



# Your Newborn's Appearance

## What does a newborn baby look like?

- During your pregnancy, you learned to know your baby by stroking (caressing) your belly and feeling your baby move. Now that your baby is born, you can enjoy the miracle of seeing, hearing, and touching him. All babies are alike in some ways, such as needing sleep, feedings, and love. In most other ways, your baby is not like any other baby.
- Your baby was born with his own special personality and appearance (the way he looks). Your baby's nose or ears may look like those of a family member, and the color of his hair may surprise you. Take the time to enjoy and learn more about your baby. Sit in a quiet room with your baby. Hold and stroke him. Undress your baby and look at him from head to toe. You may notice things about your baby that you did not see right after birth.

**Head:** Your newborn baby's head may not be perfectly round right after birth. Going through labor and delivery can cause your baby's head to have an odd shape. The head may have molded into a narrow, long shape to go through your birth canal. It may have a bump on one side. Your baby may have bruising or swelling on his head because of the birth process. This is usually normal. If your baby's odd head shape was caused by labor and delivery, do not worry. His head should look rounder and more even in one or two weeks. Your baby's head may have one or more of the following:

- **Caput (KA-putt):** Fluid is squeezed into your baby's scalp during labor and delivery. Because of this your baby may have swelling on the top or side of his head, or all around his scalp.
- **"Goose egg":** You may feel a goose egg (soft swelling) on your baby's head. This swelling is caused by tiny blood vessels that broke under the scalp during labor and delivery. Fluid from the blood vessels then squeezes into the scalp during birth. The swelling may increase during the first week of your baby's life. A goose egg may take as long as two to three months to go away.
- **Molding:** Molding happens when the skull bones in your baby's head move during labor and delivery. The head becomes long and narrow, helping it get through the birth canal more easily. Your baby may have more molding if his head is large or if your labor was long. Babies born feet first may have less molding. A cesarean section baby may have little or no molding.

## Fontanels:

- Fontanels (fon-tah-NELS) are soft spots on your baby's skull where the bones have not grown together yet. They are protected by a tough tissue (membrane). The purpose of the soft spots is to make room for the brain to grow. Your baby's brain grows very quickly his first year. Soft spots are usually flat, but may bulge when your baby cries or strains. It is normal to see and feel a pulse (heartbeat) beating under a soft spot. You may be more likely to see the pulse if your baby has little hair and is fair-skinned. It is OK to touch and wash your baby's soft spots.
- There are two fontanels. The anterior (an-TEER-ee-ohr) fontanel is located in the top front part of your baby's head. It is diamond-shaped and about two inches wide. The anterior fontanel starts to close with bone at six months and is usually completely closed by 18 months. The posterior (poh-STEER-e-ohr) fontanel is located toward the back of the head. This soft spot is shaped like a small triangle. It is about one-half inch round and may be hard to find. The posterior fontanel is usually closed with bone by the third month.

**Hair:**

- Your baby may be born with a little or a lot of hair. Your baby's hair may begin to fall out by the time he is four weeks old. This is common. By the time your baby is six months old, he should have new hair. Your baby's new hair may be a much different color than the hair color he was born with.
- Your baby's shoulders and back may be covered with lanugo (lah-NU-go). This is a fine coating of soft hair. Lanugo is more common on premature (born too early) babies. This type of hair should rub or fall off your baby within the first month. This hair can be very light or quite dark.

**Eyes:**

- Your baby's eyelids may be puffy. He may have blood spots in the white areas of one or both eyes. These are often caused by the pressure on your baby's face during delivery. Eye medicines that your baby needs after birth to prevent infections (in-FEK-shuns) may cause your baby's eyes to look red. The swelling and redness in your baby's eyes is usually gone in three days. It may take up to three weeks before blood spots in your baby's eyes are gone.
- The iris is the colored part of the eye. Most light-skinned babies are born with blue-gray eyes. The eye color of light-skinned babies may change during the first year. Dark-skinned babies usually have brown eyes that do not change color. If your baby will not open his eyes for you, the lights in the room may be too bright. Try dimming the lights to encourage your baby to open his eyes.
- It is common for your baby to cry without making tears. A newborn baby's eyes usually make just enough tears to keep his eyes wet. By seven to eight months old, your baby's eyes will develop so they can make more tears. Tears drain into small ducts (holes) at the inside corners of each eye. These ducts are called lacrimal (LAK-ri-mal) tear ducts. A blocked tear duct is common in newborns. A possible sign of a blocked tear duct is a yellow sticky discharge in one or both of your baby's eyes. Your baby's caregiver may show you how to massage your baby's tear ducts to unplug them.
- Most newborn babies like to look at things that are eight to fifteen inches from their face. During times when your baby is very awake and alert, show him pictures. Most babies like pictures that are black and white, or dark and light colors. Use a heavy black marker to draw a picture of a face on a white piece of paper. Show your baby bulls-eyes and stripes made with very dark and very light colors. If your baby begins to cry or hold his hand out toward the picture, put it away. Your baby may be telling you that he is tired and does not want to look at pictures now. Instead of using pictures, sit face to face with your baby. Your baby loves your face and smile best of all.

