



Sage Hill Pediatrics

FAMILY WELLNESS WITH A PERSONAL TOUCH

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*An accurate diagnosis is only helpful if you leave the office knowing what to do about it, and written materials can help bridge the gap. We often scour the web looking for handouts that strike a balance between educating and giving practical, down-to-earth advice. I wrote this particular handout, on diaper rashes, because I didn't find anything that covers the basic concepts and practical pointers that we deliver at the bedside.*

*I sometimes call this the "Intensive Care Parenting" handout, because when I'm at home in the trenches dealing with a diaper rash, sometimes that's what it feels like!*

*-Dr. Rodbell*

## Diaper Rashes

It's no wonder that the diaper area is prone to rashes. They expose the skin to friction, warmth, and moisture, and they trap particulate matter against the skin.

A diaper rash may be caused by irritation, yeast, bacteria, or any combination of these. Each case needs to be approached individually, and some may require prescription medicines, but here are some basic rules that apply in most cases.

- **AIR TIME** When feasible, leave the diaper off. A few minutes of uncovered 'air time' here and there helps promote healing. The more the better, but even five or ten minutes after diaper changes gives the skin an opportunity to repair itself with no interference. Newborns can be left on a towel (keep away from cloth furniture and paper products), and toddlers are usually quite happy to parade around without a diaper (preferably on a non-carpeted area; outside is ideal).
- **USE DISPOSABLE DIAPERS** Their design does better and wicks moisture away from the surface after a few seconds. If you normally use cloth diapers and your child has a bad rash, changing to disposables for a few days will promote faster healing.
- **MINIMIZE EXPOSURE** Change the diaper as soon as it become wet or soiled.
- **KEEP IT CLEAN, BUT BE VERY GENTLE** Inevitably, every diaper rash will become soiled at some point. Particulate matter needs to be removed thoroughly, especially if the skin is no longer intact, but rubbing and scraping are painful, and along with making irritation worse, friction may seed infection by introducing bacteria under under the skin.

Instead of wiping, rinse your child's bottom in the sink or the bath. You can also pour or spray warm water over the diaper area. (Hint: Leave the old diaper in place, underneath, to absorb run-off.) If you have to wipe, use moist cotton balls instead of baby-wipes, and push as lightly, and as few times as possible.

- **DRY GENTLY** Often, the diaper itself will absorb any water that's left over, but if you need to manually dry the diaper area, pat it dry, to avoid scraping.
- **PROTECT THE SKIN** Keep the rash covered with a thick layer of barrier paste, at all times. Apply liberally, so the area will stay protected until the next diaper change.
- **USE PASTE, NOT CREAM** The term 'diaper rash *cream*' is somewhat misleading. *Pastes* are more tenacious, and they provide superior protection when used properly. Standard brands like Desitin<sup>®</sup>, Beaudreau's<sup>®</sup>, and Dr. Smith's<sup>®</sup> are all effective, as is the Generic 40% Zinc Oxide. “Creamy” varieties may be useful in *preventing* a rash, but once a rash is established I don't recommend them.
- **AVOID HYDROGEN PEROXIDE** If the skin is broken down, Hydrogen Peroxide will delay healing by damaging exposed, healthy tissue underneath.

If a diaper rash looks more than mild in severity, or if it's not improving in 2-3 days, it should be assessed in the office. Come sooner, rather than later, if your child

- Is under 2 months of age
- Has diarrhea
- Took antibiotics in the past month
- Or if your child had a rash that never fully resolved before this one started.

### WHAT TO EXPECT

Once a diaper rash is properly diagnosed and you're managing it optimally, you should see obvious improvement in 24-48 hours, and steady, continued improvement thereafter. If you're not, or if at any time a rash seems to be getting worse, it should be reassessed.

<p>This information is meant to serve as a guide and reference, not as a replacement for medical advice delivered to you by a qualified healthcare professional.</p>
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