



Baby's First Days: Bowel Movements & Urination

Many new parents wonder what's normal and what's not when it comes to diapering their newborn. Here's what you can expect during your baby's first few days.

Urination

Your baby (/English/ages-stages/baby/Pages/default.aspx) may urinate as often as every one to three hours or as infrequently as four to six times a day. If they're ill or feverish (/English/health-issues/conditions/fever/Pages/default.aspx), or when the weather (/English/health-issues/injuries-emergencies/Pages/Extreme-Temperature-Exposure.aspx) is extremely hot, their usual output of urine may drop by half and still be normal.



Urination should never be painful. If you notice any signs of distress (/English/tips-tools/Symptom-Checker/Pages/Urination-Pain.aspx) while your infant is urinating, notify your pediatrician. This could be a sign of infection (/English/health-issues/conditions/genitourinary-tract/Pages/Detecting-Urinary-Tract-Infections.aspx) or some other problem in the urinary tract.

In a healthy child, urine is light to dark yellow in color. (The darker the color, the more concentrated the urine; the urine will be more concentrated when your child is not drinking a lot of liquid.) In the first week after birth, you may see a pink or brick-red stain on the diaper (/English/ages-stages/baby/diapers-clothing/Pages/default.aspx), often mistaken for blood. In fact, this stain is usually a sign of highly concentrated urine, which has a pinkish color. As long as the baby is wetting at least four diapers a day, there probably is no cause for concern. If the pinkish staining persists, consult your pediatrician.

Newborn girls may have a small spot of blood in the diaper, also usually in the first week after birth; this blood is caused by her mother's hormones affecting the baby's uterus. After that time, however, the presence of actual blood in the urine or a bloody spot on the diaper is never normal, and your pediatrician should be notified. It may be due to nothing more serious than a small diaper rash (/English/tips-tools/Symptom-Checker/Pages/Diaper-Rash.aspx) sore, but it also could be a more serious problem. If this bleeding (/English/health-issues/injuries-emergencies/Pages/Acute-Bleeding.aspx) is accompanied by other symptoms, such as abdominal pain (/english/tips-tools/symptom-checker/pages/Abdominal-Pain.aspx), poor feeding, vomiting, fever, or bleeding in other areas, seek medical attention immediately.

Bowel movements

For the first few days after birth, your baby's first bowel movements (/English/ages-stages/toddler/toilet-training/Pages/Normal-Bowel-Movements.aspx) will be a substance known as meconium. This thick black or dark green substance filled their intestines before birth, and once passed, the stools turn yellow-green (/English/ages-stages/baby/Pages/The-Many-Colors-of-Poop.aspx).

Baby stools vary in color and consistency due to their immature digestive system. If your baby is breastfed (/english/ages-stages/baby/breastfeeding/Pages/default.aspx), their stools soon should be yellow liquid mixed with some particles. Until they start to eat solid foods (/English/ages-stages/baby/feeding-nutrition/Pages/Getting-Started-with-Solid-Foods.aspx), the consistency of the stools may range from very soft to loose and runny. If they're formula-fed (/English/ages-stages/baby/feeding-nutrition/Pages/Amount-and-Schedule-of-Formula-Feedings.aspx), their stools usually will be tan or yellow in color. They will be firmer than a breastfed baby's, but should be no firmer than soft clay. Green stools are not unusual, either, and they should not cause you alarm.

er your baby is breastfed or bottle-fed, hard or very dry stools may be a sign that she is not getting enough fluid sh/health-issues/injuries-emergencies/Pages/Dehydration.aspx) or that she is losing too much fluid due to illness, fever, or heat. Once solids are introduced, hard stools might indicate that she's eating too many constipating

(/English/health-issues/conditions/abdominal/Pages/Infants-and-Constipation.aspx) foods, such as cereal or cow's milk, before her system can handle them. (Whole cow's milk (/English/ages-stages/baby/feeding-nutrition/Pages/Why-Formula-Instead-of-Cows-Milk.aspx) is not recommended for babies under twelve months.) [Back to Top](#)

Here are some other important points to keep in mind about bowel movements:

- Occasional variations in color and consistency of the stools are normal. For example, if the digestive process slows down because of foods requiring more effort to digest (such as large amounts of cereal), the stools may become green; or if the baby is given supplemental iron (/English/ages-stages/baby/feeding-nutrition/Pages/Vitamin-Iron-Supplements.aspx), the stools may turn dark brown. If there is a minor irritation of the anus, streaks of blood may appear on the outside of the stools. However, if there are large amounts of blood, mucus, or water in the stool (/English/health-issues/conditions/abdominal/Pages/Inflammatory-Bowel-Disease.aspx), call your pediatrician immediately. These symptoms may warrant attention from your doctor.
- Because an infant's stools are normally soft and a little runny, it's not always easy to tell when a young baby has mild diarrhea (/English/tips-tools/Symptom-Checker/Pages/Diarrhea.aspx). The telltale signs are a sudden increase in frequency (to more than one bowel movement per feeding) and unusually high liquid content in the stool. Diarrhea may be a sign of intestinal infection (/English/safety-prevention/immunizations/Pages/Rotavirus-and-Other-Viruses-Causing-Gastrointestinal-Illness.aspx), or it may be caused by a change in the baby's diet. If the baby is breastfeeding, they can even develop diarrhea because of a change in the mother's diet (/English/ages-stages/baby/breastfeeding/Pages/Eating-for-Two-Your-Diet-And-Breastfeeding.aspx).
- The main concern with diarrhea is the possibility of dehydration. If fever is also present and your infant is less than three months old, call your pediatrician. If your baby is over three months and the fever lasts more than a day, check her urine output and rectal temperature (/English/health-issues/conditions/fever/Pages/Taking-a-Rectal-Temperature.aspx); then report your findings to your doctor for consideration. Make sure your baby continues to feed frequently. As much as anything else, if they simply looks sick, let your doctor know.

The frequency of bowel movements varies widely among babies. Many pass a stool soon after each feeding. This is a result of the gastrocolic reflex, which causes the digestive system to become active whenever the stomach is filled with food.

By three to six weeks of age, some breastfed babies have only one bowel movement a week and still are normal. Breast milk leaves very little solid waste to be eliminated from the child's digestive system. Thus, infrequent stools are not a sign of constipation and should not be considered a problem as long as the stools are soft, and your infant is otherwise normal, gaining weight steadily, and nursing regularly. Babies with this breastfed stool variant usually have a large volume of stool if it has been a few days (so you should be prepared with lots of wipes to clean up).

If your baby is formula-fed, they should have at least one bowel movement a day. If they have fewer than this and appear to be straining, they may be constipated. Check with your pediatrician for advice on how to handle this problem.

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