**Ears:** At birth, one or both of your baby's ears may be folded over. This is because your baby was crowded while growing in the uterus (womb). Ears may stay folded for a short time before unfolding on their own. There is no need to tape the ear into a normal position. Some babies are born with ears that will always stick out a little.

**Nose:**

- Your baby's nose may be large, pushed in, or flat because of the tight squeeze during labor and delivery. The nose will change as your baby's face grows. It may take a week or longer before your baby's nose seems more normal.
- Your baby may not seem to breathe regularly. He may take short breaths and then hold his breath for a few seconds. Your baby may then take a deep breath. This irregular breathing is common during the first weeks of life. Irregular breathing is also more common in premature babies. By the end of the first month, your baby's breathing should be more regular.
- Babies also make many different noises when breathing, such as gurgling or snorting. Most of the noises are caused by air passing through small breathing passages. These sounds are normal and will go away as your baby grows.

**Mouth:**

- Look inside your baby's mouth when he is crying. Your baby may have small white bumps on his gums. These bumps are usually (normal) cysts, which are fluid-filled sacs and will soon go away on their own. Yellow-white spots may be present on the roof of your baby's mouth. These spots are known as "Epstein's pearls" and will also go away without special care.

- Some babies are born with one or more teeth. These teeth do not have roots and may need to be removed by a dentist. This will keep your baby from choking on or swallowing the teeth. Other babies are born with normal teeth, which have simply shown up early. These teeth only need to be removed if they cause tongue sores or become loose.
- Your baby may get a lip callus (thickened skin) or "sucking pad" on his upper lip during the first month. It is caused by your baby's sucking and should go away within your baby's first year. The sucking pad does not bother your baby, so you do not need to remove it.

**Skin:** At birth, your baby's skin may be covered with a waxy coating called vernix. As the vernix comes off and the skin dries, your baby's skin will peel. Babies who are born after their due date may have a large amount of skin peeling. This is normal. Peeling does not mean that your baby's skin is too dry. You do not need to put lotions or oils on your newborn's skin to stop the peeling or to treat rashes. Your baby's skin may be pink, yellowish, or tan. It may look blotchy or marbled when your baby is upset or cold. At birth or during his first few months, your baby may have one or more of the following:

- **Erythema (er-ih-THEE-mah) toxicum (TOKS-ih-kum):** These are red splotches with yellow-white bumps in the center that look like bug bites. They may appear anywhere on your baby's body except the soles of the feet and palms of the hands. The rash may appear within three days after birth. No treatment is needed for the rash. It usually goes away in one or two weeks.
- **Milia:** These are small white or yellow bumps that appear on the faces of most newborns. Blocked skin pores cause milia (MIL-ee-ah). Many milia may break out across your baby's nose, cheeks, chin, and forehead. Do not squeeze or scrub milia. Rubbing creams or ointments on milia may make them worse. When your baby is one to two months old, his skin pores begin to naturally open. When this happens, his milia will go away.
- **Newborn acne:** Some babies get newborn acne (AK-nee) when they are three to five weeks old. Your baby's cheeks may feel rough and may be covered with a red, oily rash. Wash your baby's face with warm water. Do not use baby oil, creams, ointments, or other products. These will only make this rash worse. Keep your baby's fingernails short to keep him from scratching his cheeks. No special treatment will clear up newborn acne. Like milia, newborn acne should go away once your baby's skin pores begin to naturally open.

**Birthmarks:** It is common for babies' skin to have birthmarks. Birthmarks come in different sizes, shapes, and colors. Some birthmarks shrink or fade with time. Other birthmarks may stay on your baby's skin for his entire life.

