

# FACTSHEET



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## Common newborn concerns

### A parent's guide to the most common newborn concerns

Having a newborn baby is an exciting time. For many new parents, it is also a time of challenge, learning what is normal, what is not normal and when to be worried!

Below is a list of common questions parents have in this time, and their answers.

#### 'I am worried my baby isn't gaining enough weight'

- It is normal for babies to lose a small amount of weight after they are born. Up to 10% of their birth weight is generally considered acceptable.
- By day 10-14 of life, babies should have gained weight and be back to their birth weight.
- Each time your baby is weighed, the measurement should be recorded in their Personal Health Record or 'Blue Book'. There can be wide variations in the rate of infant growth. The accurate measurement and recording of your baby's weight, length and head circumference will help health professionals track your baby's growth pattern.
- On average, a healthy baby gains 150 grams per week.

#### 'How do I know my baby is getting enough milk?'

- There will be times when your baby is fussing at the breast and other times when your baby wants to feed more than usual. It is recommended that you follow your baby's lead in terms of when and how often they want to feed. This is known as feeding on demand.

- You may find feeding your baby early in the day challenging and then your baby constantly wanting to snack at the breast in the evening. This is known as cluster feeding. When this happens, it is often because your baby is going through a growth spurt or developmental leap.
- Signs that show your baby is getting enough milk include having 5-6 wet nappies each day, opening their bowels and gaining weight.

#### 'My baby becomes unsettled in the evening'

- Crying is part of your baby's development and is normal for all babies.
- Crying is an important way your baby can let you know that something is upsetting them and that they need you.
- Crying in the evening is sometimes called the 'witching' or 'arsenic' hour and may be linked to a growth spurt or leap in your baby's development.
- The 'SCHN Crying Baby Factsheet' gives a useful checklist to go through to work out what your baby needs. It also gives helpful strategies for settling. [https://www.schn.health.nsw.gov.au/files/factsheets/crying\\_baby-en.pdf](https://www.schn.health.nsw.gov.au/files/factsheets/crying_baby-en.pdf)

#### 'My baby is vomiting after feeds'

- Most babies will bring up a small amount of milk after breastfeeding or a bottle. This is because when babies are born, the sphincter muscle at the stomach entrance is weak at first. Because it is not squeezed tightly closed your baby may have mild reflux.

- It is also common for babies to swallow air while they are feeding and the burping reaction can cause milk to return and produce a small spit up, known as a 'posset'.
- Symptoms will usually improve by 6 to 12 months of age, and if your baby is growing well and continuing to feed, there is usually no reason for concern.
- Consider getting a referral to a General Paediatrician to assess whether medication or other treatments are needed, if your baby has;
  - difficult to manage reflux,
  - poor weight gain,
  - long periods of being unsettled or distressed during feeds.

Simple ways to manage reflux symptoms include;

- frequently burping your baby during feeding. Sit your baby upright during feeding and for 20-30 minutes after feeding,
- using a slow flow teat for bottle feeding,
- using a feed thickener (this can be given to breast fed babies prior to feeding or added to formula but should be discussed with a health practitioner prior to use). Babies that are being overfed may also vomit after feeding. It is important to calculate your baby's intake based on his/her weight and not based on the recommendations on the formula tin.

You should see your doctor if;

- the vomiting is excessive or projectile;
- there is blood or bile in the vomit (bright yellow/green colour);
- your baby has a fever and vomiting;
- there is continuing weight loss or your baby fails to regain weight back to their birth weight.

### 'My baby has not done a poo for several days'

- Stool frequency in breastfed babies can vary. Some babies pass a motion after each feed and others only pass a motion once per week. This is completely normal.
- During the first few days, breast fed babies will have frequent bowel motions due to the laxative effect of colostrum in breast milk. The stools will change to a mustard coloured seedy texture in the coming days as the meconium clears.
- Formula fed babies and older children will usually pass a stool every few days. The texture will be a paste like consistency.
- Children under six months of age may show some signs of straining before passing a bowel motion. This is because your baby is learning to co-ordinate their bowel actions. This is not considered an indication of constipation.

You should see your doctor if:

- you notice blood or large amounts of mucous in the stool;
- your baby has not passed a stool in the first 24-48 hours of life;
- your baby seems to be straining too much or can't pass gas or wind.

### 'My baby has a spotty rash'

**Rashes in children are common and will usually disappear without treatment.**

- Common newborn rashes include:

-*Milia*: small, white spots on the face and nose. These are not contagious and will usually clear up in the first month. They are caused by blocked pores.

