [Moro reflex](#).
- A newborn can see, though her focusing ability is poor. The optimal range is about ten inches, which represents the distance between a nursing baby and her mother's face.
- Immediately after birth, your baby is alert and will look right at you. He communicates his readiness to feed by moving his hands to his mouth, making small mouth and tongue movements, eye movements (even if his eyes are closed) and body movements.

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NEWBORN CHARACTERISTICS

All babies are different. Here is a summary of some of the physical characteristics and newborn behavior that your baby may have. Each of them are normal findings. Take a minute to examine your baby, looking for some of these characteristics.

Soft spot: The anterior fontanel, a diamond-shaped soft area at the top of the skull. It's okay to touch it! Don't worry if it pulsates. It should close over between 6 to 18 months.

Caput/Cephalohematoma: Fluid-filled swellings on the top of the scalp. They'll usually go away within a few days to months after birth.

Ears: A pit or dimple in front of the ear is not uncommon. Rarely, these may get infected, so call us if you see redness or swelling. Also, the ears may be soft and folded over, but will assume normal shape soon.

Eyes: Eyelids may be swollen for the first three days. The white of the eye may have a scarlet-colored hemorrhage on it. This will resolve within 6 weeks. Your infant's eyes may occasionally look crossed in the first two months; call us if it persists.

Watery Eyes: This may be a blocked tear duct. Most of these open up by one year. Call us during office hours if there is a lot of mucus or yellow discharge.

Stuffy Noses: It is very common for infant's noses to appear to be stuffy. Hold a mirror directly under each nostril. If mist appears on the mirror, the nostril is open. Try saline drops (one drop each nostril as often as needed) down each nostril. The stuffiness disappears as the nostrils get bigger (around 2 - 4 months).

Mouth with white spots: Epithelial pearls are found on the gum or hard palate and are about the size of a pinhead. They'll go away by 2 months. Thrush consists of white patches on the tongue and inner cheeks. It can be confused with milk or formula (which easily wipes off.) Call and talk to our phone nurse if you think your child may have thrush.

Skin: Many babies get red blotches with a small white lump in the center (about the size of a pencil eraser head) all over their body. They'll come and go for the first 1 - 2 weeks. It's called erythema toxicum. Sounds and looks serious. It's not.

Acne: Begins around 2 weeks of age and lasts until 4 to 6 months. Baby lotion may make it worse. Keep clean with soap and water.

Dry skin: Babies lose their outer layer of skin after they are born. You'll see flaking. Especially around the ankles, feet, hands and extremities. Remember, they've been living inside a fluid environment for the past 9 months. Avoid using a lot of baby lotion. Just let it flake off.

White Bumps: On the face and chest are called milia. They look like pimples. They'll go away in 2 months. Note: if your baby has blisters, call our office immediately.

Stork Bites: These are flat, pink/burgundy birthmarks found on the back of the neck, or above the nose and eyes. Most of the facial marks will go away by 18 months, 25% of the neck birthmarks will remain, but are covered by hair.

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Breast enlargement: May occur in male and female newborns in the first few weeks of life and may last for 6 months to 1 year. It's due to hormones that have been passed on by the mother before birth. You may even notice a drop of milk coming from the enlarged breast.

Umbilical cord: You'll sometimes see some yellowish discharge underneath the dried cord. The cord should fall off between 10-30 days of age. There may be some oozing of blood for a few days as the cord separates. This is normal and you should continue cleaning the cord as you were instructed at the hospital. Don't be afraid to lift up the dry part in order to apply rubbing alcohol to the moist part below. Call us immediately if there is red streaking, swelling or inflammation around the cord.

Genitals: Girls may have a white, sometimes blood-tinged discharge from their vagina in the first two weeks. No need to worry. 10% of girls will have a moist pink skin tag coming from the vagina: this will resolve over 1 to 2 months. Boys may have a fluid collection in their scrotum called a hydrocele. If it seems to change in size, call us during office hours.

Circumcision: You may see some yellowish skin on the head of the penis or at the end of the remaining foreskin. This will return to normal in 10 days. If your child has a plastic device after the circumcision (the Plastibell), this will fall off within two weeks. Keep the circumcision clean with water 3 times a day. Apply petroleum jelly (Vaseline) to the circumcision to avoid sticking to the diaper. If there is marked redness or swelling of the skin with streaks running toward the body, call our office.

Bowel Movements: Stools may vary in color and consistency, but are most often mustard yellow with a "cottage cheese" consistency. During the first few months, most babies strain when they stool. This occurs even when the stool is soft. Don't worry about this unless your baby's stool is hard or has a clay consistency. Call us if your breastfed newborn is stooling less than four times a day in the first two weeks of life.

DON'T WORRY ABOUT: (the following behaviors are normal and should disappear within three months)

- * Hiccups
- * Sneezing
- * Yawning
- * Spitting up
- * Straining with bowel movements when stool is soft
- * Chin or lip quivering
- * Passing gas
- * Jitteriness of arms and legs when crying
- * Startling to noises with brief body stiffening (called the Moro reflex)
- * Mild congestion of the nostrils (very common in a dry climate!)

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SLEEPING

Newborns sleep a lot during the first month of life. Your child may sleep anywhere from 12 to 20 hours per day with an average of 16 hours per day. The duration of this sleep is variable, from 15 minutes to 5 or 6 hours.

