

BABY SKIN GUIDE

Dr. Rakesh Newaj – Dermatologist

- 1. Describe a newborn's skin?** *(baby's skin is wrinkly, and will be covered in vernix ...)*
- 2. What is the Vernix and what does it do?** *(Vernix refers to the substance that coats a baby's skin inside the womb. This cheesy protective substance is secreted by your baby's sebaceous glands and is made up of oil and sloughed off skin cells. Its main benefits are its various antimicrobial properties, which help protect a new-born against a wide variety of infections. The prenatal functions of vernix include: " waterproofing, since vernix is highly unwettable; the facilitation of the skin formation in utero. During delivery, vernix acts as a lubricant. Postnatally, the vernix exhibits antioxidant, skin cleansing, temperature-regulating and antibacterial properties. ")*
- 3. A newborn's skin is so delicate – what are some of the things mums need to think about in terms of caring for their baby's skin at birth?** *(the first thing Mums need to decide after birth is whether they are going to leave the Vernix on or not, they need to think about when and how often to bath their baby, and cleaning the sensitive diaper area ...)*
- 4. Why do babies usually get bathed soon after birth?** *(to remove blood and amniotic fluid ...)*
- 5. Is there an alternative to bathing baby so that the vernix does not get removed prematurely?** *(yes, the baby can be left with its mother with the Vernix on until after the first feed, after which the baby can be wiped down with a soft cloth to remove any blood or amniotic fluid, being careful not to remove too much of the remaining Vernix)*
- 6. Are there any situations in which a baby MUST be bathed immediately after birth?** *(If the baby is covered in meconium (baby's first stools) it should be bathed right away to prevent any risk of meconium aspiration. Meconium aspiration syndrome (MAS, alternatively "Neonatal aspiration of meconium") is a medical condition affecting newborn infants. It occurs when meconium is present in their lungs during or before delivery. Meconium is the first stool of an infant, composed of materials ingested during the time the infant spends in the uterus. Meconium is normally stored in the infant's intestines until after birth, but sometimes (often in response to fetal distress) it is expelled into the amniotic fluid prior to birth, or during labor. If the baby then inhales the contaminated fluid, respiratory problems may occur.)*
- 7. Can Mums ask for the baby not to be bathed immediately?** *(Yes. When you have a baby, it's important to discuss your wishes with not only your physician,*

- but also your entire care staff at the hospital where you deliver your baby. Make sure your partner is aware of your wishes. The medical staff on hand should consider your wishes, but must ultimately do what is best for your baby's wellbeing)*
- 8. When is the best time to bath a newborn?** *(Studies suggest that baby's first bath should be delayed until at least twenty-four hours after birth)*
 - 9. What is the best way to bath a newborn?** *(Sponge / soft face towel baths until the umbilical cord stump falls off — which might take up to three weeks. This is recommended for the first couple of weeks after birth. Babies should be given a sponge bath only until the umbilical cord falls off and heals and if your child has been circumcised until that heals as well)*
 - 10. How often should babies be bathed?** *(If your baby is newborn, a bath once or twice a week is enough to keep him or her clean. Older babies can be bathed more often, keeping in mind not to dry out the skin. Between baths, wash your baby's face regularly, clean genitals and bottom after each nappy change, and wipe any muck off the skin.)*
 - 11. Is it necessary to bath a newborn with soap?** *(No, newborns are not very active, so warm water should be sufficient to clean them.)*
 - 12. What is the best way to clean a baby boy's uncircumcised penis?** *(In an uncircumcised penis, a fold of skin (foreskin) covers the head of the penis. If you choose not to have your son circumcised, simply wash his uncircumcised penis with water during each bath. There's no need to use cotton swabs or special cleansers. Treat the foreskin gently, being careful not to pull it back forcibly. Consult the doctor if your son seems to have discomfort while urinating — especially if the foreskin fills with urine or balloons out during urination — or the foreskin becomes red, itchy or swollen.)*
 - 13. What is the best way to clean a baby girl's genitals?**
 - 14. What is the best way to clean baby's umbilical stump?** *(A LOT OF CONTROVERSY AROUND THIS – EXPERTS TO PROVIDE CLARITY.)*

