

Description

Keeping Baby's Skin Healthy: Supporting Parents

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Introduction

Skin maturation is a complex and dynamic process that continues until a child is at least two years old, and there is evidence that full-term infants' skin only begins the maturation process after birth, while premature babies' begin this development by weeks two to three of life.[1] Infant skin is thinner, contains fewer sebaceous (oil-producing) glands and undergoes more rapid desquamation (shedding or peeling of the outermost layer of the epidermis) than mature, adult skin,[2] and this immaturity makes newborn and older babies' skin more susceptible to dryness, injury, irritants and infections that could negatively impact their health and wellbeing.[1] Gentle skin care routines are the best way to keep babies' delicate skin healthy and manage common skin complaints, including dry skin, atopic dermatitis (eczema), nappy rash and cradle cap.

Dry skin and eczema

In the third trimester, the surface of a baby's skin becomes coated with a thick, lipid-rich, hydrophobic biofilm called vernix caseosa, which protects their skin from microbes, moisture loss and maceration caused by amniotic fluid.[3] Despite this protective coating, babies are still born with comparatively drier skin than adults,[2] particularly if they are born at an advanced gestation[4] and their vernix has been absorbed while they were in utero.

Dry skin remains a common complaint during an infant's early years because their immature skin contains lower concentrations of natural moisturising factors and surface lipids and is vulnerable to transepidermal water loss.[2] As a result, the integrity of their skin's protective barrier (stratum corneum) is susceptible to damage, and where infants have a family history of atopic dermatitis (eczema), their propensity for developing eczema is increased.[5]

Practice point 1:

Emollients can be used to care for dry and eczema-prone skin, but cannot prevent atopic dermatitis.

Cradle cap

Infant scalp seborrheic dermatitis (cradle cap) is characterised by scaly patches of white, yellow, pink or grey skin, depending on the ethnicity of the baby. It is benign, self-limiting and affects parts of the body that are densely populated by sebaceous glands.[6] It is thought that excessive sebum production in affected areas traps dead skin cells and disrupts desquamation.

Practice point 2:

Advise parents not to rub or scratch cradle cap to avoid breaking the skin and potentially introducing infection, and to consult a doctor if affected areas deteriorate, bleed, weep or become malodorous.

Nappy rash

Nappy rash affects one in four infants,[7] and typically presents in an infant's nappy area (lower abdomen, genitals, upper thighs, buttocks, lower back) as small, raised bumps (papules), fluid or pus-filled papules (pustules) and an erythematous rash. Urine and faeces cause nappy rash if they remain in contact with the skin for a prolonged time, so disposable nappies or the washable liners of cloth nappies should be changed whenever they become soiled or wet. Thorough cleansing of the nappy area, prophylactic application of barrier creams and minimising the time infants spend wearing overnight nappies is associated with a reduction in the incidence and severity of nappy rash.[8] **TPM**

Practice point 3:

Emphasise the importance of gently patting dry any folds of skin in the nappy area to prevent intertrigo (friction-induced erythema within skin folds).

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