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About Your Baby

The early days of parenting can be challenging. Your infant has one basic task in the first year: to build trust with his or her caregivers. Responsive parenting allows you to meet your baby's needs for food, comfort and sleep while supporting healthy development.

This chapter covers newborn behavior and bodies. The main takeaway is that most things new parents worry about are totally normal and not cause for concern. Responding consistently to your baby's needs builds trust. We encourage you to share your concerns at your well-baby visits.





Newborn Behavior

SOME THINGS NEWBORN BABIES commonly do may concern parents, but they are not signs of illness. Most are harmless reflexes caused by an immature nervous system that disappear in two to three months, including:

- Chin trembling
- Lower lip quivering
- Frequent yawning
- Hiccups
- Passing gas
- Periodic breathing: rapid non-labored breathing followed by a brief pause (less than 10 seconds) and then normal breathing
- Noises caused by breathing or movement during sleep
- Sneezing
- Spitting up (small amounts) or burping
- Startle reflex: a brief stiffening of the body with arms in an “embracing” position in response to noise or movement, also called the “moro” reflex
- Straining with bowel movements
- Throat clearing or gurgling sounds caused by secretions in the throat. These are not a cause for concern unless your baby is having difficulty breathing.
- Trembling or jitteriness of arms and legs during crying. While jitters are common in infants, convulsions are rare. During convulsions, babies may make jerking movements, blink their eyes and suck rhythmically with their mouths while not crying. If your baby is trembling but isn't crying, give him or her something to suck on. If the trembling doesn't stop during sucking, call your doctor's office immediately.

What Do I Do if My Infant is...?



Colicky

The definition of colic is crying that occurs for more than three hours per day, more than three days per week and lasts for more than three weeks. It affects at least 20 percent of all babies. Infants with colic can have multiple episodes of crying, fussing and irritability that may develop into agonizing screaming. Symptoms of colic usually occur in the evenings and begin in the second week of life. Colic typically peaks at six weeks and resolves by four months. While there are few medical interventions that are helpful for colic, feel free to ask your pediatrician for suggestions.



Crying

Crying is normal in all infants for up to three hours a day. Babies cry when they are hungry, need their diaper changed, are too hot or too cold, are sleepy, or need to be burped. If you cannot determine the cause of crying, check your baby's temperature and make sure he or she does not have a fever. If he is still crying despite checking all of the above, try soothing your baby by swaddling him tightly in a blanket, rocking him, and singing or “shushing” him. You can also try using a pacifier.



Hot



A newborn's temperature is normally higher than those of older children, averaging approximately 99.5 degrees Fahrenheit (37.5 degrees Celsius) during the first six months of life. The most accurate way to take a newborn's temperature is to use a digital rectal thermometer. If a newborn's temperature is over 100.4 F (38.0 C), you must call your doctor's office immediately. To take your child's temperature rectally, place him or her belly-down across your lap. Coat the tip of the thermometer with petroleum jelly (Vaseline), and then insert the tip into the rectum. Stop if you feel any resistance. When the thermometer beeps, remove it and check the digital reading.



Newborn Bodies

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Even after your doctor assures you that your baby is normal, you may still think that he or she looks a bit odd. Be patient and know that most newborns look slightly peculiar to their parents. Fortunately, the peculiarities are temporary and your baby will begin to look “normal” by 1 to 2 weeks of age. The following pages describe some common physical characteristics of newborn babies. Most are temporary, but a few are harmless congenital defects that may be permanent. Call your doctor’s office if you have questions about your baby’s appearance.

Heads

1 FONTANEL

The fontanel is the diamond-shaped soft spot found on the top front part of the newborn skull. It is covered by a thick, fibrous layer of tissue and is safe to touch. 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 24 months old.

2 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 should return to a normal shape in a few days.