Dr. Rakesh Newaj – Dermatologist

- 1. Why do some babies have more Vernix on their skin at birth than others?** *(If your baby is born full-term, he or she will probably be only partially coated with vernix. When the lungs are developed, they release a chemical that triggers the production of more amniotic fluid. It's interesting to note that the vernix layer begins to disengage at this point, which is why pre-term babies tend to be covered with vernix, while full-term babies have less.)*
- 2. What factors apart from meconium being present will determine whether a baby should be bathed sooner than later?** *(Baths are sometimes given based on the baby's condition. For instance, if their temperature is of a certain range, they get a bath sooner than later. If not, they wait on the bath because of the danger it*

may pose to the baby. Early bathing of the baby removes vernix, which contains antimicrobial proteins that are active against group B streptococcus and E. coli. Delaying the bath and keeping the newborn together with his or her mother until breastfeeding is established may prevent some cases of devastating infections caused by these bacteria.)

- 3. What are the dangers of bathing your baby too often?** *(Bathing your baby more than several times a week can dry out his or her skin. Soaking in a tub of sudsy water can also lead to urinary tract infections, especially in girls.)*
- 4. When is it fine to start using soap on baby skin?** *(Baby wash is the safest product to use for cleaning your child for the first 12 months. Skincare products formulated for babies are nontoxic and they don't contain the dyes, deodorants, and alcohol that adult products do. Some harsh ingredients can be irritating to a baby's skin (causing a reddish rash following a bath), plus babies don't need the deep lathering effects that adult soaps provide.)*
- 5. Which types of soap products are best for baby skin?** *(Choose a mild, non-perfumed soap or a pH neutral liquid baby bath product. If your baby's skin is dry or irritated, you could add a little bath emollient to the water. Using emollient can make your baby's skin slippery, so keep a gentle but secure grip on baby whilst bathing.)*
- 1. What are the common baby skin conditions?** *(Baby skin is very delicate and a number of things can affect them. Some babies are born with birthmarks. Other conditions include cradle cap, milia, eczema, Roseala, heat rash, nappy rash...)*
- 2. What are birthmarks?** *(Birthmarks are blemishes on the skin that are noticeable at birth, or shortly afterwards. A significant proportion of newborns have a vascular birthmark - a red, pink or purple blemish that is caused by abnormal blood vessels under the skin. Some babies are born with pigmented birthmarks; these are usually brown and are caused by the clustering of pigment cells. Contrary to their name, birthmarks aren't always present at birth. Some, such as a haemangioma, develop weeks later. And though most are permanent, a few types of birthmarks fade as a child grows.)*
- 1. What causes birthmarks?** *(Nobody really knows what the causes of birthmarks are. Experts say that vascular birthmarks are not hereditary. Birthmarks are less common in Asian people, compared to individuals from other parts of the world.)*
- 2. When should Mums worry about a mark?** *(Most birthmarks are harmless, but some may require treatment for cosmetic reasons or because of rapid growth. Still others may be a sign of an underlying disease. The birthmarks that deserve the most attention are the haemangiomas, which aren't really true birthmarks, since they are often not present at birth, but appear in*

infancy. These strawberry-colored marks are especially worrisome if they occur near the eye, where they can cause astigmatism or even interfere with vision. Haemangiomas can be quite unsightly and cause tissue distortion if they grow high off the skin. They can also cause problems underneath the skin.)

