

Nappy rash

What is nappy rash?

Nappy rash is a common, irritant dermatitis occurring in the nappy area, mostly in children under the age of two years. It is not primarily an infection or the result of poor hygiene. There are now fewer cases of severe nappy rash because of the increased use of superabsorbent disposable nappies.

What causes nappy rash?

Nappy rash is an irritant dermatitis occurring in the nappy area. The initiating factor is prolonged wetness (usually from urine) to the skin. This leads to increased friction damage (where the nappy rubs against the wet skin) and a decrease in the normal barrier function of the skin. This allows the skin to overreact to ongoing irritation and leads to progression of the rash. Secondary infection can sometimes occur.

What does nappy rash look like?

The involved skin of the nappy area appears as red, inflamed and moist patches. Sometimes the patches can be scaly. In more severe cases there may be superficial ulcers. The deeper folds are generally spared. The rash may be itchy but is often asymptomatic. It is possible for nappy rash to be infected, most commonly with a yeast organism called candida (thrush). In this type of nappy rash the patches of skin are often bright red and may extend to involve the body folds as well as the other surfaces. Small red isolated dots, called "satellite lesions" are characteristic of this type of infection. Oral candida (thrush) can be present in some cases.

How is nappy rash prevented and treated?

It is important to keep the area dry as much as possible. Nappies should be changed frequently and as soon as possible after soiling. Disposable nappies are preferable as they contain superabsorbent polymers that pull moisture away from the skin. They are also designed to minimise leakage. If cloth nappies are used, use a nappy liner and avoid plastic pants.

At each nappy change, gently clean baby's skin with water and a soft cloth. Avoid friction or rubbing. Pat dry and allow a little time for further air-drying. Wet-wipes are convenient but are expensive and can cause contact dermatitis, so are best avoided. A little aqueous cream can be applied to the cloth if necessary. A barrier cream should then be applied to the skin. This is an essential part of the treatment. A continuous layer of barrier paste should be maintained with zinc oxide, petrolatum or similar protective emollient ointment and reapplied with every nappy change if necessary. All caregivers should employ this technique to ensure the barrier is maintained.

An anticandidal cream should be applied if there are any signs of candidiasis.

A mild topical steroid such as hydrocortisone cream may be recommended when there is significant inflammation.

It may also be beneficial to give evening fluids early to avoid wetting at night.

If the nappy rash does not settle significantly within a few days using these measures it is recommended that further advice is sought from a medical practitioner.

Always seek medical advice if the rash is associated with a fever or your baby is obviously distressed.