PROCEDURE

Nail care for newborns

Newborn nail care uses filing or careful trimming to shorten sharp nails.

PURPOSE
Shorten sharp nails and reduce accidental scratching

PROCEDURE TYPE
Therapeutic bedside care using filing, clippers, or scissors

WHERE IT IS DONE
At home or at the bedside

ANAESTHESIA
None

HOW LONG IT TAKES
About 5 to 10 minutes

PREPARATION
Good lighting, clean tools, and a calm baby

RECOVERY
Immediate, with no driving or activity restrictions

MAIN RISKS
Skin cuts, bleeding, infection, and ingrown nails

RESULTS
Smoother, shorter nails immediately after care

Overview

Newborn nail care means shortening or smoothing your baby's fingernails and toenails. You can use a fine nail file, baby nail clippers, or baby nail scissors with rounded ends.

Newborn nails are soft, but they can be surprisingly sharp. They also grow quickly, especially the fingernails. Your baby does not yet have good control of their hand movements, so a sharp nail may scratch their face or catch on clothing.

Nail care is usually done at home without pain medicine. The aim is to remove only the part of the nail that extends beyond the fingertip or toe. It should not involve cutting the surrounding skin or the pink, attached part of the nail.

Why the procedure is performed

Nail care is performed when your newborn's nails become long, uneven, or sharp. Trimming or filing can make the edges smoother and reduce scratching.

A nail may need attention if it:

There is no need to follow a strict schedule. Fingernails often need care more frequently than toenails because they usually grow faster. Check them during routine bathing or dressing and shorten them when needed.

- Extends beyond the fingertip or toe
- Has a sharp or rough edge
- Catches on clothing
- Contributes to scratches on your baby's skin

Who should and should not have it

Most healthy newborns can have their nails filed or trimmed. It is routine personal care rather than treatment for a medical condition.

You do not need to trim a nail that is already short and smooth. Filing may be a better choice when the nails are very soft, closely attached to the fingertip, or difficult to distinguish from the surrounding skin.

Delay nail care if your baby is moving suddenly, crying hard, or cannot be held safely. Try again when your baby is calm or asleep. Poor lighting is another reason to wait.

Do not cut through skin that is red, swollen, draining fluid, or growing over the nail. Ask your healthcare team for advice if a finger or toe looks infected, injured, unusually shaped, or painful when touched.

If your baby is premature, receiving hospital care, or has a known bleeding or skin condition, ask the treating team how nail care should be handled. Hospital infection-control practices or your baby's medical needs may affect when and how it is done.

How to prepare

The treating facility's own instructions take priority if your baby is in hospital or receiving professional care.

At home, choose a well-lit place where you can support your baby securely. Gather a fine

emery board or clean baby nail scissors or clippers. Adult scissors and large clippers can be harder to control around very small fingers.

Wash your hands. Make sure the tool is clean and in good condition. Do not share nail tools with someone who has a nail or skin infection.

Nail care is often easiest when your baby is asleep, feeding calmly while another adult helps, or relaxed after a bath. Nails may be softer after bathing, so take extra care to separate the nail from the skin.

If possible, have another adult hold and comfort your baby while you manage one finger or toe at a time.

What happens during the procedure

Support your baby's hand or foot firmly but gently. Hold one finger or toe and press the soft pad slightly away from the nail. This helps create space between the nail and skin.

For filing, move a fine emery board gently across the sharp edge until it feels smooth. Avoid rubbing the surrounding skin.

For clipping or cutting, remove only the white or clear part that extends beyond the fingertip. Make small cuts rather than trying to remove the whole edge at once.

Fingernails can be shaped along their natural curve. Toenails are usually cut straight across rather than rounded deeply at the corners. This reduces the chance of a corner growing into the skin.

Do not cut nails extremely short. Never pull or peel off a loose edge because it may tear into the attached nail or skin. Biting a baby's nails is also best avoided because it is less precise and can introduce germs from your mouth.

Stop if your baby begins moving too much. You can finish the remaining nails later.

Recovery and what to expect afterward

Nail care should not be painful. Your baby may pull their hand or foot away because of touch or being held still, not necessarily because the procedure hurts. If skin was cut, the area may be briefly tender.

