



[Home](#) → [Medical Encyclopedia](#) → Caput succedaneum

URL of this page: //medlineplus.gov/ency/article/001587.htm

Caput succedaneum

Caput succedaneum is swelling of the scalp in a newborn. It is most often brought on by pressure from the uterus or vaginal wall during a head-first (vertex) delivery.

Causes

A caput succedaneum is more likely to form during a long or hard delivery. It is more common after the membranes have broken. This is because the fluid in the amniotic sac is no longer providing a cushion for the baby's head. Vacuum extraction done during a difficult birth can also increase the chances of a caput succedaneum.



A caput succedaneum may be detected by prenatal ultrasound, even before labor or delivery begins. It has been found as early as 31 weeks of pregnancy. Very often, this is due to an early rupture of the membranes or too little amniotic fluid. It is less likely that a caput will form if the membranes stay intact.

Symptoms

Symptoms may include:

- Soft, puffy swelling on the scalp of a newborn infant
- Possible bruising or color change on the scalp swelling area
- Swelling that may extend to both sides of the scalp
- Swelling that is most often seen on the portion of the head which presented first

Exams and Tests

The health care provider will look at the swelling to confirm that it is a caput succedaneum. No other testing is needed.

Treatment

No treatment is needed. The problem most often goes away on its own within a few days.

Outlook (Prognosis)

Complete recovery can be expected. The scalp will go back to a normal shape.

Possible Complications

Complications may include a yellow color to the skin (jaundice) if bruising is involved.

When to Contact a Medical Professional

Most of the time, the problem is noticed right after birth. You do not need to contact your provider unless you have other questions.

Alternative Names

Caput

References

Balest AL, Riley MM, O'Donell B, Zarit JS. Neonatology. In: Zitelli BJ, McIntire SC, Nowalk AJ, Garrison J, eds. *Zitelli and Davis' Atlas of Pediatric Physical Diagnosis*. 8th ed. Philadelphia, PA: Elsevier; 2023:chap 2.

Prazad PA, Rajpal MN, Mangurten HH, Puppala BI. Birth injuries. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine*. 11th ed. Philadelphia, PA: Elsevier; 2020:chap 29.

Review Date 4/28/2023

Updated by: Neil K. Kaneshiro, MD, MHA, Clinical Professor of Pediatrics, University of Washington School of Medicine, Seattle, WA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

Learn how to cite this page



Health Content
Provider
06/01/2028

A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services

National Institutes of Health