

NEWBORN CHARACTERISTICS AND CARE

Head

A newborn's head may be bruised, elongated and misshapen during the first few days from being pushed through the birth canal. The head will begin to look better within a few days; however, it may take several weeks before it becomes completely round and the bruises disappear. Occasionally, a cephalohematoma (swollen area on top of the head) may also develop from pressure received during the birthing process. It is fluid filled and will also disappear over the first few weeks.

Eyes

Newborns usually keep their eyes closed most of the time. They may also be puffy and have a little yellow discharge for the first few days. This can be removed by using a warm wash cloth and gently wiping from the inner to the outer corner of the affected eye.

Breasts

Both male and female newborns may have some swelling under the nipples. This is a result of maternal hormones and will disappear over a few weeks. Occasionally, some milky discharge may occur. This is normal. Simply wipe any discharge away.

Genital Areas

Vaginal Discharge: It is common for baby girls to have a thick creamy or bloody vaginal discharge for the first two to three weeks of life. This is the result of maternal hormones and is not a reason for concern. You can remove the discharge by wiping gently from front to back with a diaper wipe or warm damp wash cloth.

Penis: If your son has not been circumcised, no special care is required. The skin cannot be pulled back until the child is older. No attempts to force it back should be made. If your son was circumcised, the end of the penis will look red and swollen for a few days. During his bath, squeeze some soapy water over the penis from a washcloth and rinse it with plain water. You may be given some lubricated gauze at the hospital that can be applied as the old gauze becomes soiled or after bathing. Some obstetricians place a ring on the end of the penis which should fall off after four to ten days. Once this occurs, gently retract the foreskin and wash away any white secretions that may have accumulated.

Skin

- **Newborn rash:** Most newborns develop one or more skin rashes during the first week of life. Tiny white bumps on the face are called milia and will disappear. Many babies develop a red blotchy rash on their face and possibly on their upper chest. This is called erythema toxicum and fades by the time the infant is several weeks old. Care for these rashes involves just keeping the area as clean and dry as possible.
- **Dry Skin:** Often, a newborn's skin will appear dry and peel during the first week. This drying is most noticeable around the hands and feet. A very small amount of lotion may be used if the skin appears to be cracking.
- **Cradle cap:** Some infants develop greasy, scaling areas on the scalp. They often are most noticeable over the soft spot on top of the baby's head. Using an adult soft tooth brush along with the soap used to bathe your infant will usually remove the scaling skin.
- **Jaundice:** Nearly 50% of newborns develop jaundice two to four days after birth. The skin and whites of the eyes become yellow. This occurs because the newborn's liver is immature and cannot eliminate all the bilirubin that develops from the breakdown of red blood cells. In the majority of cases, this jaundice is temporary and harmless. If your baby does require treatment, there is no cause for alarm, and we will explain the treatment to you in detail.
- **Diaper rash:** All newborns will develop irritations and rashes in the diaper area. Frequent diaper changes, cleaning and drying will usually solve this problem. You may expose the diaper area to room air as well. Occasionally, an over the counter medication such as Desitin Cream, A&D Ointment or Aquaphor may be used if the rash does not improve.

Legs

The feet and legs may be turned in as a result of being in a cramped position during pregnancy. They gradually straighten out during the first year of life. The feet and hands may occasionally turn a bluish color. This is normal.

Breathing

A newborn's breathing may be somewhat irregular. This becomes particularly noticeable between three and six weeks of age. Nasal congestion is normal, and we suggest a rubber bulb syringe to help clear mucous from the nose when necessary (if it interferes with sleeping or feeding). Sneezing is the newborn's way of clearing the nose and does not necessarily mean a cold has developed.

Sleep

Newborns spend most of their time sleeping even when you are trying to feed them. They also grunt, grimace, kick, and startle easily during sleep. All of this is normal. The American Academy of Pediatrics recommends that normal infants be positioned on their back for sleep. This position has been shown to decrease the chance of sudden infant death syndrome (SIDS). This recommendation of putting the baby down on his/her back applies to infants throughout the first year of life. However, it is particularly important during the first 6 months when the incidence of SIDS is highest. Also avoid placing blankets, stuffed animals and pillows in the crib with the baby.

Crying

All babies cry. Nothing can be more frustrating to a new parent than not being able to quiet your baby. Some newborns will continue to cry until they wear themselves out. Remind yourself that crying will not harm your baby. Crying may be a sign that your baby may be hungry, uncomfortable from a soiled diaper or just wants attention and needs to be held. You cannot “spoil” your baby by holding and loving him too much.

Temperature

Soon after birth your baby’s temperature will adjust to the environment. You should keep the temperature in your home at its usual level and dress your baby accordingly. If you prefer cooler temperatures and wear an extra layer of clothing, your baby will need one as well.

Umbilical Cord

Keep the diaper turned down below the cord allowing air to get to the area. This will help the cord dry and it should fall off within the first week or so. Do not immerse your baby in water until the cord falls off. You may notice an unpleasant odor, slight yellow or bloody discharge as the cord is getting ready to fall off. This is no cause for alarm. Please contact us if the skin around the cord becomes very red.

Elimination

After the first few days, your baby should start having wet diapers every 3–4 hours. If your baby does not have a wet diaper every 6–8 hours, he/she could be dehydrated. Make sure your baby is feeding frequently and call the office if the number of wet diapers does not increase. Bowel movements will start out as black meconium, and then transition to green/yellow and seedy at 3–5 days of age. Breast fed babies may have more frequent stools that may occur after every feeding. At 4 weeks of age stools may be less frequent and your baby may skip 1–3 days between stools. Babies normally strain and cry when passing stools. The pattern, frequency, and color may also vary day to day.