



11 Common Conditions in Newborns

Some physical conditions are common during the first couple of weeks after birth. If you notice any of the following in your baby, contact your pediatrician.

Abdominal distension

Most babies' bellies normally stick out, especially after a large feeding. Between feedings, however, they should feel soft. If your child's abdomen feels swollen and hard, and if she has not had a bowel movement for more than one or two days or is vomiting, call your pediatrician. Most likely the problem is due to gas or constipation, but it also could signal a more serious intestinal problem.



Birth injuries

Babies can be injured during birth, especially if labor is long or difficult, or when babies are very large. While newborns recover quickly from some of these injuries, others persist. Occasionally a broken collarbone occurs, which will heal quickly. After a few weeks a small lump may form at the fracture site, but don't be alarmed; this is a sign that new bone is forming to mend the injury, and it will soon be as good as new.

Muscle weakness is another common birth injury during labor, caused by pressure or stretching of the nerves attached to the muscles. These muscles, usually weakened on one side of the face or one shoulder or arm, generally return to normal after several weeks. In the meantime, ask your pediatrician to show you how to nurse and hold the baby to promote healing.

Blue baby

Babies may have mildly blue or purple hands and feet, which is usually normal. If their hands and feet turn slightly blue from cold, they should return to pink as soon as they are warm. Occasionally the face, tongue, and lips may turn a little blue when the newborn is crying hard, but once she is calm, her color should quickly return to normal. However, persistently blue skin coloring is a sign the heart or lungs are not operating properly, and the baby is not getting enough oxygen in the blood. Immediate medical attention is essential.

Unusual bowel movements

Meconium. After birth, the staff will watch for your baby's first urination and bowel movement to make sure she has no problem with these important tasks. It may be delayed twenty-four hours or more. The first bowel movement or two will be black or dark green and very slimy. It is meconium, a substance that fills the infant's intestines before she is born. If your baby does not pass meconium in the first forty-eight hours, further evaluation is required to make sure that no problems exist in the lower bowel.

Blood in stool. On occasion, newborns have a little blood in their bowel movements. If it occurs during the first few days, it usually means the infant has a little crack in the anus from stooling. This is generally harmless, but even so, let your pediatrician know about any signs of blood to confirm the reason, since there are other causes that require further evaluation and treatment.

Coughing

If your baby drinks very fast, she may cough and sputter; but this type of coughing should stop as soon as her feeding becomes familiar. This may also be related to how strongly or fast a breastfeeding mom's milk comes down. If your baby coughs persistently or routinely gags during feedings, consult the pediatrician. These symptoms could indicate an underlying problem in the lungs or digestive tract.

Excessive crying

All newborns cry, often for no apparent reason. If you've made sure that your baby is fed, burped, warm, and dressed in a clean diaper, the best tactic is probably to hold her and talk or sing to her until she stops. You cannot spoil a baby this age by giving her too much attention. If this doesn't work, wrap her snugly ([/English/ages-stages/baby/diapers-clothing/Pages/swaddling-is-it-safe.aspx](#)) in a blanket or try some other ways that may help calm your baby ([/English/ages-stages/baby/crying-colic/Pages/Calming-A-Fussy-Baby.aspx](#)).

You'll become accustomed to your baby's patterns of crying. If it ever sounds peculiar—such as shrieks of pain—or if it persists for an unusual length of time, it could mean a medical problem. Call the pediatrician and ask for advice.

Forceps marks

When forceps are used during delivery, they can leave red marks or even superficial scrapes on a newborn's face and head. These generally disappear within a few days. Sometimes a firm, flat lump develops in one of these areas because of minor damage to the tissue under the skin, but this, too, will usually go away within two months.

Jaundice

Many normal, healthy newborns have a yellowish tinge to their skin, which is known as jaundice ([/English/ages-stages/baby/Pages/jaundice.aspx](#)). It is caused by a buildup of bilirubin in the child's blood. Mild jaundice is harmless. However, if the bilirubin level continues to rise and is not treated, it can lead to brain injury. Jaundice tends to be more common in breastfed newborns, most often in those not nursing well; breastfeeding mothers should nurse at least eight to twelve times per day, which will produce enough milk and keep bilirubin levels low.

Jaundice first appears on the face, then the chest and abdomen, and finally the arms and legs in some instances. The whites of the eyes may also be yellow. Most hospitals now routinely screen newborns for jaundice twenty-four hours after birth using a painless handheld light meter. If the pediatrician suspects jaundice may be present—based on skin color as well as the baby's age and other factors—she may order a skin or blood test to definitively diagnose the condition. If jaundice develops before the baby is twenty-four hours old, a bilirubin test is always needed to make an accurate diagnosis. If you notice a sudden increase in jaundice when your baby is at home, contact your pediatrician.

Lethargy & sleepiness

Every newborn spends most of her time sleeping. As long as she wakes every few hours, eats well, seems content, and is alert part of the day, it's perfectly normal to sleep the rest of the time. But if she's rarely alert, does not wake up on her own for feedings, or seems too tired or uninterested to eat, you should consult your pediatrician. This lethargy—especially if it's a sudden change in her usual pattern—may be a symptom of a serious illness.

Respiratory distress

It may take your baby a few hours after birth to form a normal breathing pattern, but then she should have no further difficulties. If she seems to be breathing in an unusual manner, it is most often due to blocked nasal passages. Using saline nasal drops, followed by suctioning the mucus from the nose with a bulb syringe, may fix the problem; both are available over the counter.

However, if your newborn shows any of the following warning signs, notify your pediatrician immediately:

- Fast breathing (more than sixty breaths in one minute), although keep in mind that babies normally breathe more rapidly than adults
- Retractions (sucking in the muscles between the ribs with each breath, so that her ribs stick out)
- Flaring of her nose
- Grunting while breathing
- Persistent blue skin coloring

Umbilical cord problems

Umbilical stump bleeding. As you're caring for your baby's umbilical cord ([/English/ages-stages/baby/bathing-skin-care/Pages/Umbilical-Cord-Care.aspx](#)), you may notice a few drops of blood on the diaper around the time the stump falls off. This is normal. But if the cord actively bleeds, call your baby's doctor immediately. If the stump becomes swollen, red, or it will require medical treatment. Although cord infections are uncommon, you should contact your doctor if you notice any of the following:

- Foul-smelling yellowish discharge from the cord
- Red skin around the base of the cord
- Crying when you touch the cord or the skin next to it

[Back to Top](#)

Umbilical granuloma. Sometimes instead of completely drying, the cord will form a granuloma or a small, reddened mass of scar tissue that stays on the belly button after the umbilical cord has fallen off. This granuloma will drain a light-yellowish fluid. This condition will usually go away in about a week, but if not, your pediatrician may need to burn off (cauterize) the granulomatous tissue.

Umbilical hernia. If your baby's umbilical cord area seems to push outward when she cries, she may have an umbilical hernia (</English/health-issues/conditions/abdominal/Pages/umbilical-hernia-in-children.aspx>)—a small hole in the muscular part of the abdominal wall that allows the tissue to bulge out when there is increased abdominal pressure (i.e., crying). This is not a serious condition, and it usually heals by itself in the first twelve to eighteen months. (For unknown reasons it often takes longer to heal in African American babies.) In the unlikely event it doesn't heal by three to five years of age, the hole may need surgery. Don't put tape or a coin on the navel. It will not help the hernia, and it may cause a skin rash.

Last Updated 3/12/2021

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

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.