

Newborn Appearance



Vernix, peeling, baby acne, milia — all common, all self-resolving.



Swollen genitals and brief breast tissue are maternal hormones working through.



Yellow skin tone deserves a bilirubin check.

What's typical and self-resolving

- Vernix (waxy coating), peeling skin in the first weeks, baby acne, milia (small white bumps on nose and face).
- Stork bites, port wine stains, hemangiomas — most fade or resolve over time.
- Coned head from vaginal delivery — rounds out over days.
- Swollen genitals, brief breast tissue with possible discharge, pseudo-menses in baby girls — all from maternal hormone withdrawal.

Things that shift on their own schedule

- Posterior fontanelle (back soft spot) closes 6–8 weeks; anterior closes 9–18 months.
- Eye color often shifts in the first months.
- Occasional crossed-eyes in the early weeks usually resolve.
- Umbilical stump: keep it dry, falls off in 1–3 weeks.

When to call the pediatrician

- Yellow tone (jaundice) — common, but worth a bilirubin check.
- Persistent or spreading rash.
- Birthmarks that get raised, larger, or change rapidly.
- Cord stump still attached past 3 weeks, or any redness, drainage, or foul smell.

Gaux Note

Trust your gut for new concerns. Your pediatrician would so much rather see you for a false alarm than miss something — that's literally what they're there for.