

Characteristics of newborn babies

By Barton D. Schmitt, MD

APPEARANCE

Even after your pediatrician assures you that your new baby is normal, you may find that he looks a bit odd. He does not have the perfect body you have seen in baby books. Be patient. Most newborns look slightly peculiar to their parents. Fortunately the peculiarities are temporary. Your baby will begin to look "normal" by 1 to 2 weeks of age.

The list that follows describes some common physical characteristics of newborn babies. Most are temporary; a few are congenital defects that are harmless but permanent. Call our office if you have questions about your baby's appearance that this list does not address.

Fontanel. This "soft spot" is found in the top front part of the skull. It is diamond shaped and covered by a thick, fibrous layer of tissue. It usually pulsates with each beat of the heart. It is safe to touch this area. The purpose of the fontanel is to allow rapid growth of the brain. It normally closes over with bone when your baby is between 9 and 12 months of age.

Molding of the head. Molding refers to the long, narrow, cone-shaped head that results from passage through a tight birth canal. This compression can temporarily hide the fontanel. The head returns to a normal shape in a few days.

Caput. This swelling on top of the head or through-



out the scalp is caused by fluid that is squeezed into the scalp during birth. Caput is present at birth and clears in a few days.

Cephalohematoma. This is a lump on the head—usually confined to one side—that occurs when blood collects on the outer surface of the skull under the skin. It is caused by friction between the infant's skull and the mother's pelvic bones during birth. It first appears on the second day of life and may grow larger for up to five days. It doesn't disappear completely until the baby is 2 or 3 months of age.

Scalp hair. Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age.

DR. SCHMITT is Director of General Consultative Services, The Children's Hospital of Denver, and Professor of Pediatrics, University of Colorado School of Medicine. He is a member of the Editorial Board of *Contemporary Pediatrics*.

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Some babies lose it gradually while the permanent hair is coming in. Others lose it rapidly and temporarily become bald. The permanent hair generally appears by 6 months. It may be an entirely different color from the newborn hair.

Body hair (lanugo). Lanugo is the fine downy hair that is sometimes present on the back and shoulders of newborn babies. It is more common in premature infants. It rubs off with normal friction by 2 to 4 weeks of age.

Folded ears. The ears of newborns are commonly soft and floppy. Sometimes the edge of one is folded over. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

Ear pits. About 1% of normal children have a small pit or dimple in front of the ear, below the temple. This minor congenital defect is not a problem unless it becomes infected.

Blocked tear duct. If your baby's eye waters continuously, she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. It is a common condition, and more than 90% of blocked tear ducts open up by the time the child is 12 months old.

Swollen eyelids. Your baby's eyes may be puffy because of pressure on the face during delivery. They may also be puffy and red if silver nitrate eye drops have been used. This irritation should clear in about three days.

Hemorrhage on the eye. Some babies have a flame-shaped hemorrhage on the white of the eye. It is caused by breaking of blood vessels on the surface of the eye during birth and is harmless. The blood is reabsorbed in two to three weeks.

Eye color. The permanent color of the eyes—usually blue, green, gray, brown, or some variation of these colors—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 eyes often change to the permanent eye color by 2 months of age. Children who will have light-colored eyes usually change by 5 or 6 months of age.

Flattened nose. The nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.

Sucking callus or blister. A sucking callus occurs in the center of the upper lip from constant friction at this point during bottle- or breastfeeding. It will disappear when your child begins cup feedings. If the baby sucks his thumb or wrist, a callus may develop there, too.

Tongue-tie. The tongue in newborns normally has a short, tight band on the underside that connects it to the floor of the mouth. This band usually stretches with time, movement, and growth. Tongue-tie, or tight tongue, is a rare condition in which the band keeps the tip of the tongue from protruding beyond the teeth or gum line. Tongue-tie doesn't usually cause any symptoms or interfere with sucking or speech development.

Epithelial pearls. There may be little cysts containing clear fluid or shallow, white ulcers along the gum line or on the roof of the mouth. They result from blockage of normal mucous glands. They disappear after one to two months.

