

# NEWBORN RASHES AND SKIN CARE

## DIET

After the first bath, your newborn will normally have a ruddy complexion from the extra high count of red blood cells. He can quickly change to a pale or mottled-blue color if he becomes cold, so keep him/her warm. During the second week of life, the skin normally becomes dry and flaky. This guideline covers seven rashes and birthmarks. Save time by going directly to the one that pertains to your baby.

## ACNE OF NEWBORN

More than 30% of newborns develop acne of the face, mainly small red bumps. This neonatal acne begins at 3 to 4 weeks of age and lasts until 4 to 6 months of age. The cause appears to be transfer of maternal androgens (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointments will just make it worse.

## DROOLING RASH

Most babies have a rash on the chin or cheeks that comes and goes. This often is due to contact with food and acid that has been spit from the stomach. Rinse the face with water after all feedings.

Other temporary rashes on the face are heat rashes in areas held against the mother's skin during nursing (especially in the summertime). Change your baby's position more frequently and put a cool washcloth on the area. No baby has perfect skin. The babies in advertisements wear makeup.

## ERYTHEMA TOXICUM

More than 50% of babies get a rash called erythema toxicum on the second or third day of life. The rash is composed of ½ to 1 inch red blotches with a small white lump in the center. They look like insect bites. They can be numerous, keep occurring, and be anywhere on the body surface. Their cause is unknown; they are harmless and resolve themselves by 2 weeks of age (rarely 4 weeks).

## BIRTH CANAL TRAUMA

If delivery was difficult, a vacuum may have been used to help the baby through the birth canal. The pressure of the vacuum on the skin can leave bruises or scrapes. Skin overlying bony prominences (such as the sides of the skull bone) can become damaged even without a vacuum delivery by pressure from the birth canal. Fetal monitors can cause scrapes and scabs on the scalp. The bruises and scrapes will be noted on day one or two and disappear by one to two weeks.

## MILIA

Milia are tiny white bumps that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are also seen on the forehead and chin. Although they look like pimples, they are small and not infected. They are blocked-off skin pores and will open up and disappear by one to two months of age. No ointments or creams should be applied to them.

Any tiny blisters or pimples (especially of the scalp) that occur during the first month of life must be examined and diagnosed quickly. If the herpes virus causes them, treatment is urgent. If you suspect blisters or pimples, call our office immediately.

## **CONGENITAL DERMAL MELANOCYTOSIS**

Congenital dermal melanocytosis is a bluish gray flat birthmark that is found in more than 90% of Native American, Asian, Hispanic, and black babies. These spots occur most commonly over the back and buttocks, although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by two or three years of age, although a trace may persist into adult life.

## **STORK BITES (PINK BIRTHMARKS)**

Flat pink birthmarks (also called capillary hemangiomas) occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. The birthmarks on the bridge of the nose and eyelids clear completely by one to two years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life.

## **BATHING**

Bathe your baby daily in hot weather and once or twice each week in cool weather. Keep the water level below the navel or give sponge baths until a few days after the cord has fallen off. Submerging the cord could cause infection or interfere with its drying and falling off. Getting it a little wet doesn't matter. Use tap water without any soap or a nondrying soap such as Dove. Don't forget to wash the face; otherwise, chemicals from milk or various foods build up and cause an irritated rash. Also, rinse off the eyelids with water.

## **CHANGING DIAPERS**

After wet diapers are removed, just rinse your baby's bottom off with a wet washcloth. After soiled diapers, rinse the bottom under running warm water or in a basin of warm water. After you finish the rear area, cleanse the genital area by wiping from front to back with a wet cloth. In boys, carefully cleanse the scrotum; and in girls, the creases of the vaginal skin folds (labia).

## **SHAMPOO**

Wash your baby's hair once or twice weekly with a special baby shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior fontanelle (soft spot). It is well protected.

## **LOTIONS, CREAMS, AND OINTMENTS**

Newborn skin normally does not require any ointments or creams. If the skin starts to become dry and cracked on the wrists or ankles, use Vaseline or Aquaphor. Avoid scented soaps and lotions. Avoid talcum powder because it can cause a serious chemical pneumonia if inhaled into the lungs.

## **UMBILICAL CORD**

Try to keep the cord dry. Sponge bathe until one week after it falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area or use scissors to cut away a wedge of the diaper in front.

## **FINGERNAILS AND TOENAILS**

Cut the toenails straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Trim them weekly after a bath when the nails are softened. Use clippers, special baby scissors, or file with an emery board. This job usually takes two people unless you do it while your child is asleep.