- 1. What is cradle cap?** *(If your baby's scalp has flaky, dry skin that looks like dandruff, or thick, oily, yellowish or brown scaling or crusting patches, it's probably cradle cap. Doctors call it infantile seborrheic dermatitis, and it's very common)*
 - 2. Is cradle cap evident from birth?** *(No ... generally from 6 weeks.)*
 - 3. How should Mums treat cradle cap?** *(Gently massage your baby's scalp with your fingers or a soft brush to loosen the scales. Shampoo (baby shampoo) more frequently (up to once a day), but be sure to rinse out all the soap or shampoo. After shampooing, gently brush your baby's scalp with a soft brush or a terrycloth towel. Some parents have had success using baby shampoos developed especially for cradle cap.)*
-
- 1. How serious is cradle cap?** *(Cradle cap isn't cute, but it's harmless. It shows up most often in the first few months of life and usually clears up on its own in about six to 12 months – although some children have it for longer. Cradle cap isn't contagious. And it probably doesn't bother your baby at all, although if it gets severe it might itch.)*
 - 2. Take us through some of the other new born skin conditions?** *(Milia are tiny white bumps that most commonly appear across a baby's nose, chin or cheeks. Although milia can develop at any age, these tiny white bumps are common among newborns. In fact, up to half of all babies develop milia. You can't prevent milia, but the good news is that milia will usually disappear on its own in a few weeks. The best treatment for milia is usually none at all. Heat rash looks like dots or tiny pimples. In young children, heat rash can appear on the head, neck, and shoulders. The rash areas can get irritated by clothing or scratching, and, in rare cases, a secondary skin infection may develop. Heat rash can usually be identified by its appearance and does not usually require medical attention. But if it doesn't go away after 3 or 4 days, or if it appears to be getting worse, or if your child develops a fever, contact your doctor right away)*
-
- 1. What is heat rash?** *(Heat rash is a red or pink rash usually found on body areas covered by clothing. It can develop when the sweat ducts become blocked and swell and often leads to discomfort and itching.)*

2. **What is nappy rash?** (*Nappy rash occurs when the skin around the baby's nappy area becomes irritated. This is often caused by prolonged exposure to urine or stools, but can sometimes be the result of a fungal infection. You can usually reduce nappy rash by taking simple steps to keep your baby's skin clean and dry, and using a barrier cream if needed. Antifungal cream may be necessary if the rash is caused by a fungal infection*))

((Dr. Rakesh Newaj – Dermatologist

1. **What factors contribute to baby developing a rash?** (*heat, sweat, prolonged exposure to urine or poop, a virus, bacteria, an allergy, insects/mites*)
2. **What does it mean if baby develops a fever and a rash together?** (*There are a couple of possibilities. A fever can be a sign that something is wrong so if a fever persists always have it checked out – especially if a rash is also present. One possibility could be baby roseola*)
3. **What is Baby Roseola?** (*Roseola is a fairly mild and common viral illness that usually strikes children between 6 months and 3 years of age. It's caused by a kind of herpes virus, although not the type that's sexually transmitted. It's possible to have the virus without having noticeable symptoms. In fact, roseola usually starts with a sudden, relatively high fever, often over 103 degrees Fahrenheit. The fever typically lasts three to five days and may end abruptly, followed by the telltale rash. The rash may last for days or only hours. The rash is pink and may have small flat spots or raised bumps. These spots may have a lighter "halo" around them and will turn white if you press on them. The rash isn't itchy or uncomfortable, and contact with the rash itself doesn't spread the illness. It usually shows up on the trunk and neck, but can extend to the arms, legs, and face.*)
4. **Baby Roseola can cause fever-induced seizures. Tell us about this?** (*About 10 to 15 percent of children with roseola have a febrile seizure. A febrile seizure, also known as a fever fit or febrile convulsion, is a convulsion associated with a significant rise in body temperature. If this happens, your child may become unconscious and jerk his arms, legs, or facial muscles for two or three minutes. He may also lose control of his bladder or bowels. Although frightening, fever-induced seizures in young children are seldom serious or harmful. If you can, try to time the length of the seizure. Your child's doctor will want to know how long the episode lasted.*)
5. **When should Mums be worried about a fever and a rash presenting simultaneously?** (*If the rash is accompanied by high fever, breathing difficulties, vomiting, or reduced general health (when the child is not acting right), take your child to see a doctor*)
6. **What is a viral rash?** (*A viral rash is any rash caused by a virus. Some examples are chickenpox and measles. Many viral infections can cause a rash in addition to*

other symptoms. Rashes are very common with viral infections, especially in young children. It is very important to make sure the rash is not part of a serious infection - e.g., meningococcal infection. If you have any concerns then you should contact your GP immediately.)

7.