Most newborns awaken 1 to 3 times during the night in the first 3 months of life and the majority of infants can be expected to sleep through the night by 4 to 6 months of age. Many parents (and grandparents!) assume that these nighttime awakenings are related to their infant's need to eat. This may be part of the problem in the first 2 months, but there is much more to it.

Infants awaken several times during the night because they have an immature sleeping pattern.

Two general patterns exist:

REM Sleep: This is an "active sleep" pattern in which babies display a lot of movement, restlessness, twitching, irregular breathing and brief awakenings. Infants may go through this pattern 2 - 4 times a night, resulting in a nighttime awakening at the end of each REM sleep pattern. Newborns have this pattern during 50% of their sleeping time (adults have 25%). No wonder babies wake up so much at night! Fortunately, this pattern decreases by age 3 - 4 months, allowing most children (and parents) to sleep through the night.

NON-REM Sleep: A "Quiet Sleep" pattern in which infants display less movement, a regular breathing pattern, and a deeper sleep in which it seems to be very difficult to awaken your baby.

Although most children learn to sleep through the night on their own, here are a few tips to follow to try to avoid future sleep problems:

Before 4 Months:

- **Keep 'em Cozy.** Your newborn has been used to 9 months of close quarters while she was growing inside you. Keep her comfortable by swaddling her, using a small bassinet or crib, and keeping the room at about 68° to 72°F. Caution: don't overbundle, and don't use sheepskins, waterbeds or down comforters because of the risk of suffocation.
- **Give 'em their own space.** Many parents prefer to have the child's bassinet in their own room. While this may calm your fears, you will wake up to every movement when your baby is going through REM sleep. Try to move your baby to her own room by one month of age.
- **Put your baby in the crib while awake.** Let your baby learn to fall asleep without you. Crying for 15 to 20 minutes is not unusual. If necessary, rock her, but put her in the crib before she falls asleep. Background noise may also help to signal nap times or bed time. Try a radio, air conditioner, a musical toy, tapes of uterine sounds, or the white noise that comes from an unoccupied TV channel or radio frequency. Try to wean the use of noises by 4 months of age.
- **Establish a routine.** A consistent daytime and nighttime ritual for naps and bedtime is extremely important. If your hectic schedule does not permit this, try to always be home for the same naptime every day.
- **Hold your baby for fussy crying.** Children under 4 months need to be soothed. Respond to your baby. You will not spoil her.
- **Be brief during nighttime feedings.** Save the fun stuff (singing, playing etc.) for the daytime.
- **Don't awaken your child during the night to change diapers.** Wet diapers can be left until the morning, unless your child has a severe diaper rash.

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COLIC

Colic can be one of the major stresses in child rearing. The colicky infant usually cries for at least several hours a day, more often in the late afternoon and early evening hours. It begins in the first few weeks of life, peaks in the fourth to sixth week, and then typically resolves by the third or fourth month of life. Your child may display sudden and intense crying which is accompanied by stiffening, drawing up of the legs, and passing of gas.

Cause

The cause of colic is unknown. Although many people assume that it is a result of intestinal pain, the cause seems to vary with each infant. Air swallowing, immaturity of the intestinal tract, immaturity of the nervous system, a hypersensitivity to a protein in cow's milk, a sensitivity to environmental stimuli, and low progesterone have all been suggested as possible factors.

What to do about Colic

DON'T BLAME YOURSELF. It is natural to become frustrated and angry over a child who won't stop crying. Some parents will begin to question their parenting skills, thinking that "I must be doing something wrong!" Try to relax. Fortunately, colic usually resolves by itself over time.

NEVER SHAKE YOUR BABY! Anxiety and frustration have led parents to shake their baby in an attempt to make them stop crying. Shaking can lead to bleeding in the brain and it must be avoided at all times! Call us immediately if you have just shaken your newborn or if you feel the urge to harm your infant.

FEED YOUR BABY CALMLY. Feedings should be quiet and not hurried. Handle your baby gently. Avoid distractions by discouraging telephone calls and well-meaning visitors, especially during the peak periods of colic.

TRY A VARIETY OF CALMING METHODS. Each baby responds to these methods differently. Try to find the right one for your child: gently rocking or walking, swaddling, an infant swing, soft music, "white noise" from the TV/radio, taped uterine sounds, auto rides, and pacifiers. A child carrier (eg. "Snuggly") has been shown to be of benefit when used consistently. Try bathing your baby or simply undressing her. Some parents have found success with putting their child in a car seat and putting it on top of the dryer when it is running. (Be sure to hold on!)

MINIMIZE AIR SWALLOWING. Use frequent burping and proper bottle position. If your baby is bottle-fed, make sure that the hole in the nipple is big enough. If your baby tends to pass a lot of gas, you may try Mylicon drops, an over-the-counter remedy which is harmless.

AVOID COWS MILK. A few studies have shown that a small percentage of infants are sensitive to a protein found in cow's milk. If you are bottle feeding, try changing from a cow's milk -based formula to a soy-based formula or a lactose-free formula. For nursing mothers, it may be necessary to avoid all milk products for one week to see if your child's colic diminishes. Some doctors will also recommend avoidance of other types of food such as chocolate, spicy foods, and "gassy vegetables" like cucumbers and broccoli. If these don't help, call us during office hours to consider further formula changes.

PLAN AHEAD. If your child is fussy during dinner time, prepare the meal earlier in the day so that you can devote all of your time to your baby. Housework may have to wait.

TAKE A BREAK. Many people feel reluctant and guilty about giving their child to another to take care of. Spouses, partners, friends and relatives can each take their turn with a colicky child. Don't try to do it alone!