Is This *Normal?*

25 newborn things that look scary but are usually fine, and how to know when to call.

Emergency numbers for the US, Canada, UK, Germany, Malaysia and Singapore inside.

Nobody warns you that newborns grunt, shake, stop breathing for a few seconds and fill a diaper with black tar. Most of it is a brand-new body learning how to work. This guide helps you calm down when you can, and act fast when you can't.

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Educational information only. Not medical advice.

Do not wait on these

Call your emergency number now

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You can't wake your baby

Not moving, or very weak

A weak cry or no cry, and that's new

Struggling for each breath

New moaning or grunting with every breath

Bluish or gray lips, tongue or face

You think it's life-threatening

Your gut counts. If something feels wrong, call. No doctor will mind.

How to read the rest

- **Usually fine** What you may see, and why.
- **Call your doctor if** It stops being “probably fine”.
- **Act now if** Get care right away.

Your emergency number

tap to call

United States
Poison Control: **1-800-222-1222**
911

Canada
Health advice (most provinces): **811**
911

United Kingdom
NHS advice, not an emergency: **111**
999

Germany
On-call doctor, not an emergency: **116 117**
112

Malaysia
999

Singapore
NurseFirst, not an emergency: **6262 6262**
995

Somewhere else? Look up your local number now and save it in your phone.

Not sure if it's an emergency? Your doctor's after-hours line, or the advice lines above, can help you decide.

Take a screenshot of the “Start here” pages so they're one tap away at 3 a.m.

Get medical care right away

Rectal temperature of 100.4°F (38°C) or higher in a baby 3 months or younger. Don't give fever medicine first.

Hard to wake

Breathing stopped for more than 10 seconds

Too breathless to feed

Green vomit

A possible seizure

A rash that doesn't fade when pressed

Under 1 month and looks or acts wrong, such as a poor suck or poor color

Safe sleep, every sleep

On their back, for naps and at night. On a firm, flat surface in a crib or bassinet. Nothing else in there: no blankets, pillows, toys or bumpers.

ⓘ For full-term, otherwise healthy babies. If your baby was premature or has a medical condition, ask your care team what applies.

Sounds and breathing

Newborns are noisy

01–05

01 Breathing that stops for a few seconds

Usually fine Called periodic breathing. Pauses under 10 seconds, often followed by faster “catch-up” breaths, are normal if your baby looks comfortable. Breathing gets more regular over the first weeks.

Call your doctor if Breathing is fast or hard.

Act now if A pause lasts over 10 seconds: get care right away. Blue or gray color: call emergency.

02 Snorts, gurgles, whistles and grunts

Usually fine Air is moving past saliva, milk and dried mucus in very small passages.

Call your doctor if Breathing becomes hard.

Act now if A grunt with every breath: call emergency.

03 Sneezing all the time

Usually fine It's how a newborn clears dust and fuzz from their nose. It doesn't usually mean a cold.

Call your doctor if A blocked nose makes feeding hard and saline drops don't help.

SOUNDS AND BREATHING · CONTINUED

04 Hiccups

Usually fine Very common in the early days, and they don't bother most babies.

05 Whimpering and groaning while asleep

Usually fine Newborn sleep is not quiet. In light sleep they can whimper, cry out and groan without being awake.

Movements

A nervous system under construction

06–09

06 Arms flying out at any noise

Usually fine The startle (Moro) reflex. It fades slowly and is usually gone by about 4 months.

07 Trembling chin, arms or legs when crying

Usually fine Normal jitters from an immature nervous system. They should stop by 1 to 2 months.

Call your doctor if They get worse, or happen when your baby is calm and don't stop with sucking.

MOVEMENTS · CONTINUED

08 Sudden jerks while falling asleep

Usually fine Short twitches of the arms, hands or legs during sleep are usually normal.

Act now if The jerking happens while awake, or lasts over 10 seconds: get care right away.

09 A grip that won't let go

Usually fine The grasp reflex. Pull your finger away and the grip tightens. It disappears at about 5 to 6 months.

Good to know Never test it by lifting your baby.

Skin, eyes and body

What the first weeks can look like

10–20

10 Eyes that cross sometimes

Usually fine Babies have poor control of their eye muscles at first.

Ask at a check-up if It doesn't improve, or one eye always turns.

SKIN, EYES AND BODY · CONTINUED

11 Sticky eyes

Usually fine White or yellow goo in the corners is common while tear ducts develop.

Call your doctor if The eye is red or swollen, or the discharge is yellow-green.

12 Tiny white bumps on the face

Usually fine Milia. Pearly, firm little bumps that go away on their own.