Your baby can feed normally before and after nail care. There are no restrictions on breast milk, formula, or other medically advised feeding.

Normal movement, bathing, sleep, and play can continue immediately. No special dressing is

needed when the skin is intact.

Because no sedative or anaesthetic is used, nail care does not affect an adult's ability to drive. You do not need to arrange a ride home.

Routine nail care does not normally require time away from work beyond the few minutes needed to complete it. If you stopped because your baby became unsettled, return to the remaining nails later.

Risks and possible complications

The main risk is accidentally cutting the fingertip or toe. Newborn nails can be difficult to separate visually from the skin, especially when they are very short.

If a small cut occurs, apply gentle, steady pressure with clean gauze or a clean cloth until the bleeding stops. Do not put a small adhesive bandage on your baby's finger because it may come off and become a choking hazard.

Other possible problems include irritation from filing too close to the skin, infection after a cut, or an ingrown toenail after cutting deeply into the corners.

Watch the area over the following days if the skin was injured. Increasing redness, warmth, swelling, discharge, or tenderness may indicate infection and should be assessed.

Results and follow up

The result is visible immediately: the nail should be shorter, with no edge that feels sharp or catches on fabric. Check that the surrounding skin has not been cut or pinched.

Routine follow-up with a healthcare professional is not required after uncomplicated nail care. Continue checking your baby's nails and file or trim them again when they become long or sharp.

Mention repeated nail splitting, unusual nail colour or shape, persistent swelling, or recurrent ingrown edges at a routine healthcare visit. These findings do not always indicate a serious problem, but they may need assessment.

Alternatives

A fine emery board is the main alternative to cutting. It offers more control and may be easier during the first weeks, but smoothing every nail can take longer.

You can leave short, soft nails alone until they extend farther from the skin. This avoids cutting too close, but sharp edges may remain and scratching can continue.

Soft, well-fitting mittens or clothing with fold-over cuffs can temporarily reduce scratching. They do not shorten the nails, may come off, and should be used with attention to fit and overheating. Regularly uncover your baby's hands so they can move and explore normally.

Biting or peeling the nails is not a safer alternative. It gives you less control over where the nail separates and may damage the skin or introduce germs.

When to call your healthcare team

Contact your healthcare team during routine hours if a cut is not healing, or if you notice increasing redness, swelling, warmth, tenderness, pus-like fluid, or an ingrown nail. Also ask for advice if you cannot safely distinguish the nail from the skin.

Seek urgent medical care if bleeding continues despite steady pressure, the cut appears deep, or part of the nail has been torn away.

A rectal temperature of 38°C or higher in a baby younger than 3 months needs prompt medical assessment, whether or not it follows nail care.

Call emergency services for heavy bleeding or if your baby becomes very pale, difficult to wake, or has trouble breathing. These are not expected effects of nail care.

Common questions

Will my baby be asleep?

Your baby does not need to be asleep, but sleep can make nail care easier because there is less sudden movement. A calm feeding time may also work if another adult can help hold the hand safely.

Can I drive home afterward?

Yes. Nail care uses no anaesthesia or sedative, so it creates no driving restriction. If it is performed in hospital, follow any separate instructions related to your baby's other care.

How painful is it?

Cutting or filing only the free edge of the nail should not hurt. Cutting attached skin or the pink part of the nail can cause pain and bleeding.

When will I know whether it worked?

You will know immediately. The nail edge should look shorter and feel smooth rather than sharp. Stop before the nail is flush with or below the fingertip.

Are clippers or a nail file safer?

A fine nail file may provide more control when nails are very soft or close to the skin. Baby clippers or rounded scissors are quicker, but require a clear view and a still finger or toe.

What should I do if I cut the skin?

Apply steady pressure with clean gauze or cloth until bleeding stops. Do not use a small adhesive bandage. Seek medical advice if bleeding continues, the wound is deep, or signs of infection develop.

Sources

- American Academy of Pediatrics. "Nail Care: Fingers and Toes." HealthyChildren.org
- Australian Government, Pregnancy, Birth and Baby. "Cutting your baby's nails." Healthdirect Australia
- Mayo Clinic. "How do I trim my newborn's nails?" Mayo Clinic Newborn Health
- National Health Service. "Washing and bathing your baby." NHS Newborn and Baby Guide