

Normal Newborn Appearance by Rebecca Pugh CPM, RM

Head

- **Molding-** Long, narrow, cone shaped head that results from molding to fit through the pelvis. This compression of the head can cause temporary overlap of the suture lines/bony plates of the baby's head and may hide the fontanel/soft spot. The head often returns to a normal shape right before your eyes within the first hours after birth, at the latest 24-48 hours.
- **Caput-** Swelling on top of the head or throughout the scalp caused by fluid squeezed into the scalp during the birth process, this will clear in a few days.
- **Cephalohematoma-** Collection of blood in the outer surface of the skull. It is due to friction between the infant's skull and the mother's pelvic bones during birth. 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 may not resolve completely for up to 2-3 months, however this is unusual. I recommend paying particular attention to the head in the first days, avoiding direct pressure on the head because it is often sore. You may need to experiment with new nursing positions that do not put pressure on the bruising. I also recommend applying topical arnica gel/oil to the site if injury.
- **Anterior Fontanel-** The "soft spot" is found in the top part of the skull. It is diamond shaped and covered by a thick fibrous layer. Touching this area gently is quite safe. It allows for rapid growth of the brain. The spot will normally pulsate with each beat of the heart. It normally closes with bone with the baby is between 9-12 months old.

Eyes

- **Swollen Eyelids-** The eyes may be puffy because of pressure on the face during delivery. This usually resolves itself within hours after the birth.
- **Subconjunctival Hemorrhage-** A flame shaped hemorrhage on the white of the eye is not uncommon. It is caused by pressure on the eyes during birth and is harmless. The blood will be reabsorbed within 2-3 weeks.
- **Iris color-** The iris is usually a very dark shade of one of the common eye colors. The permanent color of the eyes is usually not certain until 6 months.
- **Blocked Tear Duct-** If one or both of the baby's eyes is continually watery there may be a clogged tear duct. This means that the channel that normally carries tears from the eyes to the nose is blocked. It is a common condition and more than 90% of tear ducts open up by the time the child is 1 year old. A blockage is different than an infection. An infection is characterized by a yellow/green build up of discharge and red or irritated eyes. Usually putting mother's milk/colostrum directly into the eye/duct is enough to remedy the situation. Also, apply warm washcloths to the area. In cases that do not resolve with home remedies ophthalmic antibiotic ointment usually clears the infection easily.

Ears

- **Folded Over-** The ears of the newborn are often soft and floppy. Sometimes one of the edges is folded over. The outer ear will assume the normal shape as the cartilage hardens over the first few weeks.

Nose

- **Flattened-** The nose can become misshapen during the birth process. It may be flattened or pushed to one side. It usually resolves itself within hours-24 hours.

Mouth

- **Sucking blister-** Some babies are born with a sucking blister in their hand or lip or they may develop such a blister after birth due to constant friction against the lip or hand from sucking. These blisters should not cause concern only reassurance that your baby's sucking reflex is intact.
- **Tongue Tie-** Normally a short tight band of tissue attaches the tongue to the floor of the mouth. If this band is too tight it can cause problems with the tongue action involved in sucking and inhibit proper breastfeeding. This band usually stretches with time, movement and growth. In some cases this band can be snipped so that the tongue is free to move as needed. If you experience nipple soreness, poor milk supply, poor latch on, or a fussy baby, you may need the counsel of a lactation consultant familiar with breastfeeding problems to diagnose Tongue Tie.
- **Epithelial Pearls-** Little cysts that contain clear fluid or shallow white ulcers can occur along the gum line or on the hard palate. These are a result of blockage of normal mucous glands. They usually disappear after 1-2 months. This should be differentiated from thrush, which is characterized by white splotches in the baby's mouth. The thrush patches can not be scraped away easily and are a build up of yeast that is flat and will spread. Thrush should be treated.
- **Teeth-** Occasionally a baby is born with extra teeth present without a root structure but most teeth seen at birth are prematurely erupted normal teeth. Both cases are very rare. The extra tooth must be removed by a dentist and the normal tooth should only be removed if it becomes loose. Normally, prematurely erupted teeth do not cause problems.

Breast Engorgement in the Newborn

- **Swollen breasts-** are present during the first week of life in many male and female babies. They are caused by the passage of female hormones across the mother's placenta. Breasts are generally swollen for 4-6 months, 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 may cause an infection. Signs of infection include redness, streaking or tenderness.

Female Genitals

- **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 2-4 weeks.
- **Hymenal Tags-** The hymen can also be swollen because of maternal estrogen and can have smooth .5 inch projections of pink tissue. The normal tags occur in 10% of newborn girls and slowly shrink over 2-4 weeks.
- **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 recur once it stops.