The first time I (Beth) gave Sofia a bath, she was only beginning her second day. We still laugh when we look at her picture. She was having none of it and never has there been a child with a wider mouth or redder skin than our darling who was with every shred of her body screaming to make us stop. And we did—not fast enough for her—but for the next month we did not dare to immerse her again, struggling to keep her clean with quick swishes of a wash cloth and lotion before wrapping her back tight in the swaddle that was her safe haven from the world of water and soap. Imagine our horror when she was already 9 days old before we noticed the terrible bruise on her bottom. I was devastated and insisted that Ted return from his first day back at work immediately because I was sure we had done something terrible to hurt her. We stressed for a day, called my mother and sister, both experienced enough to know, endured their indictment that we must have set her down too hard; how could this have happened? She was twelve days old when we slinked to the doctor fearful that we would loose her for our gross acts of incompetence. She laughed the simple laugh of someone who has seen it all and began the education of parents who knew less than nothing about their daughter.

Mongolian Spots
by Beth Hall & Gail Steinberg

Mongolian Blue Spots are flat birthmarks with wavy borders and irregular shapes. They are common among people of Asian, East Indian, African and Latino heritage. They are seen in only 10% of European Americans but over 90% of people of color. Bluish gray to deep brown or black markings, they often appear on the base of the spine, on the buttocks and back, and even sometimes on the ankles or wrists. Mongolian spots may cover a large area of the back. The pigmented area has large concentrations of melanocytes (skin cells filled with melanin) and exhibits normal skin texture. They commonly appear at birth or shortly after birth and can look like bruises.

Benign skin markings, Mongolian spots are not associated with any illnesses, complications or risk factors. There is no known prevention and they generally fade in a few years and disappear by puberty, though they occasionally persist into adulthood. There is no need for treatment.

Well-meaning white people who have no experience with these markings on people of color have been triggered to make accusations of child abuse against adoptive parents. For this reason, it is important to be sure that both your child’s pediatrician and the caseworker that completes your post-adoption work record information on the presence on Mongolian spots. You can assist in the documentation of this information by taking snapshots of the spots and providing prints which can be included in your child’s file.