



Getting to Know Your Baby

How do you get to know this new person in your life? What characteristics are common for newborns? How do you play with her? How do you help him develop? Babies are individuals in how they look, behave and respond to the world around them. But they do have certain features, abilities and behaviors in common.

Head

Molding: Baby's head may appear cone shaped after vaginal birth. Parts of the skull have not yet hardened into bone, which allows the head to mold itself to the birth canal and allows the brain to grow. Molding usually goes away in the first week.

Fontanels (soft spots): These are two parts of the skull that have not yet grown together. A diamond-shaped soft spot is found above the forehead (anterior fontanel) and a smaller triangular one is on the crown of the head (posterior fontanel).

Each soft spot is covered with a tough membrane that protects it. When the baby cries you may sometimes see the membrane pulse up and down. The anterior fontanel closes in 12 to 18 months and the posterior fontanel closes in 3 to 6 months. It is okay to gently comb and wash babies head over the soft spots.

Ridges: The bones of the head may overlap as the baby moves through the birth canal. This may cause ridges that will go away as the baby's head returns to a more rounded shape in the first week.

Bruising: Most infants enter the birth canal with the crown of the head leading the way. Often, this area becomes bruised. If you baby was delivered by vacuum extraction or forceps, or if delivery was rapid, there may be even more bruising. The bruising will disappear in the first few weeks.



Skin

Acrocyanosis: Sometimes a baby's hands or feet (or both) may look "bluish" in color because the circulation is new or because the baby is cool.

Lanugo: A downy coating of hair is usually found on the baby's cheeks, ears and shoulders. It is gradually removed by friction of clothing and bed linen.

Newborn rash: This appears on baby's skin as whiteheads and red, blotchy areas varying in shape. It usually appears within the first few days and can continue for the first weeks. No treatment is needed. Keep the skin clean and dry.

Milia: White pimples may be seen on the baby's face, especially the nose or chin. These are plugged oil glands, which will go away on their own. Do not squeeze them – they will go away within the first weeks of life.

Vernix: In the womb, your baby's skin is protected by white creamy material called vernix. As baby gets closer to birth, there is less vernix on the skin. Some vernix can usually be seen in the creases of all infants at birth.

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Dry peeling skin: This type of skin is normal for a newborn, especially on the hands and feet. No treatment is needed. The baby's doctor should look at deep peeling of skin that bleeds.

Mongolian spots: Many babies with darker skin tones (e.g., African American, Asian, Latino, and Native American) have irregular purplish splotches on the buttocks or back. These spots usually fade and go away by four years of age.

Stork bites: Often newborns have bright pink blotchy patches on their eyelids, forehead or back of the neck. Stork bites are common birthmarks that deepen in color when the baby cries. They should go away in the first two years.

Cradle cap: Some babies get waxy scales on the scalp or forehead called cradle cap or seborrhea. The hair should be brushed daily and washed with a mild soap during baths every 3 days.

Jaundice: This is a yellowing of the baby's skin. (See handout "Jaundice in Newborns")

Genitalia: Baby may have extra female hormones from mom that passed through the placenta. These can cause the baby's breasts, labia or scrotum to appear swollen. Breasts may also leak milk and female babies may have a pink or white vaginal discharge. This is normal and goes away in the first few weeks.

Wrinkles: These are common.

Elimination

Urination: You can expect at least this much:

Day 1	1 wet diaper
Day 2	2 wet diapers
Day 3	3 wet diapers
Day 4	4 wet diapers
After Day 5	5 to 6 wet diapers

Bowel Movements: The first stools are called meconium. They are black, tarry, and sticky. The bowel movements will then change from brown to yellow.

- Breastfed babies will have loose, seedy stools.
- Formula fed babies will have stools that are more formed.
- Babies may have a bowel movement as often as every time they eat, or as far apart as every second or third day.
- Constipation refers to stools that are hard and difficult to pass. Many babies strain, grunt and turn red when having a bowel movement. This does not mean they are constipated.

