Diaper Rash

Diaper rash is any rash affecting the skin covered by a diaper. Other names for diaper rash are "diaper dermatitis" or "napkin dermatitis”.

WHAT CAUSES DIAPER RASH?

Diaper rash is usually caused by wetness and friction. The diaper area is covered by cloth or plastic-covered diapers and creates a damp and warm environment. This environment encourages the growth of bacteria and yeast, and increases irritation from urine (pee) and stool (poop). Urine and stool can cause even more irritation, and this leads to breakdown of the skin. Also the bacteria in the stool can break down the urine to free ammonia. This raises the pH of the skin and activates digestive enzymes (that are normally inactive in the acidic stool). Products used to clean the skin can sometimes add to the irritation. Once the skin under the diaper becomes irritated, germs like bacteria and yeast can infect the skin and worsen the rash.

WHO GETS DIAPER RASH?

Diaper rash is most common in newborns and infants, but anyone who needs to wear a diaper can develop this rash. About one-half of all babies develop diaper rash at some time during the first year or two of life. Diaper rash is most common between 9 and 12 months of age.
Diaper rash is more common when the child is having frequent bowel movements or diarrhea. An illness, a medication like an antibiotic, or a change in diet can cause changes in bowel movements.

PREVENTING DIAPER RASH

-Change diapers frequently. Change diapers more often to prevent skin contact with stool or urine. This includes checking diaper overnight and changing if wet or soiled. Be sure to clean stool out of skin folds.

-Use super-absorbent disposable diapers to keep the skin under the diaper as dry as possible.

-Sometimes babies are allergic to the dyes in diapers. If your baby gets a lot of rashes, try switching to a plain white, dye-free, disposable diaper.

-A daily short bath in lukewarm water helps to prevent skin breakdown. Use only gentle cleansers that are fragrance-free. Avoid bubble bath.

-You can return to daycare, the diaper rash cannot be spread to others.

Wipes

- Cleanse the skin gently rather than scrubbing. Do not overdo it! Too much cleaning can actually irritate the skin, particularly when harsh soaps or chemicals from wipes are involved.
- Soft cloths moistened with plain water are the gentlest because they do not contain chemicals. It is best not to use packaged diaper wipes while your baby has a rash.
- If you choose packaged wipes, choose wipes that are alcohol-free, fragrance-free, and free of essential oils.
- When changing diapers that only contain urine, simply pat the skin dry and reapply the barrier diaper cream. You do not need to clean the skin every time your baby pees.
- After bathing, pat skin dry, or use hair dryer on cool setting.

Barrier diaper creams, pastes and ointments

- A diaper cream, paste or ointment is called a barrier cream because it protects the skin from urine and stool. If you apply a diaper cream to your hand and wash your hand, you will notice the water beads up and does not get to your skin. In the same way, the diaper cream will protect your baby's skin from urine and stool.
- Choose only products that are fragrance-free.
- Apply thick amounts of a diaper cream to the skin to protect the area after every diaper change. You cannot use too much barrier cream. Put the cream on thick so that the urine or stool can never touch the baby's skin.
- You do not need to clean off cream left on the skin if the child has not stooled. When you change the diaper, if the diaper cream is still there and not soiled by stool, you don't have to wipe it all away. Remove as much poop and leave the cream on the skin. If there is a bit of poop on the cream, that’s is ok. Simply apply more cream on top. When the cream is soiled by stool, it can be gently wiped away with mineral oil on a cotton

ball followed by gently cleaning the skin with a soft cloth and warm water. It is very important to let the skin continue to heal underneath the cream and not rub off the new healing skin.

- Use the barrier cream as many times a day as possible.
- A cream or paste containing zinc oxide (thick and white) is often the best barrier. Examples of common diaper pastes are Desitin, CeraVe Bébé, Sudocream, Ihle's paste, Zincofax, Aveeno diaper cream, Penaten, Boudreaux's, Triple Paste, A&D Ointment, Aquaphor Diaper Cream.
- A plain white petroleum jelly or ointment is another good barrier that can be used on the top. Ointments suggested are Aquaphor, Vaseline, Petroleum Jelly, or Coconut oil.
- To wipe off the sticky diaper cream when the child is soiled, it helps to use mineral oil on a cotton ball.

TREATING DIAPER RASH

It is very important to stick with the treatment plan for at least a week or two, because diaper rashes take time to heal. Keep the urine and stool away from the skin in the diaper area. This is the most important part of treatment. The skin will heal if it is given a chance to.

-Allow airtime: As much as possible, leave bottom open to air and attach the diaper loosely at the waist to help with air exposure. If unable to provide diaper free time, even offering a few minutes without the diaper after a diaper change is helpful.

-If the bottom is very raw, soak in warm water for 10-30 minutes. Add ¼ cup of baking soda to the tub of warm as often as needed. Avoid washing with soap afterwards. Rinse with warm water as needed.

<u>Medicated creams</u>

- Common prescription creams for diaper rashes treat yeast like candida, bacteria like staph or strep, and redness.
- If your doctor prescribes a medicated cream to treat the diaper rash, apply it directly to the skin after cleaning the skin gently.
- Only use the medicated cream as often as your doctor tells you to. These usually need to be reapplied 2 or 3 times a day. If you are given a steroid

cream (such as hydrocortisone) you should not use it more than the doctor recommends: this cream is usually used for only a week or two.

WHEN TO SEE THE DOCTOR

Rarely, diaper rash can be associated with more serious conditions. Go see your primary care provider or a pediatric dermatologist if:

- The diaper rash is not improving after several days of careful attention to the instructions above.
- Blisters, pus bumps or open sores develop.
- There are bruises or evidence of bleeding in the area.
- The child is in significant discomfort.
- The rash is spreading to other parts of the body.
- Your child is losing weight, feverish or seems sick.