Common Skin Problems in Infants

The skin of babies is particularly delicate and requires utmost care. This leaflet provides basic information on commonly encountered skin problems in early life for parents’ information.
Common Skin Problems in Newborns

**Milia**

*Appearance:*
- Appears as small, whitish or yellowish dots of the size of a needle tip and flat on touching.
- Occurs mostly on the baby's forehead, cheeks, chin and nose.
- When these small, white bumps appear on the gum in a newborn's mouth, it is called "Epstein's pearl".

*Cause:*
- They are related to the premature development of the skin glands.

*Care:*
- Usually disappears on their own two to three weeks after birth.
- No need for specific treatment or care (e.g. use of cream / ointment).
- Do not squeeze.

**Neonatal Acne**

*Appearance:*
- Appears as small, raised reddish bumps.
- Occurs mostly on the baby's forehead and cheeks.
- Often appears a few days or weeks after birth.

*Cause:*
- May be due to the effect of mother's hormones crossing the placenta to the baby during pregnancy.

*Care:*
- Usually disappears on its own within three months after birth.
- No need for specific treatment or care (e.g. use of cream / ointment).
- Keep the baby's skin clean and dry.
- Do not squeeze.

**Erythema Toxicum**

*Appearance:*
- Appears as tiny, white or yellowish dots of the size of a needle tip surrounded by blotchy redness.
- Occurs mostly on the baby's cheeks, trunk, back, hands and feet.
- Commonly sets in two to three days after birth.

*Cause:*
- Cause is not clear.

*Care:*
- Usually disappears on their own within a few days to weeks after birth.
- No need for specific treatment or care (e.g. use of cream / ointment).
- Do not squeeze.
Heat Rash / Prickly Heat

Appearance:
- Appears as small, raised red spots.
- Occurs mostly on the baby’s neck, back and chest.
- Usually occurs in hot weather but may appear even in cool weather if the baby is wrapped by excessive clothing or in an overheated room, causing a lot of sweating.

Cause:
- Caused by irritation of skin due to sweat when the baby is kept excessively warm.

Prevention and Care:
- Dress the baby in appropriate clothing to keep the skin cool and dry to reduce sweating.
- Clean baby’s skin with water.
- Consult a doctor if there is no improvement or the condition is severe.

Diaper Rash / Nappy Rash

Appearance:
- Begins as red spots, and develops into small, raised reddish rash.
- Occurs mostly on areas covered by the diaper, such as the vulva, perineum, buttocks, lower abdomen and the upper part of the thighs.

Cause:
- Appears when the baby’s skin is irritated by urine and faeces.

Prevention and Care:
- Change baby’s diaper frequently to keep the bottom clean and dry.
- Use lukewarm water to clean the baby’s bottom. Use soap / bathing gel if needed, e.g. when soiled with faeces. Avoid using diaper wipes to minimise skin irritation.
- Allow baby’s skin to air dry fully before putting on a clean diaper. A thin layer of moisturising cream can be applied to keep the excreta from direct contact with the skin. Use barrier cream like zinc oxide cream to form a protective coating on the red raw skin.
- Do not use baby powder. It will mix with urine or sweat to clog the sweat pores and worsen the condition.
- Consult a doctor if there is no improvement or if the condition is severe.
Atopic Dermatitis / Infantile Eczema

**Appearance:**
- The skin appears red and dry. Small blisters may appear sometimes and scabs are formed when the blisters break.
- The affected areas are extremely itchy, and the skin becomes thick, hard and rough after scratching.
- In young babies, it usually appears on the cheeks, elbows, knees and trunk.
- After age of two, areas such as the neck and the back of knees and elbows are more likely to be affected.
- Eczema usually first appears at two to three months old. The condition will wax and wane.
- In most cases, it appears before the age of five and fades away after fifteen. For some children, it may persist into adulthood.

**Cause:**
- The exact cause is not known. It is believed that atopic dermatitis / infantile eczema is related to some genetic factors.
- The condition is not infectious for personal contact.
- It is common that other family members may suffer from allergic diseases like rhinitis and asthma, or be allergic to certain substances like detergents, pollen, dust or foods.

**Treatment:**
- Apart from good skin care (see below), doctor may give medications such as steroids or antibiotic cream to control the condition.
**Prevention and Care:**

**Good skin care to keep it clean and moist:**
- Bathe the baby with lukewarm water and soap-free bathing gel.
- Pay special attention to cleaning the folded parts of the skin.
- Apply fragrance-free moisturiser during dry weather and after cleaning.
- Keep baby's nails short to reduce the chance of skin injury by scratching.
- Putting gloves on baby’s hands may help.
- Pay attention to the temperature and humidity of the environment.
- Avoid exposing baby to cold wind and strong sunlight.
- Keep room temperature at a comfortable level. Wipe baby’s sweat off to avoid irritation.

**Clothing:**
- Cotton is preferred to other materials, like wool, silk and nylon.
- Wear only cotton clothing in direct contact with the baby.
- Caregiver should pay attention to own clothing that is in direct contact with the baby’s skin to avoid irritation.
- Use gentle laundry detergent to wash baby’s clothes. Remember to rinse them thoroughly afterwards.

**Household environment:**
- Keep the home clean. Use a vacuum cleaner or wet cloth to remove dust. This can prevent dust particles from dispersing in the air during cleansing.
- Avoid using carpets.
- Avoid keeping furry toys and pets such as cats, dogs or birds to minimise the chance of allergy.

**Diet:**
- Breastfeeding may prevent eczema in some children.
- The relation between infantile eczema and food is not firmly established.
- Consult doctors for the need to switch to special milk formula if necessary.
Seborrhoeic Dermatitis

**Appearance:**
- Appears slightly red, with lumps of small oily flakes or yellowish, thick scales adhering to form a layer of scab.
- Occurs usually in areas where there are lots of skin glands, e.g. the head, forehead, cheeks, eyebrows, ears, armpits, abdomen and folds between the thighs.
- When appearing on the scalp, it is commonly known as “cradle cap”.
- Usually appears when the baby is around three weeks to three months old. In most cases, it will get better gradually at around six months old.

**Cause:**
The cause is not completely clear.

**Care:**
- Clean the baby’s skin with water. The use of soap / bathing gel is not advised.
- Apply moisturising cream every time after cleaning to keep the skin moist.
- For thick scales on scalps, apply olive oil and leave for about twenty minutes to soften them. Then wipe the scales off gently with cotton swabs. Shampoo the baby’s hair and use a comb to clear away the patches adhered to the hair.
- Repeat these steps when necessary.
- Consult a doctor if the condition is severe or if the scalp appears red and inflamed.

Contact Dermatitis

Contact dermatitis can be classified into irritant and allergic types. It occurs on the parts of skin in direct contact with the substances causing irritation or an allergic response.

**Appearance:**
- Occurs at areas are usually at sites of contact with allergens / irritants.
- The skin becomes red and itchy. Small blisters may appear.

**Cause:**
- Inflammatory reactions occur with repeated contact of the skin with irritants such as baby’s saliva, detergents, foods or medicines.
- It can be due to allergic responses after contacting with the allergens, e.g. certain metals like silver, dye etc. Parents may not be aware of these substances as they may appear harmless.

**Prevention and Care:**
- It is most important to avoid contact with irritating substances and potential allergens.
- Care is similar to that of atopic dermatitis (see next section).
- Consult a doctor if there is no improvement or if the condition is severe.

**Treatment:**
- The doctor may prescribe an appropriate medication such as steroid cream when necessary. In certain cases, skin allergy test is done to identify the allergen(s).