

COMMON INFANT SKIN RASHES

Babies have very different skin to that of adults; it is much thinner, has less hair and is less firmly attached than adult skin. As an infant's skin barrier does not fully develop until they are at least one year of age, it means that it is more permeable and reactive.

It is quite common for babies to develop rashes from as early as a few days old as their skin starts to adapt to its new environment. Most of these rashes are harmless and go away on their own. However, if the rash is accompanied by a fever, your baby is unwell, or you are worried, we recommend you see your GP.

Baby 'acne'



(Source: <https://commons.wikimedia.org/wiki/File:Babyakne.jpg>)

Pimples can appear on a baby's nose, cheeks and forehead during the first month. Hair follicle pimples (pityrosporum folliculitis) frequently peaks around 6-weeks of age and generally clears on its own. It is related to a normal skin yeast (not related to diet).

Acne is another condition that can affect babies, usually related to hormone changes that occur in mother during pregnancy. It can present with blackheads and pimples. It may appear worse before it starts to improve. Gentle washing with tepid water and avoiding greasy moisturisers may help. The pimples are not itchy and do not seem to bother the baby. If pimples or "blackheads" appear after 3-months of age, if there are signs of infection, or if you are concerned, seek medical advice.

Milia



(Source: [https://commons.wikimedia.org/wiki/File:Newborn_Milia_\(Milk_Spots\).jpg](https://commons.wikimedia.org/wiki/File:Newborn_Milia_(Milk_Spots).jpg))

Milia affect up to 50% of babies. These harmless cysts present as pearly-white bumps just under the skin's surface. They are most common on the nose but can also appear in the mouth, scalp, face and upper trunk. Babies are generally not bothered by milia and they will heal without treatment within a few weeks of birth.

Cradle cap



(Source: https://commons.wikimedia.org/wiki/Category:Cradle_cap#/media/File:Baby_With_Cradle_Cap.jpg)

Cradle cap (also known as seborrheic dermatitis) is the appearance of crusty, yellowish patches on the baby's scalp – and occasionally eyebrows. It is a common condition that appears during the first few months of birth and shouldn't bother your baby. To help reduce the build-up of scales on the scalp it helps to soften them firstly with a gentle moisturiser and then wash with a mild baby shampoo and gently brushing with a very soft toothbrush to loosen the scales. If the cradle cap becomes itchy, inflamed, infected, swells, bleeds or spreads please see your GP.

For more information visit: https://www.rch.org.au/kidsinfo/fact_sheets/Cradle_Cap/

Nappy rash



https://commons.wikimedia.org/wiki/File:Irritant_diaper_dermatitis.jpg

Nappy rash develops when the skin around the nappy area becomes inflamed. This can be caused by infrequent nappy changes. Nappy rash can sometimes result from a fungal infection, in which case an anti-fungal cream will be prescribed by your GP. Nappy rash can be reduced by keeping your baby's nappy area clean and dry and using a barrier cream if necessary. Your pharmacy may help guide you regarding a suitable cream. Avoid nappy wipes, which can irritate the skin; instead, use cotton wool, paper towels, or cloths dampened with lukewarm water.

For more information visit: https://www.rch.org.au/kidsinfo/fact_sheets/Nappy_rash/

Heat rash (Miliaria)



(Source:

https://www.rch.org.au/rhcpg/hospital_clinical_guideline_index/Neonatal_infant_skin_care/#miliaria-heat-rash)

If a baby overheats or sweats, they may develop a heat rash or 'prickly heat'. This results from the baby's sweat glands becoming blocked. Tiny red bumps or blisters may appear and should clear without treatment within a few days. Babies are more susceptible as they can't control their temperature as well as adults can. Ensure babies are not overdressed to avoid them overheating. Applying a damp cloth may help calm the itching. If there is no improvement within a few days or there are pus-heads (small bumps with white-yellow pus), or you are worried, see your GP.

Erythema toxicum



(Source: <http://www.huidziekten.nl/afbeeldingen/erythema-toxicum-neonatorum-2.jpg>)

This is a common condition that can affect up to half of all full-term infants. It usually appears by day two but can develop as late as two weeks of age. It appears as flat red patches, small bumps and swelling which can last for several days. It should not bother your baby.

Eczema/Dermatitis



(Source: <https://www.everydayhealth.com/eczema/guide/baby-eczema/>)

The terms atopic dermatitis and atopic eczema or simply eczema are often used interchangeably and refer to a group of conditions that affect the outer layer of the skin.

Eczema is a long-term condition that characteristically causes the skin to be itchy, red, dry and cracked. AE affects around 30% of babies in Melbourne. While many children 'grow out' of eczema before five years of age, it can continue into adulthood. It often starts as a red itchy rash on the face, scalp and limbs, but can be widespread and result in soreness, infection and sleep disturbance. Although we cannot remove the tendency of people with sensitive skin to develop eczema, it can be treated, and flares can be prevented, with improved life quality.

If eczema is suspected, it is best to visit your GP who will then determine if a referral to a dermatologist is necessary.

PEBBLES participants with any concerns can also contact us at 1800 875 127.

For more information, visit https://www.rch.org.au/kidsinfo/fact_sheets/Eczema/