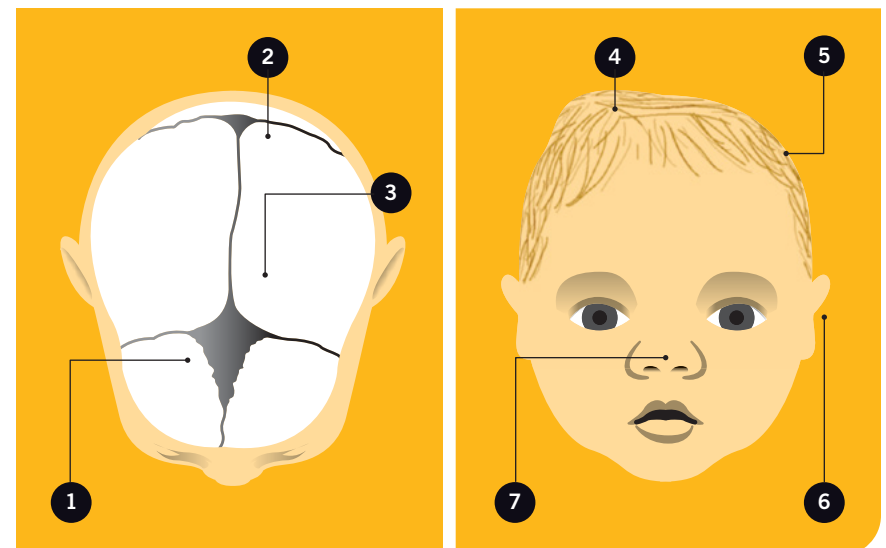
3 CAPUT

The term caput refers to swelling on top of the newborn head or throughout the scalp that occurs when fluid is squeezed into the scalp during birth. It typically clears within a few days.

4 CEPHALOHEMATOMA

Cephalohematoma is a lump on the newborn head that occurs when blood collects under the skin. It is caused by friction between the infant’s skull and the mother’s pelvic bones during birth. It typically appears on the second day of life and may grow larger for up to five days. The boundaries of the cephalohematoma are the individual skull bones. It should disappear completely by the time the baby is 2 to 3 months old.

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5 SCALP HAIR

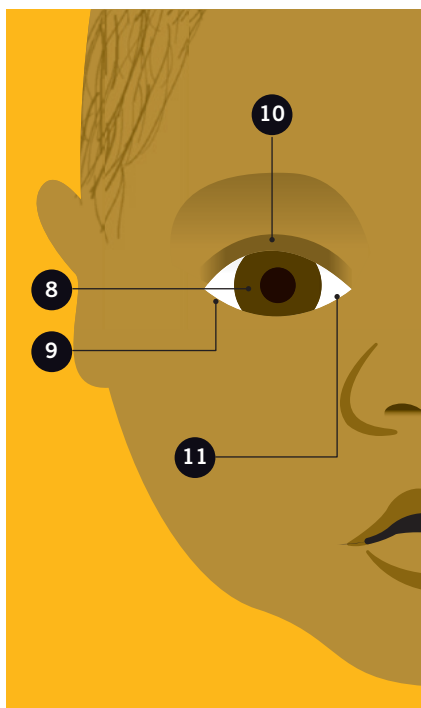
Most hair is dark at birth. This hair is temporary and begins to fall out by 1 month of age. The rate of hair loss varies in infants. Some will lose hair rapidly and become bald, while others will lose temporary hair as new permanent hair appears. Permanent hair may be an entirely different color from newborn hair.

6 FOLDED EARS

Newborn ears are commonly soft and floppy. The ear will assume its normal shape as the cartilage becomes firmer over the first few weeks of life.

7 FLATTENED NOSE

A newborn's nose may be flattened or pushed to one side during birth. It will look normal by 1 week of age.



Eyes

8 EYE COLOR

The eye color of your infant is often uncertain until your baby reaches 6 months. In rare cases, eye color has been known to change at around 2 years of age.

9 HEMORRHAGES OF THE EYE

Some babies have a flame-shaped hemorrhage on the side of the eye that is caused when blood vessels on the surface of the eye break during birth. These hemorrhages are harmless, and the blood should be reabsorbed within two to three weeks.

