

# Baby's First Bowel Movements

The very first stool your baby passes doesn't smell bad. That's because the black, tarry-looking stuff, called meconium, is sterile. Until the intestines are colonized with bacteria, there's nothing to make poop stinky. Don't go bragging about your baby's odorless poop, however; bacterial colonization begins with the first feeding. Your newborn will most likely have his **first bowel movement some time in the first 24 hours of life**. When stooling takes longer than this, doctors look for problems such as intestinal blockages, an underdeveloped anus, or stool that is stuck, called a meconium plug.

Your newborn will continue to pass meconium over the first day or so, but if he is feeding well you'll notice that over a few days the stool goes from black to dark green to yellow in color. Breastfed babies usually pass poop that looks like Dijon mustard, watery with little whitish seedy looking bits. Formula-fed babies may have less watery stool, usually pasty in consistency and yellow or tan in color. Many parents get concerned if they see the stool is green rather than yellow. In truth, all earth tones are fine, from yellow to green to brown.

Whether your baby is breastfed or bottle-fed, hard or very dry stools may be a sign that she is not getting enough fluid or that she is losing too much fluid due to illness, fever, or heat.

Here are some other important points to keep in mind about bowel movements:

- Because an infant's stools are normally soft and a little runny, it's not always easy to tell when a young baby has mild diarrhea. The telltale signs are a sudden increase in frequency (to more than one bowel movement per feeding) and unusually high liquid content in the stool. Diarrhea may be a sign of intestinal infection, or it may be caused by a change in the baby's diet. If the baby is breastfeeding, she can even develop diarrhea because of a change in the mother's diet.
- The main concern with diarrhea is the possibility that dehydration can develop. If fever is also present and your infant is less than two months old, call your pediatrician. As much as anything else, if she simply looks sick, let your doctor know.

**The frequency of bowel movements varies widely from one baby to another and depends on formula vs breast milk feeding.** Many pass a stool soon after each feeding. This is a result of the gastrocolic reflex, which causes the digestive system to become active whenever the stomach is filled with food.

By three to six weeks of age, some breastfed babies have only one bowel movement a week and still are normal. This happens because breastmilk leaves very little solid waste to be eliminated from the child's digestive system. Thus, infrequent stools are not a sign of constipation and should not be considered a problem as long as the stools are soft (no firmer than peanut butter), and your infant is otherwise normal, gaining weight steadily, and nursing regularly.

If your baby is formula-fed, she should have at least one bowel movement a day. If she has fewer than this and appears to be straining because of hard stools, she may be constipated. Check with your pediatrician for advice on how to handle this problem.

There are 2 colors stool should not be. One is white. Stools the color of clay can be a sign of serious liver disease. The other is red. While blood in a baby's stool may simply have been swallowed at delivery or may result from mom's nipples bleeding, it's always wise to have a doctor check the baby out.

## Urination

**Baby should have at least six wet diapers per 24 hours (after day 4 for breastfed babies)**

Your baby may urinate as often as every one to three hours or as infrequently as four to six times a day. If she's ill or feverish, or when the weather is extremely hot, her usual output of urine may drop by half and still be normal. Urination should never be painful. If you notice any signs of distress while your infant is urinating, notify your pediatrician, as this could be a sign of infection or some other problem in the urinary tract.

In a healthy child, urine is light to dark yellow in color. (The darker the color, the more concentrated the urine; the urine will be more concentrated when your child is not drinking a lot of liquid.) Sometimes you'll see a pink stain on the diaper that you may mistake for blood. In fact, this stain is usually a sign of highly concentrated urine, which has a pinkish color. As long as the baby is wetting at least four diapers a day, there probably is no cause for concern, but if the pinkish staining persists, consult your pediatrician.

The presence of actual blood in the urine or a bloody spot on the diaper is never normal, and your pediatrician should be notified. It may be due to nothing more serious than a small sore caused by diaper rash, but it also could be a sign of a more serious problem. If this bleeding is accompanied by other symptoms, such as abdominal pain or bleeding in other areas, seek medical attention for your baby immediately.