-*Neonatal acne*: pimples that appear over the face, cheeks and nose. These are due to maternal and infant hormonal stimulation and will usually clear in the first few months without treatment. Review by a Dermatologist is recommended for severe or prolonged cases.

-*Erythema Toxicum Neonatorum*: blotchy, red skin rash that develops between the ages of 2 days and 2 weeks. May become pustular and spread to multiple body areas. Will clear in 2 to 7 days but may re-occur. No treatment necessary.

-*Nappy rash*: red or inflamed skin in the nappy area that can be caused from skin irritation due to contact with urine, faeces, soaps or creams. Nappy rash can be prevented by keeping the area clean and dry, with frequent nappy changes and using barrier creams. If the nappy rash becomes infected, it will need treatment with special creams. See your GP or pharmacist if the nappy rash lasts for several days or is not improving.

-*Cradle cap*: otherwise known as seborrheic dermatitis can affect any area of the body. It mostly occurs in the first month and may last several months. Gentle brushing and the use of oils/shampoos can help to remove crusts.

- You should see your doctor if you are concerned your baby is showing signs of meningitis or your baby's rash is associated with additional symptoms such as fever, swelling, weeping, oozing or seeming unwell.

### 'My baby has sticky stuff in the corner of his/her eyes'

- You may notice white or yellow discharge in the inner corner of your baby's eyes.
- In newborns, this is usually due to a blocked tear duct and most often occurs within 24 hours of birth.
- A sterile non-woven cotton ball, dampened with saline solution can be used to clean your baby's eye by gently wiping from the inner corner to the outer corner.

- You should use a new cotton ball for each wipe until the eye is clear. Never use the same cotton ball twice. This may need to be done several times a day.
- Gently massaging the tear ducts toward the nose can also help.
- You should see your doctor if you notice your baby's eyes are not getting better or are getting worse.

### 'My baby's belly button is sticking out' or 'I can see stuff inside my baby's belly button'

- An umbilical hernia is a lumpy bulge that can be seen or felt at the umbilicus (belly button).
- Hernias are common in babies; particularly low birth weight and premature babies.
- They are the result of a delayed closure in a small opening in the abdominal wall at the belly button.
- Umbilical hernias rarely cause serious problems in childhood and most will close naturally. Hernias that fail to close by 2-5 years of age will need to be referred for surgical review.
- Fibrous tissue known as granuloma may also be seen at the umbilicus. It looks like moist, red tissue at the umbilical site after the stump has fallen off. This will heal without any treatment.
- You should see your doctor if you notice urine or faeces leaking from the umbilical site, your baby develops a fever or you notice a bad smell from the site, which could mean that it is infected.

### 'I have noticed small amounts of blood on my baby's wet nappies'

- During the first few weeks of life it is common for baby girls to have a bleed related to hormonal withdrawal. It will last for a few days, and although harmless, can cause a lot of stress in parents.
- Visible orange/brown/red staining present in the nappy can indicate the excretion of substances such as calcium and urate crystals. This is normal.
- You should be concerned if you notice vaginal bleeding after the neonatal period (up to day 28) - or if your baby is showing other signs and symptoms of dehydration (being tired or pale).

### 'There is milk coming from my baby's breasts' or 'My baby has boobs'

- This is harmless and can occur secondary to maternal hormonal surges in the neonatal period.
- Both breast milk production and enlarged breast tissue will heal without any treatment over the first weeks of life.

- Reasons to be concerned included swelling, redness or pus, asymmetrical swelling or breasts enlargement beyond the neonatal period.

### 'I feel like I cannot cope'

- Parenthood can be a stressful and challenging time.
- It is common for new parents to experience a range of emotions including positive and negative feelings.
- Perinatal anxiety or depression is extremely common and affects around 100,000 families across Australia every year. As many as 1 in 5 new mothers and 1 in 10 new fathers will experience perinatal anxiety or depression.
- It is important to talk to someone about your feelings and do not feel ashamed about reaching out for help.

#### Remember:

Remember that there can be wide variations in 'normal' for newborn infants. Any concerns you have are valid, you know your baby best. This information is a guide only and if you are still concerned or uncertain after reading this information please visit your General Practitioner or Child and Family Health Nurse.

Other useful websites for information include:

- [schn.health.nsw.gov.au/fact-sheets](http://schn.health.nsw.gov.au/fact-sheets)
- [raisingchildren.net.au](http://raisingchildren.net.au)
- [breastfeeding.asn.au](http://breastfeeding.asn.au)
- [karitane.com.au](http://karitane.com.au)
- [tresillian.org.au](http://tresillian.org.au)