Behaviors

Sleeping: Babies sleep from 10 to 20 hours (average 14 hours) in a 24-hour period. Every baby is different; trust your baby to know how much sleep he or she needs. Very few babies sleep through the night during the first months, so don't expect that for a while.

Infants prefer to sleep in the fetal position – bringing hands and knees toward their head and front of their body. They should be side lying or on their backs until they can roll themselves. Most babies need to be fed several times at night to get enough calories for growth. Gradually, night sleep will lengthen as your baby grows.

Spitting up: Most babies spit up milk after a feeding. To reduce spitting up:

- Burp the baby midway through feeding, at the end of feeding, and a few minutes after.
- Place the baby so the head is higher than the stomach for 10 to 15 minutes after each feeding (best done by holding infant upright).

Reflexes

Hiccups: These are normal for a newborn and will stop on their own.

Sucking: Infants naturally begin to suck when something such as a finger or nipple is placed in their mouth.

Rooting: Stroking the cheek or along the side of the mouth will cause the baby to turn his or her head in that direction and begin sucking.

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Grasp: Newborns often clench their hands. Touching the palm of the baby's hand with your finger will cause the baby to grasp your finger.

Startle/Moro: A loud noise, bright light, strong smell, sudden movement or bump of the crib will cause babies to throw out their arms and arch their backs.

Sneezing: Babies sneeze often to clear the nose. This does not mean they have a cold.

Babies may have mucous spit ups and stuffy noses. A bulb syringe can help remove the mucus for the baby.

Senses

Hearing: Your baby has heard your voice and the sounds of your family for months during your pregnancy. These familiar sounds are soothing to her, especially your voice. You may notice that she calms down when you talk to her. She may also like to hear a familiar book over and over. You may find that music calms her. Try music you listened to during your pregnancy or try soothing pieces from many types of music.

Vision: Newborns see best 8 to 15 inches in front of them. They prefer to look at sharp contrasts such as bright colors or black and white, like the shades and features of your face. Your face is at just the right distance when you cuddle your infant in your arms. He may also like to look at himself in the mirror or at a black-and-white or bright-colored mobile, toy or picture book. Remember that babies' eyes often cross and wander. This is normal and will go away in a few months.

Smell and taste: Like most of us, babies prefer sweet smells and tastes. Studies show that babies prefer the smell and taste of their mother's milk to that of the milk of others. You may introduce pleasant smells to her in small doses. But the only taste that your baby should have during her first few months is breast milk or formula.

Touch: Your infant is sensitive to touch and the way you hold him. He prefers soft sensations, gentle handling and the secure feeling of swaddling, cuddling and warmth. He also prefers skin-to-skin contact with you, so snuggle him up on your chest and stroke him gently.

States of alertness

Babies have six states of alertness. As you spend time with baby, you will learn to recognize:

- **Quiet sleep:** Baby moves very little, breathing is smooth and regular. Arms and legs are very loose if you lift them, and baby does not wake up easily.
- **Active sleep:** Baby moves more and makes more noises than in quiet sleep. Eyes move under the lids, breathing is irregular, and baby may take 10 to 15 minutes to wake up.
- **Drowsy:** Baby is falling asleep or waking up on his or her own. Breathing is irregular.
- **Quiet alert:** Baby's breathing is regular and eyes are wide and bright.
- **Active alert:** Breathing becomes irregular. Baby is easily distracted and fussing with increased arm and leg movement.
- **Crying:** Most parents easily recognize this!

The best time to play with your baby is when she is quietly alert. She will be calm and she'll look at you and listen to you. If she begins to distract easily, moving her legs and arms more, hiccupping, yawning or spitting up, she has probably had enough play.

The best time to feed your baby is also the "quiet alert" state. But he may not be in that state when he needs to eat. You may need to wake him if too much time has passed, or calm him if he is crying. Early hunger cues include:

- "Rooting" toward the touch of breast or finger on his cheek
- Opening his mouth, moving his tongue or licking his lips
- Hands to mouth, trying to suck on them

Late hunger cues are stomach growling (often mistaken for gas pains) and crying.