



## How Your Newborn Looks

As you relax with your new baby, unwrap the blankets and examine your little one from head to toe. You'll notice many details that may have escaped you in the moments after birth:

### Eyes

While many Caucasian newborns have blue eyes, this may change over the first year. If a baby's eyes are going to turn brown, they'll probably become "muddy"-looking during the first six months. However, if they're still blue at that time, they'll probably remain this color

(/English/ages-stages/baby/Pages/Newborn-Eye-Color.aspx). In contrast, infants with dark-skinned heritage generally have brown eyes at birth, and tend to retain that color throughout life.



You may notice a blood-red spot in the whites of one or both of your newborn's eyes. This spot, as well as the general puffiness of a newborn's face, is most commonly caused by pressures exerted during labor. Although you might find them a bit worrisome, both tend to fade in a few days. If your baby was delivered by C-section, she may not have this puffiness and the whites of her eyes likely will not have any red spots.

### Skin

At birth your baby's skin will seem very delicate. Whether your child is born early, late, or on time, peeling skin is normal and usually requires no treatment. All babies, including those with a dark-skinned heritage, have lighter-appearing skin at birth. This gradually darkens as they become older.

As you examine your baby's shoulders and back, you may notice fine hair, called lanugo. This hair is produced toward the end of pregnancy; however, it's usually shed before birth or soon thereafter. If your baby was born before her due date, she is more likely to still have this hair, and it may take a couple of weeks to disappear.

You also may notice various spots and marks on your baby's skin. Some, like those appearing around the diaper edges, may be due to pressure. Mottled or blotchy-looking patches are commonly caused by exposure to cool air and will disappear quickly if you cover her again. If you find scratches, particularly on your baby's face, it's a good reminder it's time to trim her fingernails. For some new parents, this can be a nerve-racking task, so don't hesitate to ask advice from a nurse at the hospital nursery, your pediatrician's office, or anyone else with experience trimming babies' nails.

## Some of the most common skin markings (</English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx>) in newborns: [Back to Top](#)

**Salmon patches or "Stork Bites."** Distributed over areas where a stork supposedly would carry a baby in its beak, "stork bites" are patches, light to deep pink in color, most commonly located on the bridge of the nose, lower forehead, upper eyelids, back of the head, and/or the neck. They are the most common birthmark, especially in light-skinned babies. Also called "angel kisses," they typically fade over the first few months to years but may become apparent later in life with flushing.

**Slate gray macules.** These birthmarks vary considerably in size, but all are flat areas of skin containing extra pigment, causing a brown, gray, or even blue (like a bruise) appearance. Most often located on the back or buttocks, these spots are very common, especially in dark-skinned babies. They usually disappear before school age and are of no medical significance.

**Pustular melanosis.** These are small blisters that typically appear at birth, then peel and dry up within a couple of days, leaving dark spots like freckles that usually disappear over several weeks. Some newborns may have only the spots, indicating they had the rash before birth. While pustular melanosis is common (particularly in babies with darker skin) and is a harmless newborn rash, it is always important to have all blister-like rashes evaluated by your baby's doctor to rule out infection.

**Milia.** These tiny white bumps or yellow spots are found on the cheeks, on the chin, or across the tip of the nose, and are caused by skin gland secretion. This common newborn rash generally disappears on its own within the first two to three weeks after birth.

**Miliaria.** Often referred to as "heat rash" or "prickly heat," miliaria most often occurs in hot, humid climates or when babies are too bundled up. The rash can contain tiny sweat blisters and/or small red bumps. It shows up most often in skin folds and covered areas, and usually goes away within a few days.

**Erythema toxicum.** Often called "E. tox" for short, this rash is very common and usually appears within the first few days after birth. It consists of multiple red splotches with yellowish white bumps in the center, which come and go days after birth and completely resolve in a week or so.

