

Diaper Rash

Definition

- Any rash on the skin covered by a diaper
- Diaper-wearing age group (birth to 3 years)

Symptoms

- Mild rashes just have areas of pink dry skin.
- Severe rashes have areas of red skin. In some areas, the skin may become raw or even bleed.
- Yeast infections are bright red. The borders are very sharp. Small red bumps or even pimples may occur just beyond the border. Yeast rashes usually cover large areas.
- Pink rashes are not painful, but raw ones can be very painful. This can lead crying and poor sleep.

Cause

- Mild rashes can be caused by the drying effect of soaps.
- Stool and urine left on skin can combine to make ammonia. Ammonia can cause a mild chemical burn. • Stools left on the skin can be very irritating because they contain bacteria. Urine alone has no germs in it and usually doesn't irritate the skin.
- Rashes around the anus are common during bouts of diarrhea.
- Rashes from irritants can get a secondary infection with yeast. Less commonly it can happen with bacteria.

Prevention of Recurrent Diaper Rash

- Change diapers more often. Especially try to prevent skin contact with stool.
- Rinse the baby's skin with lots of warm water when cleaning off stool. Don't depend on diaper wipes alone
- Be sure to clean stool off all the skin folds. Cleaning the scrotum can be a challenge.

Care Advice

1. Overview:

- Diaper rashes are very common in babies.
- Often caused by not cleaning stool off the skin soon enough.
- Here's some care advice that should help.

2. Change More Often:

- Change diapers more often to prevent skin contact with stool.
- You may want to get up once during the night to change the diaper. Do this until the rash is under control.

3. Rinse with Warm Water:

- Rinse the baby's skin with lots of warm water after cleaning off stool.
- Wash with a mild soap (such as Dove) only after stools. Reason: Using soap often can slow healing.
- Do not depend on diaper wipes alone for removing stool. Reason: They leave a film of bacteria on the skin.

4. Leave the Bottom Open to Air:

- Expose the bottom to air as much as possible.
- Attach the diaper loosely at the waist to help with air exposure.
- When napping, take the diaper off and lay your child on a towel. Reason: Dryness reduces the risk of yeast infections because yeast can't grow with lots of air exposure.

5. **Anti-Yeast Cream:**
 - Most diaper rashes respond to 3 days of warm water cleansing and air exposure. If you've tried this or the rash is bright red, suspect a yeast infection.
 - Yeast is opportunistic, meaning it grows when skin has been damaged or compromised.
 - Buy an anti-yeast cream such as Lotrimin (generic name: clotrimazole. The "-azole" at the end of the medication name means it's an antifungal. No prescription is needed.
 - Use Lotrimin cream 2 times per day.
6. **Raw Skin:**
 - If the bottom is very raw, soak in warm water for 10 minutes. Add 2 tablespoons (30 ml) of baking soda to the tub of warm water.
 - Do this 2 times per day for a few days.
 - Then, put Lotrimin cream on the rash.
7. **Diarrhea Rash:**
 - If your child has diarrhea and an anal rash, use a protective or barrier ointment. Examples are petroleum jelly, A&D or Desitin - zinc oxide is a helpful ingredient.
 - This forms a barrier between the skin and the stool and allows skin to heal.
 - Be generous with ointment - apply in thick layers like you are frosting a cupcake.
8. **What to Expect:**
 - With proper treatment, most diaper rashes are better in 3 days.
 - If the rash does not respond, a yeast infection has probably occurred. If so, start an anti-yeast cream.
9. **Return to Child Care:**
 - Diaper rashes cannot be spread to others. Yeast ones do not spread. Bacterial ones have a small risk until they are on an antibiotic ointment.
 - Your child does not need to miss any child care.

Call Your Doctor Back If...

- Rash isn't much better after 3 days of using anti-yeast cream
- It starts to look infected (with sores and scabs)
- You think your child needs to be seen
- Your child becomes worse

This handout is intended for informational purposes only and should not be used as a substitute for the care and advice of a medical professional. The accuracy of the information contained in this handout is not guaranteed and there may be variations in treatment that your doctor or nurse may recommend based on individual facts and circumstances.

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Edited by Pediatric Associates of Austin