

Your newborn: A parent's guide

Calm your worries with this parenting primer explaining the many quirks of a new baby



Bringing baby home can be a scary prospect. Every little quiver, unexpected rash or erratic breath can send a new parent into a tailspin of worry: Is this normal? Why is she doing that? Should I take him to the doctor? Knowing what quirks to expect from your newborn can help ease your mind -- and keep you relaxed at home instead of worrying and waiting at the doctor's office.

1. Erratic breathing

Because a newborn's lungs are small, like everything else about him, his breathing may seem shallow. That's normal. And it's also normal for his breaths to be of varying lengths, including an occasional worrisome 10-second pause during which he doesn't breathe at all. Called periodic breathing, this pattern is entirely natural for the first few weeks. Newborns also make snuffling noises because they breathe through their noses.

2. Coughing and choking

The fluid that filled her lungs in the womb was mostly squeezed out during birth, but excess mucus post-delivery is normal. And babies have tiny nasal passages, which often require a cough or sneeze to clear.

3. Quivering chin

A newborn's nervous system is not yet fully mature. Shaking arms and legs and a deceptive, jerky smile are also normal movements, especially when the baby is drifting to sleep. They'll subside by three months.

4. Pain

Some parents worry that babies might suffer from the same discomfort that mothers endure during the final labour and delivery. But a mother's body hurts precisely because it is being stretched to accommodate the baby's birth, whereas, pain sensors on an emerging infant have demonstrated that the pressures of the birthing process are no more severe than the pressures on an adult's body just lying in bed.

This is not to suggest that infants don't feel pain. At the Hospital for Sick Children in Toronto, the analysis of videotapes and other records indicated that female infants and uncircumcised

male infants showed a higher tolerance for pain during vaccinations than their circumcised counterparts. As lead researcher on one study Dr. Gideon Koren said, "This demonstrates two important findings: It shows us that infants do, in fact, feel pain, and that the pain is not short-lived, as previously thought."

5. Birthmarks

There are different types of birthmarks. Some birthmarks will grow in the first six months, then recede. The best approach for a parent, dismayed to discover her baby doesn't have the unblemished skin she pictured, is to leave the birthmark alone. It will either fade at its own pace or hold fast, in which case little can be done anyway. If concerned, discuss it with your doctor.

Mongolian spots are a type of birthmark quite common in children of Asian, African, Native or Hispanic descent. They are dark blue to black patches of skin often found on the lower back and buttocks, but they can also be on the arms and legs.

6. Milia

These tiny whiteheads are caused by clogging of the newborn's immature oil glands. They'll disappear within weeks without treatment.

7. Maintaining body temperature

Newborns don't arrive with much insulating body fat, especially if they're preterm, so they do not hold their body temperature well at all. Their sweat glands are poorly developed, so they can't rely on this cooling mechanism. And they can't shiver efficiently, either, in an effort to warm up. What's more, a baby's skin is paper-thin, which makes it highly sensitive to sources of heat and cold. It is a parent's job, then, to protect her child from overheating and overcooling.

8. Hiccups

Hiccups in newborns are caused by a sudden irregular contraction of the diaphragm, and there's nothing you can -- or should -- do about hiccups. The incidence of hiccups generally decreases significantly when infants reach five or six weeks of age.

9. Fontanel

Fontanel, the soft spots where the sutures join the four bones of the infant's skull, allow the head to adopt a passage-friendly shape for its journey through the birth shaft, and they accommodate the tremendous growth of the brain during the first year. When a baby is born, he generally has two soft spots. Although parents are sometimes alarmed to discover the seemingly insufficient protection between the cruel world and these vulnerable spots on their baby's head, they needn't be. The membranous tissue that covers the soft spots is extremely tough.

Although the soft-to-hard transition varies from infant to infant, the posterior fontanel generally closes up by about three months; the anterior one disappears between 12 and 24 months. When you hold your baby upright, the anterior fontanel may appear a little sunken. If the baby is well, that depression is normal. In babies who have been ill, it may indicate some dehydration. When babies cry excessively, the fontanel sometimes bulge. When you touch or wash the fontanel, you needn't give it any more special treatment than you would your baby's tummy or feet.

10. Reflexes

Moro or startle: This is a neurological reaction that causes the arms to move outward and then come together in front of the body, a reflex brought about by sudden movements or noises or the withdrawal of head support. You can calm your newborn somewhat by swaddling her.

Rooting: The baby turns her head toward the stimulus, most often her mother's breast. Touching the baby's cheek or mouth will elicit this reflex.

Walking: If you hold your baby in a standing position with your hands under her armpits to support her weight and her feet on a flat surface, she will make stepping movements.

Sucking: When you touch her lips or the upper part of mouth, your baby will begin to suck.

Grasping: When you touch the palms of your newborn's hands, the stimulation makes her grasp your finger; if you touch the soles of her feet, she will curl her toes.

Babinski: When you stroke your finger up the side of her foot, your newborn's large toe curls up.

Swallowing: Babies are born knowing how to swallow.

Gagging: To protect a baby from choking while she's learning to feed, the gag reflex automatically expels an object from her throat.

Hand to mouth: If you stroke your baby's cheek, she will turn her head in the direction of the touch, bring her hand to her mouth and suck.

Tonic neck (fencer's reflex): If you turn your newborn's head to one side while she's on her back, she'll thrust her arm and leg of that side outward, while the opposite arm and leg flex.

Blinking: Your baby will instinctively close her eyes at a loud, nearby sound.

Withdrawal: In response to a painful stimulus on any body part, your newborn will withdraw.

A newborn will also lift her head if placed on her stomach, close her eyes in response to a bright light and turn her head away and flail her arms if you cover her mouth.