**Capillary hemangiomas.** These raised red spots are caused by a strawberry-like collection of blood vessels in the skin. For the first week or so, they may appear white or pale, then turn red and raised later. While they often enlarge during the first year, most shrink and many disappear by school age.

**Port wine stain.** These large, flat, and irregularly shaped dark red or purple areas are caused by extra blood vessels under the skin. Port wine stains are usually located on the face or neck but, unlike hemangiomas, don't disappear without treatment. These birthmarks can be treated, sometimes with laser surgery, by either a plastic surgeon or a pediatric dermatologist.

## Head & hair

When born, babies may have an elongated shape (</English/health-issues/conditions/Cleft-Craniofacial/Pages/Positional-Skull-Deformities-and-Torticollis.aspx>) of their head, and may also have scalp swelling in the area pushed out first during birth. If you press gently on this area, your finger may even leave a small indentation. This swelling (called "caput") is not serious and should disappear in a few days.

Sometimes there may be swelling under a newborn's scalp, present on one or both sides, which is firm or springs right back after it is gently pressed. This type of swelling is likely a *cephalohematoma*, and is caused by the intense pressure on the head during labor. While not serious, it represents some bleeding along the outer side of the skull bones—not inside the brain) and usually takes six to ten weeks to disappear.

All babies have two soft spots, or fontanelles, on the head. These are the areas where the immature bones of the skull are still growing together. The larger opening is toward the front; a smaller one is at the back. Parents needn't be afraid to touch these areas gently, as there is a thick, durable membrane that protects the brain.

Babies are born with hair, but the amount, texture, and color vary from one newborn to another. Most, if not all, "baby" hair falls out during the first six months and is replaced by mature hair. The color and texture of the mature hair may differ from the hair the baby was born with.

## Chest & tummy

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In the first few weeks following birth, babies can be affected by their mother's hormones they were exposed to during pregnancy. As a result, babies' breasts may be enlarged temporarily, and they might even secrete a few drops of milk. This is normal. It may occur in boys and girls, and normally lasts less than a week, although it can last longer. It is best not to press or squeeze a baby's breasts, since this won't reduce swelling and could cause irritation. In infant girls, there could be a discharge from the vagina, often white mucus and sometimes containing a little blood. Although disconcerting to some new parents, this so-called pseudomenses is harmless.

Your baby's abdomen may seem prominent, and you may even notice a small area that seems to bulge during crying spells. This bulge is called a hernia. Small hernias are most commonly seen around the umbilical cord (belly button) but may also appear in a line down the center of the abdomen.

## Diaper area

The genitals of newborn babies can be reddish and seem large for bodies so small. The scrotum of a baby boy may be small and smooth, or it might be large and wrinkled. The testicles can appear to move in and out of the scrotum, and sometimes will move as far up as the base of the penis or even to the crease between the thigh and belly. As long as the testicles are located in the scrotum most of the time, the fact that they move around is normal.

Some boys have a buildup of fluid in a sac called a hydrocele inside the scrotum. This buildup will shrink gradually without treatment over several months as the fluid is reabsorbed by the body. If the scrotum swells suddenly or gets larger when he cries, notify your pediatrician; this could be a sign of an inguinal hernia, which requires treatment.

At birth, a baby boy's foreskin is attached to the head, or glans, of the penis, and cannot be pushed back as it can in older boys and men. There is a small opening at the tip through which urine flows. If the baby is circumcised, the connections between the foreskin and the glans are separated and the foreskin is removed, leaving the head of the penis visible. Without a circumcision, the foreskin will separate from the glans naturally during the first few years.

## More information

[Baby Birthmarks & Rashes \(/English/ages-stages/baby/bathing-skin-care/Pages/Your-Newborns-Skin-Birthmarks-and-Rashes.aspx\)](#)

**Last Updated** 3/9/2021

**Source** Adapted from *Caring for Your Baby and Young Child: Birth to Age 5* 7th Edition (Copyright © 2019 American Academy of Pediatrics)

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