13 Red blotches with a pale spot in the middle

Usually fine Erythema toxicum, a common harmless rash. It appears 1 to 3 days after birth and usually clears within a week.

Call your doctor if You see blisters, or your baby seems unwell.

14 Baby acne

Usually fine Caused by hormones left over from pregnancy. It usually clears in a few weeks. Plain water or mild baby soap is enough.

Good to know Don't use adult acne products.

SKIN, EYES AND BODY · CONTINUED

15 Dry, peeling skin

Usually fine Skin often turns dry and flaky after the second or third day.

16 Cold hands and feet, or blotchy skin

Usually fine Hands and feet are often cool, and skin can look blotchy in cool air. To check their temperature, feel their tummy or back.

Act now if The lips, tongue or face turn blue or gray: call emergency.

17 A blister on the top lip

Usually fine A sucking blister from feeding. It's normal.

18 Swollen chest, with or without a drop of fluid

Usually fine Boys and girls both get this from pregnancy hormones. It usually goes by 2 weeks.

Good to know Never squeeze it. That can cause an infection.

Call your doctor if The area is red, hot or tender, or one side swells much more.

19 Falling cord stump

Usually fine It dries, darkens and usually falls off within 1 to 3 weeks. Let it fall by itself.

Call your doctor if There's redness, swelling, foul yellow drainage or active bleeding, or it's still attached at 4 weeks.

20 Yellow skin

Usually fine Jaundice affects more than half of newborns and usually causes no problems.

Always mention it to your midwife or doctor.

Act now if It appears in the first 24 hours, or your baby is very sleepy, hard to wake or feeding poorly: call right away.

Diapers

Yes, you will start inspecting them

21–24

The diaper decoder



Black, sticky, like tar

Meconium. The first few days.



Then green

Usually not a cause for alarm.



Seedy yellow

Breastfed: loose, with little “seeds”.



Tan or yellow

Formula: no firmer than soft clay.



Pink or brick-red stain

First week: usually concentrated urine.

21 Black, sticky poop that looks like tar

Usually fine Meconium, your baby's first poop. It lasts a few days, then turns green, then yellow.

22 Seedy yellow or green poop, even watery

Usually fine Breastfed poop is often yellow, loose and full of little “seeds”. Formula poop is usually tan or yellow, no firmer than soft clay. Green isn't usually a cause for alarm.

Call your doctor if It's hard and dry, or has blood in it.

DIAPERS · CONTINUED

23 A pink or brick-red stain in the first week

Usually fine Usually very concentrated urine, often mistaken for blood.

Call your doctor if It persists, or your baby is wetting fewer than 4 diapers a day.

24 A tiny spot of blood in a baby girl's diaper

Usually fine In the first week, this usually comes from pregnancy hormones.

Call your doctor if You see blood after the first week.

Act now if There's also fever, vomiting or poor feeding: get care right away.

Crying

The one that gets to everyone

25

25 Crying that gets worse before it gets better

Usually fine Crying typically peaks at around 6 to 8 weeks and eases by 3 to 4 months. It says nothing about how good a parent you are.

Call your doctor if The cry is high-pitched or unusual.

Act now if It comes with any red flag from the “Start here” page.

If the crying becomes too much

1. Put your baby down on their back in a safe crib or bassinet.
2. Leave the room for a few minutes.
3. Breathe.
4. Call someone you trust.

Never shake a baby. Even a few seconds can cause lifelong harm.

Feeling overwhelmed is common, and asking for help is what good parents do.

Before you call, have this ready

- [ ] Your baby's age, in days or weeks
- [ ] Their temperature, and how you took it
- [ ] When they last fed, and how many wet diapers today
- [ ] What changed, and when it started

You're learning a whole new person. *So are they.*

More of what's really going on inside your baby

Short, calm explainers for the first weeks, on Instagram. Tell me in a DM what you want the next guide to cover.

Follow @Parenting4Beginners →

Save these in your phone

Your pediatrician	add to contacts
After-hours nurse line	add to contacts
Your emergency number	page 2

This guide is general educational information. It doesn't replace advice from your pediatrician, midwife or nurse, and it can't diagnose your baby. In an emergency, call your local emergency number (listed on the “Start here” pages). Numbers checked November 2026.

Sources: AAP HealthyChildren.org (newborn reflexes and behavior, baby's first days, fever, safe sleep, umbilical cord care); NHS Healthier Together (new baby: what's normal; babies cry, you can cope); NHS University Hospitals Sussex (bilious vomiting); MedlinePlus (hormonal effects in newborns, newborn skin, infant reflexes, cord care).