Teeth. The presence of a tooth at birth is rare. About 10% are extra teeth without a root structure. The other 90% are prematurely erupted normal teeth. The distinction between the two can be made with an X-ray. Extra teeth must be removed by a dentist because they can fall out unexpectedly and cause choking. Normal teeth need to be removed only if they become loose, because of the danger of choking, or if they cause sores on your baby's tongue.

Swollen breasts. Many babies, both male and female, develop swollen breasts during the first week of life. The swelling is caused by the passage of female hormones from the mother across the placenta during pregnancy. It generally persists for four to six months but may last longer in breastfed and female babies. Swelling may go down in one breast a month or more before the other breast. Never squeeze the breast because this can cause infection. Be sure to call our office if a swollen breast develops signs of infection such as general redness, red streaks, or tenderness.

Female genitals: Swollen labia. The labia minora may be quite swollen in newborn girls because of the passage of female hormones across the placenta. The swelling will go down in two to four weeks.

Hymenal tags. The hymen also may be swollen because of maternal hormones and may have smooth 1/2-inch projections of pink tissue called tags. These tags are harmless. They occur in 10% of newborn girls and slowly shrink over two to four weeks.

Vaginal discharge. A clear or white discharge may flow from the vagina during the latter part of the first week of life as maternal hormones in the baby's blood decline. Occasionally the discharge will become pink or blood tinged (false menstruation). This normal discharge should not recur once it stops.

Male genitals: Hydrocele. The scrotum of newborn boys may be filled with clear fluid that has been squeezed into the scrotum during birth. This common, painless collection of fluid is called a hydrocele. A hydrocele may take six to 12 months to clear completely. It is harmless but should be checked during regular visits to the doctor. If the swelling changes size frequently, a hernia may also be present, and you should call our office during regular hours for an appointment.

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 and need to be brought down surgically.

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. The foreskin separates from the head of the penis naturally by 5 to 10 years of age.

Erections. Erections occur commonly in newborn boys, as they do at all ages. They are usually triggered by a full bladder and demonstrate that the nerves to the penis are normal.

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 moved easily to a normal position, they are normal. The direction of the feet will straighten between 6 and 12 months of age.

Long second toe. The second toe is longer than the great toe as a result of heredity in some ethnic groups, especially those that originated around the Mediterranean Sea.

"Ingrown" toenails. Many newborns have soft nails that bend and curve easily. The nails are not truly ingrown, however, because they don't curve into the flesh or cause irritation.

Tight hips. When we examine your child, we will spread the legs apart to make sure the hips are not too tight. Outward bending of the upper legs until the knees touch the surface the baby is lying on is called "90° of spread." (Less than 50% of normal newborn hips can be spread this far.) As long as the upper legs can be bent outward to 60° degrees and both hips are equally flexible, they are fine. The most common cause of a tight hip is a dislocation.

Tibial torsion. The lower leg bones (tibias) normally

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curve inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will also notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out after your child has been walking for six to 12 months.

BEHAVIOR

Some things newborn babies commonly do concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system and disappear in two or three months. They include:

- Chin trembling;
- Lower lip quivering;
- Frequent yawning;
- Hiccups;
- Passing gas;
- Noises caused by breathing or movement during sleep;
- Sneezing;
- Spitting up (small amounts) or belching;
- Startle reflex—a brief stiffening of the body in response to noise or movement (also called the Moro reflex or embrace reflex);

- Straining with bowel movements;
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not cause for concern unless your baby is having difficulty breathing;
- Irregular breathing. An irregular breathing pattern is not cause for concern as long as your baby is content, his breathing rate is less than 60 breaths per minute, pauses between breaths last less than six seconds, and he doesn't turn blue. Occasionally, infants take rapid, progressively deeper breaths to completely expand the lungs;
- Trembling or jitteriness of arms and legs during crying. Jitters are common in young infants, and parents sometimes worry that their baby is having a convulsion. Convulsions are rare, however. During convulsions, babies also make jerking movements, blink their eyes, suck rhythmically with their mouths, and don't cry. If your baby is trembling and not crying, give her something to suck on. If the trembling doesn't stop during sucking, call our office immediately because she may be having a convulsion.

Adapted from Schmitt BD: *Your Child's Health*, ed 2. New York, NY, Bantam Books, Inc., 1991.

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