

THE NORMAL NEWBORN'S APPEARANCE

Even after your child's physician assures you that your baby is normal, you may find that he or 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 your physician if you have questions about your baby's appearance that this list does not address.

Head

- 1. Molding.** Molding refers to the long, narrow, cone-shaped head that results 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.
- 2. Caput.** This refers to swelling on top of the head or throughout the scalp due to fluid squeezed into the scalp during the birth process. Caput is present at birth and clears in a few days.
- 3. 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 baby is 2 or 3 months of age.
- 4. 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 between 12 and 18 months of age.

Eyes

- 1. 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 eyedrops are used. This irritation should clear in 3 days.
- 2. Subconjunctival hemorrhage.** A flame-shaped hemorrhage on the white of the eye (sclera) is not uncommon. It's harmless and due to birth trauma. The blood is reabsorbed in 2 to 3 weeks.
- 3. 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.

Ears

- 1. 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 few weeks.
- 2. Earpits.** About 1% of normal children have a small pit or dimple in front of the outer ear. This minor congenital defect is not important unless it becomes infected.

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

- 1. 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.
- 2. 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.
- 3. Epithelial pearls.** Little cysts (containing clear fluid) or shallow white ulcers can occur along the gumline or on the roof of the mouth. These are a result of blockage of normal mucous glands. They disappear after 1 to 2 months.
- 4. 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. A dentist must remove the extra teeth. The normal 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

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 and female 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 your physician if a swollen breast develops any redness, streaking, or tenderness.

Genitals - Girls

- 1. 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.
- 2. Hymenal tags.** The hymen can also be swollen due to maternal estrogen and have smooth 1/2-inch projections of pink tissue. These normal tags occur in 10% of newborn girls and slowly shrink over 2 to 4 weeks.
- 3. 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 to 3 days.

Genitals - Boys

- 1. 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 a "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 your physician during office hours for an appointment.
- 2. Undescended testicle.** The testicle is not in the scrotum in about 4% of full-term newborn boys. Many of these testicles gradually descend 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.
- 3. 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 retracted.
- 4. Erections.** Erections occur commonly in a newborn boy, as they do at all ages. A full bladder usually triggers them. Erections demonstrate that the nerves to the penis are normal.

Bones and Joints

- 1. 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. Upper legs bent outward until they are horizontal is called "90 degrees of spread." (Less than 50% of normal newborn hips permit 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.
- 2. 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.

- 3. Feet turned 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.
- 4. Long second toe.** The second toe is longer than the great toe as a result of heredity in some ethnic groups that originated along the Mediterranean, especially Egyptians.
- 5. "Ingrown" toenails.** Many newborns have soft nails that easily bend and curve. However, they are not truly ingrown because they don't curve into the flesh.

Hair

- 1. Scalp hair.** Most hair at birth is dark. This hair is temporary and begins to 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.
- 2. Body hair (lanugo).** Lanugo is the fine downy hair that is 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.

Skin

After the first bath your newborn will normally have a ruddy complexion due to the extra high count of red blood cells. He can quickly change to a pale- or mottled-blue color if he becomes cold, so keep him warm. During the second week of life, your baby's skin will normally become dry and flaky. Many babies also get rashes or have birthmarks. No baby has perfect skin. The babies in advertisements wear makeup.

- 1. 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 appears to be the transfer of maternal androgens (hormones) just prior to birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.
- 2. Drooling rash.** Most babies have a rash on the chin or cheeks that comes and goes. Often, this rash is caused by contact with food and acid that have been spit up from the stomach. Rinse your 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 that has a rash.

3. Erythema toxicum. More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of 1/2- to 1-inch-size 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 (except palms and soles). The cause of this rash is unknown and it is harmless. The rash usually disappears by the time an infant is 2 weeks old, but sometimes not until a child is 4 weeks old.

4. Forceps or birth canal trauma. If your baby's delivery was difficult, a forceps may have been used to help him 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.

Pressure from the birth canal can damage the skin overlying bony prominences (such as the sides of the skull) even without a forceps delivery. Fetal monitors can also cause scrapes and scabs on the scalp.

You will notice the bruises and scrapes 1 or 2 days after birth. They will disappear in 1 to 2 weeks.

Injury to fat tissue won't be apparent until the fifth or sixth day after birth. A thickened lump of skin with an overlying scab is what you usually see. This may take 3 or 4 weeks to heal. For any breaks in the skin, apply an antibiotic ointment (OTC) until healed. If it becomes tender to the touch or soft in the center or shows other signs of infection, call your physician.

5. Milia. Milia are tiny white bumps that occur on the faces 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. Do not apply ointments or creams to them.

Any true blisters (little bumps containing clear fluid) or pimples (little bumps containing pus) that occur during the first month of life (especially on the scalp) must be examined and diagnosed quickly. If they are caused by the herpesvirus, they must be treated right away. If you suspect blisters or pimples, call your child's physician immediately.

6. Mongolian spots. A Mongolian spot is a bluish-gray, flat birthmark that is found in more than 90% of American Indian, Oriental, Hispanic, and black babies. They 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.

7. 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. Most of these spots fade and disappear, but some 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.