

Skin Deep

By Cari Jackson

Infant skin conditions are common and mostly minor, but it's still important to understand them and treat them correctly for your baby's health.

Parents may be surprised when their lovely newborn develops any number of rashes and skin conditions. A majority of these conditions are relatively harmless and clear up on their own or with appropriate treatment. Knowing which ones can be cause for concern can save you worry in the long run.

Birthmarks

Most birthmarks are not dangerous. Some develop after birth, some fade, and some are permanent. Patricia Treadwell, M.D., FAAP, professor of pediatrics and dermatology at the Indiana University School of Medicine and former chair of the American Academy of Pediatrics Section on Dermatology, advises that you consult your doctor if you notice that a birthmark develops “knots” or is growing rapidly. “Red birthmarks, or hemangiomas, around the eye or that develop sores also require attention,” she says.

Milia and Baby Acne

Many babies are born with milia — pearly white bumps on the nose, chin, or cheeks caused by skin flakes trapped near the surface of the skin. Baby acne, on the other hand, appears as more pronounced red or white bumps on the forehead or cheeks. Baby acne develops within the first three to four weeks due to hormonal changes that stimulate oil glands. Rarely, baby acne may signal a hormonal problem.

Both conditions usually clear up on their own — milia within a few weeks, baby acne within a few months. Simply wash your baby's face with water and a mild baby soap daily, avoid lotions or oils, and never pinch or scrub the bumps. If baby acne doesn't clear up within three months, tell your pediatrician.

Cradle Cap

Cradle cap shows up most often in newborns. Yellow, crusty, or greasy, scaly patches mark this condition. It is not contagious and usually clears up on its own.

Sun Sense

Your baby's skin is very sensitive to the sun's rays, so it's important to take precautions when taking your baby outdoors. Dr. Treadwell recommends:

- Always cover your baby's skin with loose fitting, tight-weave clothing and wide-brim hats.
- "When taking an infant to the beach, remember the sun can be reflected from the sand and it's strongest from 10 a.m. to 4 p.m.," warns Dr. Treadwell. "Seek as much shade as possible."
- Use physical sun blocks (titanium dioxide or zinc oxide) and sunscreens that indicate broad-spectrum (both UVB and UVA) coverage.

If you choose to treat cradle cap, shampoo your baby's hair daily with a mild baby shampoo. Loosen the scales with a soft-bristle brush before rinsing. If the scales are stubborn, rub a few drops of mineral oil onto the scalp, let sit, and then brush and shampoo the baby's hair. If cradle cap persists, your pediatrician may recommend an adult dandruff shampoo.

Diaper Rash

Diaper rash affects more than half of infants and occurs most often between 8 to 10 months, when babies start to eat solid foods. Culprits include chafing, prolonged contact with urine or stool, yeast infections (sometimes caused by antibiotics), or a reaction to diaper material.

To prevent diaper rash, change soiled diapers promptly. Clean your baby's bottom with gentle baby wipes or use a squirt bottle of water to keep from rubbing too much; pat dry and consider applying a small amount of petroleum jelly (talcum powder can cause breathing problems). Use soap only when stool won't come off easily. Avoid using rubber pants and keep your baby's diaper loose (but not too loose), especially at night.

To treat diaper rash, apply a thick layer of zinc oxide or petrolatum, which should be left on at each diaper change rather than rubbing hard to remove it. Expose your baby's bottom to air as much as possible. Talk with your pediatrician if there is any bleeding, if you notice pus-filled sores or if the rash does not go away within 48 to 72 hours.

Yeast infections also cause diaper rash. This condition appears as a bright red rash, possibly with red dots, in the diaper area, or anywhere your baby's skin touches other skin. Your pediatrician can prescribe a antifungal skin cream to treat it.

Dermatitis

Eczema, or atopic dermatitis, is a chronic condition diagnosed most often in children with a family history of the condition or other allergies. At two- to six-months old, a baby may develop this condition as itching, redness, and small bumps on the cheeks, forehead, or scalp. Left untreated, it will spread to the arms and trunk. Later in childhood, it may appear scallier and more often at the elbows, knees, wrists, and ankles.

Sixty percent of babies who have it will outgrow it. The condition can be treated successfully, but there is no cure for it.

If your pediatrician suspects atopic dermatitis, he or she may arrange for a dermatologist to examine your child. Dr. Treadwell recommends avoiding long, hot baths and moisturizing frequently (with an unscented cream) to help control the condition. Doctors also may recommend non-steroidal or steroid creams and antihistamines for itching.

Contact dermatitis occurs when baby is exposed to potentially irritating substances such as bubble baths, rough fabrics, or even a child's own drool. It usually clears up when the irritant is no longer present. If a child is allergic to a substance, such as shoe glue, clothing dyes, or nickel jewelry, dermatitis will appear within several hours of contact.

A mild cortisone ointment may work well for treating contact dermatitis. For oozing or extreme itching, use a lukewarm compress on the area. A child may need antihistamines for itching and antibiotics if the skin becomes infected. Alert your pediatrician if the rash is severe or worsening or if it is not responding to treatment or if you're not sure it's contact dermatitis.

Roseola

Roseola is a type of viral infection that is so common that almost all children contract it before they enter kindergarten. Within two weeks of exposure to this particular virus, roseola is notorious for starting out with a sudden, high fever that lasts for three to seven days. When the fever goes away, a splotchy rash often appears and spreads from the abdomen to the rest of the body.

Like just about all common childhood viral infections, it is best to keep infected children away from others while febrile or ill. Plenty of clear fluids to drink and lukewarm sponge baths, acetaminophen, or ibuprofen can all help make children with roseola more comfortable and reduce fever. Complications are rare, but could include seizures or, in children with weakened immune systems, encephalitis.

"So long as your child eats or plays fairly normally when the temperature subsides, parents don't need to worry," says Dr. Treadwell. "If the temperature drops, and your child continues to act ill, the illness could be serious."

A Gentle Touch

Dr. Treadwell's remaining advice for taking care of your infant's skin is simple: "Treat the skin gently and if there is a reaction to a substance, avoid it," she says. One good idea: Use products labeled for sensitive skin, which tend to have fewer additives.

Following that advice throughout childhood can help ensure beautiful skin for life. ●