

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. He can quickly change to a pale- or mottled-blue color if he becomes cold, so keep him warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

ACNE OF NEWBORN

More than 30% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be the transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

DROOLING RASH

Most babies have a rash on the chin or cheeks that comes and goes. This is often due to contact with food and acid that has been spat up from the stomach. Rinse the baby's face with water after all feedings or spittings up.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

ERYTHEMA TOXICUM

More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of ½- to 1-inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

FORCEPS OR BIRTH CANAL TRAUMA

If delivery was difficult, a forceps may have been used to help the baby through the birth canal. The pressure of the forceps on the skin can leave bruises or scrapes or can even damage fat tissue anywhere on the head or face. Skin overlying bony prominences (such as the sides of the skull bone) can become

damaged even without a forceps delivery by pressure from the birth canal. Fetal monitors can also cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day 1 or 2 and disappear by 1 to 2 weeks. The fat tissue injury won't be apparent until day 5 to 10. A thickened lump of skin with an overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. For any breaks in the skin, apply an antibiotic ointment (over-the-counter) four times a day until healed. If it becomes tender to the touch or soft in the center or shows other signs of infection, call our office.

MILIA

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are smaller and not infected. They are blocked-off skin pores and will open up and disappear by 1 to 2 months of age. No ointments or creams should be applied to them.

Any true blisters (little bumps containing clear fluid) or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If they are caused by the herpes virus, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

MONGOLIAN SPOTS

A mongolian spot is a bluish-gray flat birthmark found in more than 90% of Native American, Asian, Hispanic, and black babies. Mongolian spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a trace may persist into adult life.

STORK BITES (PINK BIRTHMARKS)

Flat pink birthmarks (also called *capillary hemangiomas*) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by 1 to 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life. Those on the forehead that run from the bridge of the nose up to the hairline usually persist into adult life. Laser treatment during infancy should be considered.

NORMAL NEWBORN SKIN CARE

BATHING

Bathe your baby daily in hot weather and once or twice each week in cool weather. Keep the water level below the navel or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying out and falling off. Getting it a little wet doesn't matter. Use tap water without any soap or a nondrying soap such as Dove. Don't forget to wash the face; otherwise, chemicals from milk or various foods build up and cause an irritated rash. Also, rinse off the eyelids with water.

Don't forget to wash the genital area. However, when you wash the inside of the female genital area (the vulva), never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. This practice and the avoidance of any bubble baths before puberty may prevent many urinary tract infections and vaginal irritations. At the end of the bath, rinse your baby well; soap residue can be irritating.

CHANGING DIAPERS

After wet diapers are removed, just rinse your baby's bottom off with a wet washcloth. After removing soiled diapers, rinse the bottom under running warm water or in a basin of warm water. After you finish the rear area, cleanse the genital area by wiping front to back with a wet cloth. In boys, carefully clean the scrotum; in girls, the creases of the vaginal lips (labia).

SHAMPOO

Wash your baby's hair once or twice weekly with a special baby shampoo that doesn't sting the eyes.

Don't be concerned about hurting the anterior fontanel (soft spot). It is well protected.

LOTIONS, CREAMS, AND OINTMENTS

Newborn skin normally does not require any ointments or creams. Especially avoid the application of any oil, ointment, or greasy substance, since this will almost always block the small sweat glands and lead to pimples or a heat rash. If the skin starts to become dry and cracked, use a baby lotion, hand lotion, or moisturizing cream twice daily. Cornstarch powder can be helpful for preventing rashes in areas of friction. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

UMBILICAL CORD

Try to keep the cord dry. Apply rubbing alcohol to the base of the cord (where it attaches to the skin) twice each day (including after the bath) until 1 week after it falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area or use a scissors to cut away a wedge of the diaper in front.

FINGERNAILS AND TOENAILS

Cut the toenails straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Trim them weekly after a bath when the nails are softened. Use clippers or special baby scissors. This job usually takes two people unless you do it while your child is asleep.