10 SWOLLEN EYELIDS

Your baby's eyelids may be puffy when he or she is born because of pressure on the face during delivery. This usually resolves within one week.

11 BLOCKED TEAR DUCT

If your baby's eyes water continuously, he or she may have a blocked tear duct. This means that the channel that normally carries tears from the eye to the nose is blocked. This is a common condition that often clears up by the time the child is 1 year old. If your baby's eyes get dry and there is yellow discharge, you can wipe it away with a clean wet washcloth. Call your doctor's office if this persists.

Mouth

1 TEETH

The presence of a tooth at birth is rare. When this happens, about 10 percent of cases are extra teeth without a root structure. The other 90 percent are prematurely erupted normal teeth. The distinction between the two can be made with an x-ray. A dentist may need to remove the extra teeth because they can fall out and lead to choking. Normal teeth only need to be removed if they become loose and are a choking hazard or if they cause sores on your baby's tongue.

2 TONGUE-TIE

The newborn tongue can have a short, tight band on its underside that connects to the floor of the mouth. This band usually stretches with time, movement and growth. Tongue-tie or tight tongue is a condition in which the band keeps the top of the tongue from protruding beyond the teeth or gum line. If an infant has a significant tongue-tie, it may impact the way he or she is able to nurse. If you feel your child is tongue-tied, please let us know.

3 EPITHELIAL PEARLS

Your newborn may have little cysts containing clear fluid or shallow, white cysts along the gum line or on the roof of the mouth. These result from the blockage of normal mucous glands, and usually disappear after one to two months.

4 SUCKING CALLUS OR BLISTER

A sucking callus occurs in the center of the upper lip from constant friction during bottle or breastfeeding. It will disappear when your child begins cup feedings. If your baby sucks his or her thumb or wrist, a callus may develop there too. A baby may be born with a sucking callus if he or she was sucking inside the womb.

Feet

5 FOOT DIRECTION

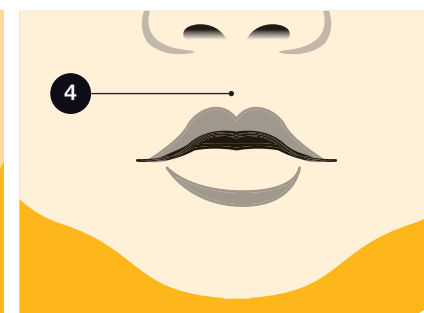
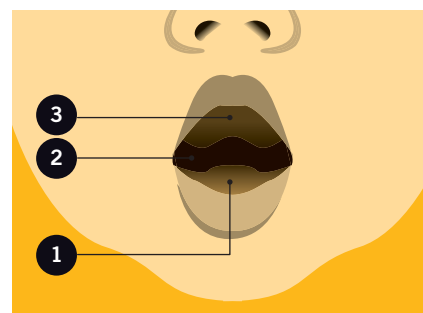
Your newborn's feet may have been turned in any direction inside the cramped quarters of the womb. As long as your child's feet are flexible and can be moved easily to a normal position, there is no need to be concerned if they turn up, in or out. The direction of the feet will naturally straighten between 1 and 6 months of age.

6 LONG SECOND TOE

The second toe may be longer than the great toe as a result of heredity.

7 INGROWN TOENAILS

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



Legs and Torso

8 TIGHT HIP

When we examine your baby, we will spread his or her legs apart to make sure the hips are not too tight. As long as the legs can be bent outward symmetrically to 60 degrees and both hips are equally flexible, they are fine. The most common cause of tight hips is a dislocation, which can be corrected with a harness.