- **Café au lait spots:** These are flat skin patches that are a light brown or tan color. Café au lait (kaf-ay-o-LAY) spots look like small puddles of coffee and cream. This is a common birthmark that babies may get anywhere on the body. The spots may get smaller as your baby grows. Ask your baby's caregiver to check these spots during each visit.
- **Moles:** Moles are also called nevi (NEEV-eye). Moles are dark-brown or black. They may be on your baby's skin when he is born, or may form later. Most moles are harmless and do not need to be removed. Ask your baby's caregiver to check these spots during each visit.
- **Mongolian spots:** These spots are commonly seen on the buttocks (rear end), backs, or legs of dark-skinned babies. Mongolian (mon-GO-lee-un) spots may be green, blue, or gray colored, and may look like bruises. Mongolian spots are harmless, and usually go away by the time your child is school-aged.
- **Port wine stain:** These are large, flat birthmarks that are pink, red, or purple colored. A port wine stain is caused by too many blood vessels under the skin. A port wine stain may fade in time, but will not go away without surgery. Ask your baby's caregiver to check these spots during each visit.
- **Stork bite:** A stork bite is a common birthmark, especially on light-skinned babies. It is also called a "salmon patch". Stork bites are flat, irregular patches that may be light or dark pink. Stork bites can usually be seen on the eyelids, lower forehead, or bridge (top) of a baby's nose. They may also be found on the back of a baby's head or neck. Most stork bites fade and go away by your baby's first birthday. Even after your baby's stork bites fade, they may darken for a short time when he cries or strains.

- **Strawberry hemangioma (he-man-jee-OH-mah):** This is a rough, raised, red spot caused by many blood vessels at top of the skin. Right after birth, the spot may be pale or white, and may turn red later. These spots may get larger during the first months of a baby's life, then shrink and go away. A strawberry spot may sometimes bleed on its own or because of a scratch or bump.

**Breasts:** Your newborn boy or girl may have swollen breasts after birth. This is caused by hormones passed from mother to baby before birth. Hormones are special chemicals made by the body to control how different parts of the body work. Your baby's breasts may be swollen for a few weeks. Your baby's breasts may be swollen longer if you are breast feeding. This is because you pass hormones to your baby in your breast milk. Your baby's breasts may also have a milky discharge. Do not squeeze your baby's breasts. This will not stop the swelling and could cause an infection.

### **Belly:**

- A newborn baby's belly is usually round. If your baby is premature (born too early), his belly may be small and flat. The umbilical (um-BIL-i-kal) cord comes out of your baby's belly button. The umbilical cord connects a mother and her unborn baby. Before a baby is born, the umbilical cord brings food and oxygen to the baby and takes away waste. At birth, the umbilical cord is clamped and cut.
- The cord stump should dry up and fall off in about two to three weeks. While your baby has his cord stump, your baby's caregiver will tell you how to care for it. Follow the caregiver's instructions carefully for keeping the stump clean and dry. As the stump dries, it turns hard and dark. The part closest to your baby's skin may appear yellow-brown. Never try to pull off the cord stump, even if it is only hanging on by a thin piece of tissue (skin).

### **Genitalia:**

- **Female genitalia:** A girl's external genitalia are called the labia majora (large outer lips), labia minora (small inner lips), and clitoris. These may look large and red. Your baby girl may also have a clear, white, pink, or blood-colored discharge from her vagina. Hormones passed from mother to baby before birth cause this. This discharge should go away within one to four weeks.
- **Male genitalia:** A boy's external genitalia are called the penis and scrotum. The rounded end of your boy's penis is called the glans. The prepuce (PREE-pus) or foreskin is the skin that covers the glans. Before birth the glans and foreskin grow as one piece of skin. Right after birth, your baby's glans and foreskin will be grown together. This is normal. Do not try to retract (pull back) the foreskin. With time, the foreskin slowly starts to come apart from the glans. If your baby had a circumcision (cerk-kum-SIZH-un) (removal of his foreskin), talk to his caregiver. Ask the caregiver for information on how to care for it.
- It is common for a baby boy to have an erection of his penis. He may have an erection during diaper changes, when breast feeding, or when you are washing him.
- The scrotum is the pouch that protects your baby boy's testicles (TES-ti-klz). It has fluid in it to cushion the testicles. Your baby may have extra fluid in his scrotum because of pressure during his birth. This extra fluid is called a hydrocele (HI-dro-seel). Caregivers will check the hydrocele during visits. A hydrocele usually goes away in a few months. There are two testicles inside the scrotum. Sometimes one or both testicles do not come down from the baby's abdomen (belly) into the scrotum at birth. This is called "undescended testicles". Most testicles come down into the scrotum in one year. Surgery may be needed if the testicles do not come down by age five.

### **Arms and legs:**

- Newborn babies like to keep their arms and legs tucked close to their bodies. It makes them feel secure and reminds them of being inside your belly. You may need to gently straighten your baby's arms or legs so you can look at them. Your baby's hips should bend easily.
- Your baby has one large bone in his upper leg and two smaller bones in his lower leg. The lower leg bones are called the tibia (TI-bee-ah) and the fibula (FIB-u-lah). The lower legs normally curve in because of how your baby was lying inside the uterus. Your baby's legs should straighten after he has been walking for many months. Your baby's feet were turned in many directions while inside the uterus. Your baby's feet should straighten out by the time he is 12 months (one year) old. Sometimes early treatment may be needed if your baby's feet are turning in too much.