



“Suddenly after nine months in the darkness and relative quiet of the womb, they are plunged into a new world of sights and sounds, movement, touch, tastes, and smells. The ability to organize these sensations—to feel tranquil in spite of them—is the first milestone.”

—Dr. Stanley Greenspan
(Child Psychiatrist, Author)
First Feelings, 1985

Your Newborn in the Hospital

Appearance

The Head

During birth, the soft bones of the baby’s skull are molded to allow the head to pass through the birth canal. This can produce an elongated head that will become more normal in appearance within one to two days after birth. The anterior fontanel, or “soft spot” can be found on the top of the skull where the bones meet. It is a tough membrane and will usually close over by 18 months of age. Soft swelling on the top of the head, known as “caput succedaneum” is not uncommon and can last a few days. Bleeding under the scalp during delivery can cause lumps known as “cephalohematomas.” These may take weeks to resolve and disappear. None of these will affect the baby’s brain.

The Face

Forceps Marks: If forceps were required during delivery, the face may be bruised. These bruises usually resolve within a week.

Vascular Marks: A blue vein often crosses a baby’s nasal bridge. This will become less obvious as the baby grows.

“Stork bites:” So-called stork bites are pink areas found on the forehead, upper eyelids, and back of the neck. They are a collection of tiny blood vessels and usually disappear by a year of age. The neck mark will probably stay longer, only to become hidden by hair. This, too, will fade over time.

Rashes: Newborns frequently have small white dots called “milia” on the nose for several weeks. They can also have a variety of newborn rashes from pimples to red blotches. These all resolve within a few weeks and cause no harm.

Sucking Blisters: Blisters may form on the baby’s upper lip from sucking. These require no treatment.

Epstein’s Pearls: You may also notice small white cysts on the roof of the baby’s mouth. These are called “Epstein’s pearls” and are of no significance.

The Hands and Feet

The hands and feet may appear to be a blue color for weeks. This is due to immature circulation and does not mean that the baby is cold. The hands and feet may also be peeling. This does not cause the baby any discomfort and does not require treatment.



Procedures

Vitamin K Injection

Immediately after birth, your baby received a Vitamin K injection. This is done because a newborn’s Vitamin K level may decrease at about two days of age. Since Vitamin K is important for the clotting of blood, the shot is automatically given to all infants to prevent bleeding.

Ophthalmic Antibiotic

Since the baby could acquire an eye infection (conjunctivitis) during the passage through the birth canal, an antibiotic ointment is automatically placed in the eyes of all newborns. Years ago severe eye infections caused erosion of the cornea and led to blindness. The application of this ointment may cause some irritation but will prevent infection.

Umbilical Antiseptic

A purple-colored antiseptic (triple dye) is coated on the baby’s cord after birth. This helps to prevent infection and helps to dry up the cord faster. The clamp applied to the baby’s cord in the delivery room is usually removed after 24 hours.

Metabolic Screening

Before leaving the hospital, a series of metabolic tests are performed on newborns. They are tests for hypothyroidism, galactosemia, phenylketonuria, and sickle cell hemoglobinopathy.* The value in doing the first three tests is that these diseases can be treated. Although these diseases are rare, if left untreated they can result in permanent brain damage. The fourth metabolic test screens for sickle cell disease, a red blood cell disorder. Since the test for phenylketonuria (PKU) is only valid when obtained at least 24 hours after the infant has begun feeding, the test may have to be

* Please note that all of these tests are required by law in some states, but not necessarily others. Your pediatrician or family practitioner will guide you on your state’s specific requirements.

repeated if you are discharged within 24 hours of delivery.

These metabolic screening tests are done by pricking the baby's heel, obtaining a few drops of blood, and placing it on a special paper. The paper is then sent to your state's Department of Health for testing. Any positive or questionable result is reported back to your pediatrician or family practitioner and, if this occurs, they will immediately notify you as to how best to proceed.

Circumcision

The decision related to circumcision rests with the parents. Recent research has demonstrated a link regarding urinary tract infections in babies who are not circumcised. If you decide against circumcision, discuss this issue with your pediatrician or family practitioner. Unless a religious ceremony is planned, the procedure may be done before your baby leaves the hospital.

General Information

Breathing

You may notice the baby's breathing patterns are irregular, consisting of gasps, chokes and sneezes. Occasionally, he may even stop breathing for very brief moments (less than 20 seconds). These short pauses are perfectly normal.

Hiccups

All babies hiccup. The hiccups are not harmful and do not even appear to bother the baby. It may amuse them when life gets dull. They become less frequent by three months of age.

Moro (or "Startle") Reflex

A normal and frequent reflex in newborns (up to four months of age) is a symmetric opening and closing of the arms when the back is stroked or when the head and back touch a hard surface. Some babies do this quite frequently in the first weeks of life and may also react this way to loud noises.

Stools

While in the hospital, the baby's first stools are a dark green (almost black) color and they are very sticky. These stools are referred to as meconium stools and may be present for a couple of days. This first stool should be passed within the first 24 hours. The doctors and nurses will be checking for this. Thereafter the stools will change to a "transitional" or looser greenish-brown color. By the third or fourth day they become more typical: yellow and seedy.

Breast-fed babies may have "explosive" stools, which may occur as often as ten times per day. Bottle-fed babies tend to stool less and their stools are of a more formed consistency.

Stuffy Noses

All babies sneeze and seem to have a stuffy nose. Babies must breathe through their noses and because they are small, even mild congestion can sound noisy. This does not indicate a cold. Babies are never "born with a cold." Do not treat the baby for congestion with over-the-counter medications. In the winter months, a cool-air humidifier may help keep little nostrils from drying up. If you are worried, call your pediatrician or family practitioner for advice.

Weight Loss

During the first few days of life your baby will lose weight. Babies may lose as much as 10–15% of their birth weight, mostly in excess water. (In a typical seven pound baby this can amount to about 11–16 ounces.) By the end of the second week most babies have regained their birth weight. One of the reasons your pediatrician or family practitioner likes to see the baby in his/her office at two weeks of age is to assure that this has occurred.

Jaundice

Jaundice frequently occurs in the newborn. The baby's red blood cells break down to form a pigment called bilirubin (among other things). The bilirubin undergoes further changes in the liver until it is excreted in the stools. Most newborns have an immature liver; hence bilirubin tends to accumulate, especially in the skin, giving the baby a yellow color. This is particularly easy to see in the white part of the baby's eyes. As the baby's liver matures and as the baby feeds more, the bilirubin is handled more efficiently and excreted. In a full-term baby this maturation occurs about the third or fifth day of life. In a premature baby, it occurs about the seventh day of life. Most mild cases of jaundice will resolve by themselves.

This normal process may be intensified if there is an incompatibility between the mother and baby's blood type (especially if mom has O blood type and the baby has A or B blood type). In this case, there are more break-downs of red blood cells, resulting in even more bilirubin. For reasons that are not entirely understood, breast-fed babies frequently have more jaundice than bottle-fed babies, but this is rarely a reason to discontinue nursing.

A blood test may be necessary to measure the bilirubin level. Most babies with jaundice have a peak bilirubin of less than 15 on the third or fourth day of life. An infant with a level of 17 or higher on the test may need to be followed for another day or two to be certain that the level does not exceed 20, and is in fact decreasing. If the bilirubin level continues to rise, phototherapy may be indicated. Phototherapy breaks down the pigments in the skin so that they can be excreted in the stool. The therapy does not make the baby uncomfortable and causes no known long-term problems. Phototherapy can now be done in your own home if your insurance will cover the cost of this service.