9 TIBIAL TORSION

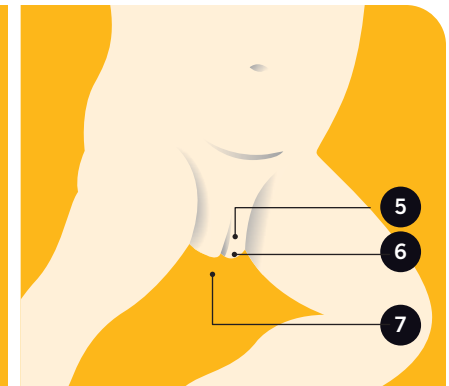
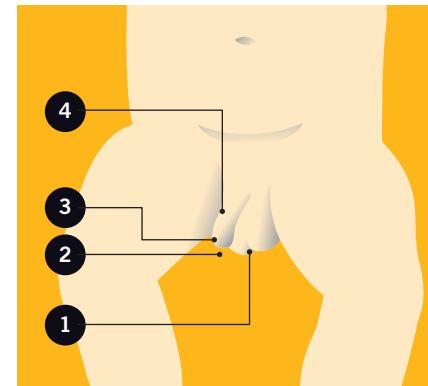
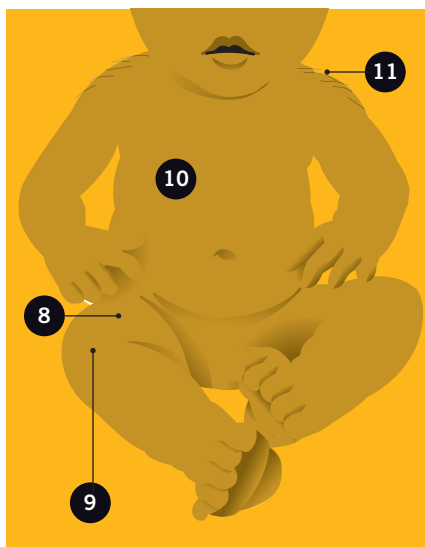
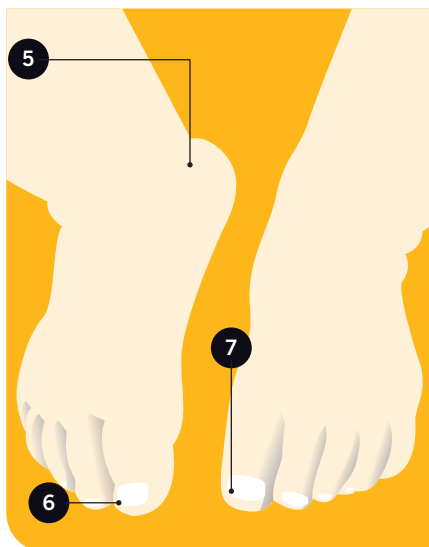
The lower leg bone, called the tibia, normally curves inward in newborns because the baby was confined to a cross-legged position in the womb. If you stand your baby up, you will notice that the legs are bowed and the feet are pigeon-toed. Both of these curves are normal and will usually straighten out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

10 SWOLLEN BREASTS

Many babies, both male and female, develop swollen breasts during the first few weeks of life. This 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 before the other. Never squeeze the breast, as this can cause infection. Be sure to call your doctor's office if a swollen breast develops signs of infection, such as redness, red streaks or tenderness.

11 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 should rub off with normal friction by the time your newborn is 2 to 4 weeks old.



Genitals: Male

1 HYDROCELE

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

2 UN-DESCENDED TESTICLE

The testicles have not descended into the scrotum in about 4 percent of full-term newborn boys. Many of these testicles gradually move into a normal position during the following months. Only 0.2 percent of all testicles are un-descended in 1-year-old boys and need to be brought down with medication or surgery.

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

4 ERECTIONS

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

Genitals: Female

5 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.

6 HYMENAL TAGS

The hymen also may be swollen because of maternal hormones and may have a smooth, half-inch projection of pink tissue, called a tag. Tags are harmless and occur in 10 percent of newborn girls. They slowly shrink within two to four weeks.

7 VAGINAL DISCHARGE

A clear or white discharge may flow from the vagina during the later 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, which is called false menstruation. This is normal and should not recur once it stops.