

Nappy rash

What is nappy rash?

Nappy rash (also called *diaper dermatitis*) is a red, irritating skin rash corresponding to the area covered by the nappy. It affects the genitals, buttocks, groin and thighs, but usually spares the creases not in contact with the nappy.

Who gets nappy rash?

It is found in children up to 2 years old and has a peak incidence from 9 to 12 months. Most children will develop nappy rash at some stage of infancy with an estimated 50% having a significant problem.

What are the symptoms?

The skin is red, spotty and moist. It is irritated when urine is passed, and so causes the baby to cry.

What causes nappy rash?

It can be a common presentation of an underlying skin disorder such as seborrhoeic dermatitis, atopic dermatitis (eczema) or psoriasis. It is basically caused by excessive contact of the skin with urine or faeces. It is common—most babies have nappy rash at some time, but the skin of some babies is more *sensitive* than others. The appearance of nappy rash does not mean that the carer/s have been neglectful.

The main cause is *dampness* due to urine and faeces, especially from a chemical formed from the urine in the nappy. *Candida albicans* (thrush), which is a yeast (fungal) infection, almost always grows on the damp skin and needs to be treated.

Other causes or aggravating factors are:

- infection, especially monilia (thrush)
- a tendency of the baby to eczema
- a tendency of the baby to seborrhoea
- rough-textured nappies
- detergents and other chemicals in the nappies
- plastic pants (aggravate wetness)
- excessive washing of the skin with soap
- too much powder over the nappy area
- teething, which appears to make it worse.

What is the treatment?

1. Keep the area dry. Change wet or soiled nappies frequently and as soon as you notice them. Disposable nappies are quite suitable.

2. After changing, gently remove any urine or moisture with diluted sorbolene cream or warm water.
3. Wash gently with warm water, pat dry (do not rub) and then apply any prescribed cream or ointment to help heal and protect the area. Lanoline or zinc cream applied lightly will do. Stoma adhesive powder is an excellent protective substance.
4. Expose the bare skin to fresh air whenever possible. Leave the nappy off several times a day, especially if the rash is severe.
5. *Do not wash in soap or bath too often*—once or twice a week is enough.
6. *Avoid powder and plastic pants.*
7. Use special soft nappy liners that help protect the sensitive skin.

How to care for cloth (non-disposable) nappies

1. Rinse soiled nappies immediately in cold water and rinse out any disinfectants or bleaches used *before* washing.
2. Wash the nappies in a normal hot wash in the washing machine.
3. Make sure the nappies are rinsed to remove chemicals used and *then* dried.

Medication

For persistent nappy rash, your doctor will usually prescribe a mixture of mild cortisone cream and an antifungal cream to treat the thrush. Antifungal creams such as miconazole (e.g. Daktarin, Daktozin) or cotrimazole (e.g. Clonea) can be brought without prescription. Such creams can be mixed with an equal amount of cortisone cream and applied four times a day after nappy changes. A soft skin moisturiser such as Vaseline or a mixture of zinc oxide and castor oil should be used to keep the skin lubricated.

Key points

- Keep the skin dry.
- Expose the skin to air and sunlight where possible.
- Use protective creams.
- Do not use soap or plastic covers.
- Do not bath the baby too much.
- Visit your doctor if the rash is not responding after 4 days.