HEALTH BASICS

Skin findings in newborns

A guide to common skin changes, rashes, colours, and birthmarks in newborn babies.

WHAT IT IS
Common changes, rashes, colours, and birthmarks on newborn skin

WHERE IT COMES UP
Newborn examinations, bathing, feeding, and diaper changes

WHY IT MATTERS
Some findings need monitoring or prompt medical assessment

WHAT IT IS NOT
Not a disease or single diagnosis

WHO TO ASK
Newborn clinician, midwife, or primary care service

HOW IT IS CHECKED
Skin examination; selected findings need bilirubin or other tests

Overview

Newborn skin findings are the colours, marks, bumps, and areas of peeling that may be seen during a baby's first weeks. They are not one disease or diagnosis.

A newborn's skin is adjusting to life outside the uterus. Many findings are harmless and disappear without treatment. These include peeling, tiny white bumps, temporary colour changes, and several common rashes.

Other findings can be signs of jaundice, infection, a blood or circulation problem, or a birthmark that needs monitoring. A clinician considers when the finding began, where it appears, how it changes, and whether the baby is otherwise well.

Skin findings can look different across skin tones. Redness may appear pink, red, purple, grey, or darker than the surrounding skin. Yellowing may be easier to notice in the whites of the eyes, gums, or under natural light. Visual checks alone cannot reliably measure jaundice.

How it works

Before birth, a baby's skin is covered by amniotic fluid. A waxy coating called vernix helps

protect it. Some vernix may still be present in skin folds after delivery.

A newborn's outer skin barrier is thinner and still developing. Water loss, rubbing, temperature changes, and contact with urine or stool can therefore affect the skin. Peeling is common, especially around the ankles, wrists, hands, and feet. Babies born after their due date may peel more.

Pregnancy hormones can temporarily affect a baby's oil glands. This may cause milia , which are tiny white bumps, or enlarged oil glands that look like pale yellow dots. These usually need no treatment and should not be squeezed.

Blood flow close to the skin also changes after birth. Hands and feet may briefly look blue or purple while the baby is cold, even when the lips and tongue remain pink. Mottled, lace-like colour may appear with temperature changes.

Several common newborn rashes reflect normal skin adjustment:

Birthmarks come from collections of pigment cells or blood vessels. Examples include congenital dermal melanocytosis, sometimes called slate-grey patches; salmon patches, which are flat pink or red marks; and infantile haemangiomas, which are growths made from extra blood vessels.

- Erythema toxicum causes scattered red or darker patches, sometimes with small pale bumps in the centre
- Transient neonatal pustular melanosis causes fragile small blisters or bumps that can leave temporary darker spots
- Heat rash develops when sweat becomes trapped, often in warm or covered areas
- Diaper dermatitis is irritation caused by moisture, friction, urine, or stool

Why it matters for your health

Most newborn skin findings are harmless, but their timing and pattern can provide useful information about a baby's health.

For example, congenital dermal melanocytosis can resemble bruising. Recording its location during the newborn examination helps prevent later confusion. A haemangioma near an eye, nose, mouth, or airway may need early assessment because its location can affect sight, feeding, or breathing as it grows.

Yellow skin or eyes may indicate jaundice , which happens when bilirubin builds up in the blood. Bilirubin is a yellow substance produced as red blood cells are broken down. Mild jaundice is common, but the bilirubin level sometimes needs to be measured with a skin device or blood

test. Yellowing that starts during the first 24 hours after birth needs prompt assessment.

Clusters of blisters, widespread pinpoint red or purple spots, or rapidly spreading redness can be associated with infection or blood-clotting problems. These findings matter more when a baby also has a fever, poor feeding, unusual sleepiness, or breathing difficulty.

The whole baby matters more than the appearance of one spot. A clinician may examine the mouth, eyes, temperature, breathing, circulation, and hydration as well as the skin.

What can go wrong

Jaundice can become significant if the bilirubin level rises too high. Looking at the skin cannot show the exact level. A bilirubin measurement may be needed, particularly when yellowing begins early, deepens, or spreads.

Bacterial skin infection , including cellulitis or infection around the umbilical cord, may cause warmth, swelling, tenderness, pus, or spreading redness. Newborn infections can worsen without producing dramatic skin changes.

Neonatal herpes can cause grouped blisters or open sores. Some affected babies have no obvious blisters, so poor feeding, marked sleepiness, fever, or seizures also require urgent assessment.

Petechiae are tiny red, purple, or brown spots caused by bleeding under the skin. A few may follow pressure during birth, but widespread or newly appearing spots can be related to infection, low platelets, or another bleeding problem.

Central cyanosis means that the tongue, lips, or central face look blue or grey because the blood may not be carrying enough oxygen. This differs from temporary blue hands and feet.

Infantile haemangiomas may enlarge during the first months. Those that grow quickly, break down, bleed repeatedly, or sit near important structures may need specialist assessment.

What you can do

Look at your baby's skin in natural light when possible. Notice when a finding began, whether it is changing, and whether it seems to bother the baby. A dated photograph beside a ruler can help document the size of a birthmark, but it does not replace an examination.

Do not squeeze milia or pustules. Avoid using antiseptics, steroid like prednisone or hydrocortisone creams, essential oils, or medicated products unless a clinician recommends them for your baby. Most harmless newborn findings need no test or treatment.

At routine newborn follow-up, ask about any mark that is growing, changing colour, or difficult to identify. Also ask whether a birthmark should be measured or photographed in the medical record.

Contact a newborn, maternity, or primary care service promptly if:

Call emergency services if the baby's lips or tongue look blue or grey, breathing is difficult, the baby has a seizure, or the baby is limp or cannot be woken normally.

- Yellowing appears during the first 24 hours or is becoming more noticeable
- Blisters, pus, spreading redness, or swelling develops
- A measured temperature is 38°C or higher in a baby under 3 months
- The baby feeds poorly, is unusually difficult to wake, or has fewer wet diapers
- New widespread red, purple, or brown spots do not fade under pressure
- A birthmark grows quickly, ulcerates, or affects an eye, nose, or mouth

Common questions

Does peeling mean my baby's skin is too dry?

Not usually. Peeling is a common part of newborn skin adjustment. Gentle bathing and avoiding fragranced products are often enough. Cracked, bleeding, inflamed, or widespread peeling should be assessed.

Should vernix be scrubbed off?

No. Vernix can be left to absorb naturally. During bathing, wash gently rather than scrubbing the skin or folds.

Can I tell whether jaundice is serious by pressing the skin?

No. Pressing the skin may make yellowing easier to see, but appearance cannot show the bilirubin level. If jaundice is suspected, a clinician may use a bilirubin meter on the skin or order a blood test.

Will a birthmark disappear?

That depends on the type. Some salmon patches fade, while congenital dermal melanocytosis often becomes less noticeable over time. Other marks may remain or grow. Ask what the mark is called and whether it needs monitoring.

Are small white bumps baby acne?

Not always. Milia and enlarged oil glands are common in newborns and can resemble acne.

Because several findings look alike, avoid squeezing or treating the bumps without advice.

Sources

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