- 1. What are the different types of rashes that are common amongst babies and infants?** (*heat rash, nappy rash, viral rashes like measles, chickenpox & slapped cheek syndrome*)
- 2. What is slapped cheek syndrome?** (*Slapped cheek syndrome usually affects children aged between 6 and 10 MONTHS?. Most cases develop during the late winter months or early spring. Slapped cheek syndrome is caused by a virus called parvovirus B19. Parvovirus B19 is an airborne virus that is spread in much the same way as the cold or flu viruses. It can be spread through coughs and sneezes that release tiny droplets of contaminated saliva which are then breathed in by another person. In children, the most common symptom is the appearance of a distinctive bright red rash on the cheeks. This is how the condition got its name. Most cases of slapped cheek syndrome can be diagnosed by examining the rash. Usually, no further testing is necessary in children. Most children will not need treatment as slapped cheek syndrome is usually a very mild condition that passes in a few days. Occasionally it can last up to four or five weeks. Symptoms such as headaches, high temperature or itchy skin can usually be treated with over-the-counter medications such as paracetamol and antihistamines.*)

Dr. Rakesh Newaj – Dermatologist

The food we eat, the skin products we use, the environment around us – it all affects our skin. Along with the usual suspects some babies also have to contend with allergic sensitivity or Eczema!

((Dr. Rakesh Newaj – Dermatologist

- 1. What is eczema?** (*Typically, eczema causes skin to become itchy, red, and dry -- even cracked and leathery. Eczema can appear on any part of the body.*)
- 2. What are the symptoms?** (*symptoms include red, scaly, dry patches of skin, especially on the face and in the bends of the elbows and knees*)
- 3. What causes eczema?** (*Certain genes can make some people have extra-sensitive skin. An overactive immune system is thought to be a factor as well. Also, defects in the skin barrier contribute to eczema. These defects can allow moisture out through the skin and let germs in. Eczema is a genetic condition in families. A major risk factor is having relatives who have or had: eczema; asthma and/or seasonal allergies such as hay fever. It's isn't clear why, but children born to*

- older women are more likely to develop eczema than children born to younger women.) is it genetic?*
- 4. What are the triggers?** *(Contact with irritating substances such as woolen and synthetic fabrics and soap, heat and sweat, Cold, dry climates and Dry skin, perfume, makeup, dust and sand, chlorine, solvents, irritants in the environment, cigarette smoke)*
 - 5. Is eczema contagious?** *(Eczema is not contagious. You or your children can't catch eczema by coming in contact with someone who has it.)*
 - 6. If a baby has eczema, will they have it all their life?** *(Fortunately, most children outgrow the itchy irritation of eczema before school age. A small number of kids will have eczema into adulthood. Remissions do happen and can last for years, though the tendency to have dry skin often lingers.)*
 - 7. How can mums treat eczema at home?** *(Taking care of your baby's skin is the first step to managing infant eczema, especially when the condition is mild. Try: # Moisturizers. A moisturizer containing ceramides is the best option for treatment. These are available over-the-counter, as well as by prescription. Otherwise, a good moisturizer, fragrance-free cream, or ointment such as petroleum jelly, when used daily, will help your baby's skin retain its natural moisture. Apply immediately after a bath. # A lukewarm bath. This helps hydrate and cool the skin, and may lessen itching. Speak with your doctor about using an antihistamine to relieve your baby's itchy skin. # Topical steroids. Over-the-counter steroids like hydrocortisone creams and ointments can help lessen the redness and inflammation of a baby's eczema, when used as directed. Though these creams are safe, they can lead to thinned skin and other issues if applied for too many days to the same part of the body, so always check with your doctor. Other topical treatments are available by prescription to ease inflammation. One of the keys, though difficult, to treating infant eczema is to prevent your baby from scratching – make sure baby's nails are short and maybe put mittens on baby's hands. Scratching can make the rash worse, lead to infection, and cause the irritated skin to get thicker and more leathery.)*
 - 8. When should Mums seek medical advice?** *(At the outset. Don't just assume your baby has eczema -- get a medical diagnosis first. This not only eases your mind; it can help you treat your baby's eczema more effectively.)*
- 1. What causes allergies?** *(family history plays a big role, and immune deficiency can also make individuals more susceptible to allergic sensitivity)*
 - 2. Is eczema an allergic reaction?** *(Eczema is NOT an allergic reaction. But it does occur most frequently in people/children with heightened allergic sensitivity. A large number of children who have eczema also have food allergies. That DOESN'T mean that certain foods such as dairy, eggs, and nuts -- common food*

- allergy triggers in children with eczema -- cause it or make it worse. Consult a doctor before removing foods from your child's diet).*
- 3. What is a food allergy?** *(A food allergy occurs when your immune system responds defensively to a specific food protein that, in reality, is not harmful to the body. The first time you eat the offending food, the immune system responds by creating specific disease-fighting antibodies (called immunoglobulin E or IgE). When you eat the food again, the IgE antibodies spring into action, releasing large amounts of histamine in an effort to expel the "foreign invader" from the body. Histamine is a powerful chemical that can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system.)*
 - 4. How can food allergies affect a baby's skin?** *(Doc to explain ...)*
 - 5. What are the symptoms of an allergic reaction?** *(Symptoms can include a tingling sensation of the mouth, swelling of the tongue and throat, hives, skin rashes, vomiting, abdominal cramps, difficulty breathing, diarrhea, a drop in blood pressure, or even a loss of consciousness. Severe reactions -- called anaphylaxis -- can result in death.)*
 - 6. How are allergic reactions treated in babies?** *(The immediate symptoms are treated with an antihistamine but in the long run the allergen must be identified and eliminated as far as possible from the diet or skin contact).*
-
- 1. What are some of the common foods that cause baby allergies?** *(There are eight foods that cause over 90% of food allergies in children -- milk, eggs, peanuts, wheat, soy, and tree nuts (such as walnuts, pecans, and almonds, pet hair, dust, pollen, insect bites).*
 - 2. What is the best way for Mums to identify an allergen or trigger?** *(Keep a food diary, or a general health diary noting what your baby eats, how often they sleep, when symptoms present. Also try the process of elimination until the symptoms stop – this is a long process as the specific element needs to be removed for a long time and then reintroduced suddenly for a significant reaction to be seen.))*
-
- 1. What is the best sun protection for babies?** *(Staying out of the sun for the first six months is the best protection, after that they become more active and sunscreen is necessary)*
 - 2. Which sunscreen should mums choose?** *(When choosing baby sunscreen, pick a broad-spectrum sunscreen with an SPF of at least 15. Apply generously and reapply every two hours. Also make sure the sunscreen protects against both UVA and UVB rays)*

3. **When should you mums use sunscreen?** *(Every day – make it a part of your baby’s skin routine after he age of six months. The sun can cause skin damage without you realizing it – it penetrates through your car’s windshield, UV rays still reach your baby’s skin even when they are in a shaded stroller/pram or playing inside in a sunny patch).*
1. **Which is more advisable for baby, sunblock or sunscreen?** *(..Sunscreen...)*
2. **Why?** *(Sunblock can cause allergies in baby. Zinc oxide and titanium dioxide sit on top of the skin, forming a barrier against the sun's rays. Sunscreens with zinc oxide or titanium dioxide start protecting as soon as you put them on. Chemical products, on the other hand, need to be slathered on 15 to 30 minutes in advance to give the skin time to absorb them. They may cause irritation or allergic reactions because the skin absorbs the active ingredients. If you do use a chemical-based sunscreen, do a patch test first to make sure your child won't have a reaction to it. Apply a small amount to the inside of the upper arm. If your child develops a rash or redness at the site by the next day, choose another formula instead.)*
1. **It’s advisable for babies to start wearing sunscreen from 6 months onwards. What other measures can mums use to protect younger babies from the sun?** *(Sunscreen is OK to use on babies 6 months or older. Younger babies should use other forms of sun protection like protective clothing. Also avoid exposing your baby to the sun during peak hours — generally 10 a.m. to 2 p.m.)*
2. **Is it myth or fact that darker skin types don’t need sun protection?** *(Myth – all skins types need to protected from the sun)*
1. **Mums tend to worry too much – top tip for reacting to a skin condition.** *(Don’t panic, assess the symptoms, monitor the symptoms over a day or two, and follow your instincts. When in doubt go to a doctor – if it’s nothing it’s nothing, if it’s something, at least you didn’t leave it))*

There you have it Mums! Your baby’s skin is bound to take one or two knocks in the first year, but there’s no reason to panic. Thank you to our experts for sharing their valuable advice.