Caring For Your Baby’s Skin

Nurses share evidence-based advice and tips for baby’s softest, sweetest skin! From bathing to diapering and sun care, you can trust and act on these tips every day to keep baby’s outer layers supple and protected.

Get more infant care tips from nurses at Health4Mom.org.
Caring for Your Baby’s Skin

Your baby’s skin is their biggest and strongest barrier from bacteria and germs, and it helps baby’s body hold a normal temperature. On these pages are research-based tips from the nurse experts of the Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN) to help keep your baby’s skin healthy, beautiful and soft.

At birth, your baby’s skin is thinner than yours. It will continue to thicken and change through their 1st birthday. Babies born early may need up to 9 more weeks after birth for their skin to fully work as a barrier, retaining moisture, so they stay warm and hydrated.

From bathing and diapering to product selection and sun care, you can trust you’re doing the very best every day for your baby when you follow this advice from your nurses. First, protect baby’s skin from the things that can promote break down, including bathing baby too frequently, applying products that irritate baby’s skin, and having a family history of skin rashes or infections (dermatitis).

Baths are a wonderful way to both clean and bond with your baby. Bathe your baby about 3 times a week—or every other day—for the first month of life if all is healthy with their skin; shampoo baby’s hair only once or twice a week.

**BATHING BASICS**

Arrange baby’s tub, washcloth and towels or blankets, and products all within reach before you begin. Bathe baby in a warm room; eliminate drafts by keeping the door closed when possible. Keep baths short—about 5-10 minutes at first—so that baby doesn’t get cold. Unless your healthcare provider has told you otherwise, it’s OK to immerse baby’s cord stump in the water when bathing baby in a tub.

1. **Always wash your hands**
2. **Place bathtub in a safe place** and on a strong surface.
3. **Use warm—never hot—water** (100–104 degrees F). Check the water temperature with a bath thermometer or test it on the inside of your wrist.
4. **Swirl the water** to eliminate any hot spots.
5. **While holding baby, lower them into the water feet first.** Allow baby to rest on your arm or supported by the tub with the water just up to their shoulders. If your baby’s tub provides different instructions, follow the instructions with your baby’s bathtub.

**EXTRA CARE FOR BABY BOYS**

- **For Circumcised Boys**
  - Clean the genital area with warm water ONLY (no soap) for 3-4 days following circumcision.
  - Apply petrolatum to any red or raw areas on the head or shaft of the circumcised penis with each diaper change.
  - Follow any additional instructions from baby’s healthcare provider for care of the circumcision area.

- **For Uncircumcised Boys**
  - Clean genital area with warm water.
  - Never retract the skin that covers the tip of the penis (foreskin); this will happen on its own over time.

**Sponge Bath Tips:**

1. **Undress and wrap baby in a towel** or receiving blanket.
2. **Then, place baby on a second clean blanket,** towel, or pad.
3. **Wet a soft washcloth** in a warm bowl of water.
4. **Wring excess water from washcloth** to protect baby’s eyes when washing their face.
5. **Unwrap each area as you wash,** pat dry, and re-wrap to keep baby warm.

**For Uncircumcised Boys**

- Begin with a clean cloth; wash baby’s face first, body second and diaper area last. Always wipe away from the eyes and mouth and then into the creases as you go behind their ears, around their neck, into their underarms, between their fingers and toes, and in their diaper area.

- **Always support baby’s head and neck** during bathing. Use gentle cleansers designed to protect the pH of baby’s delicate skin; never use products for adults or older children on babies.

- **Move baby from their bath into a towel or blanket**; pat their skin dry rather than rubbing it. Once dry, dress baby to keep them warm.

- **To shampoo, first wet baby’s hair,** then apply an infant-safe shampoo gently with your hand. Lightly massage baby’s scalp with your hand or a soft baby brush, and rinse with water moving down the back and sides of baby’s head. Do not put pressure on the soft spot—known as the fontanel—in baby’s head.

- **Gently rinse baby’s body with your hands or a soft cloth,** moving from head to feet, ensuring no soap is left behind.

- **Never leave your baby alone during a sponge bath or while in the bath tub, even if using a bath seat or sling.**
Bathing Basics: Special Care Required!

CARING FOR BABY’S UMBILICAL CORD

“Dry care” is the new buzzword when it comes to umbilical cord stump care. Dry care means you’ll keep the cord area clean and dry until the stump falls off on its own, typically by baby’s 3rd week of life. At times, baby’s cord may appear to be moist—that’s normal. Unless your healthcare provider has told you otherwise, it’s OK to bathe baby with their cord stump still in place.

- Always wash your hands before touching baby’s cord stump
- Unless your healthcare provider has told you otherwise, bathe baby with the cord stump intact; it’s OK to immerse it in water
- Keep the top of baby’s diaper folded down and away from the cord
- Wipe the cord with warm water and a soft cloth if it gets soiled with baby’s waste
- Never use rubbing alcohol or creams on the cord
- Never put any type of bandage over the cord
- Never pull on the stump—allow it to drop off on its own

CRADLE CAP CARE

You may notice thick, crusty and yellowish scales or patches on baby’s head. This is cradle cap (seborrheic dermatitis), which is a buildup of body oils and old skin on baby’s scalp or face. While cradle cap usually appears on baby’s head, it can spread to other parts of baby’s body, although this is less common. It can appear anywhere baby has oil-producing sebaceous glands, such as under their arms. It doesn’t hurt or itch and usually clears up within the first few months of life. Eliminate cradle cap over time with these steps:

1. Wash baby’s scalp daily with a mild baby shampoo
2. Gently loosen the scales with a soft baby brush or infant comb while the shampoo is on baby’s head. Avoid putting pressure on the soft spot—known as the fontanel—in their head
3. For stubborn cradle cap, apply an infant-safe lotion or oil directly to the scales for at least an hour before washing to help gently loosen the scales
4. If cradle cap persists, talk to your baby’s healthcare provider

Most babies are born with a nature-made white creamy coating on their skin called vernix. It protects baby’s skin, keeping it soft. It’s sticky, and there’s no need to rub or wash it off—let it absorb naturally into baby’s skin over time. Vernix is baby’s first barrier cream, and it moisturizes baby’s skin by increasing its ability to hold water, keeping baby’s skin supple and pliable.

ALERT BABY’S HEALTHCARE PROVIDER IF BABY’S CORD:

- Appears red
- Has fluid or drainage around it
- Smells bad
- Hasn’t fallen off by baby’s 3rd week of life

MAINTAIN MOISTURIZING VERNIX
Ready, Set: Diaper Baby

As a parent, you'll change as many as 3,000 diapers in baby's first year of life. Consider super-absorbent disposable diapers as an alternative to cloth diapers to help protect baby's skin from rash. Research shows that when compared with cloth diapers, babies who wear super-absorbent disposable diapers have fewer episodes of diaper rash, and the rash tends to be less severe. This may be because super-absorbent diapers more quickly absorb urine into the diaper and away from baby's skin. Cloth diapers remain saturated and do not reduce skin wetness in the same way.

Ask your nurses about gentle skin cleansing and tips for preventing and treating diaper rash if your baby was born prematurely. Diaper rash is seldom serious. With care, most diaper rash clears within 3–4 days. Left untreated it can be increasingly painful, leading to skin breakdown and sometimes skin infections.

Essential to keeping the skin under baby's diaper clean, dry and protected is preventing diaper rash. Regardless of the type of diapers you may choose and use, check to see if baby's diaper is wet or soiled every couple of hours, after each feeding and after each sleep or nap time. You have choices when it comes to how you want to cleanse baby's delicate skin in the diaper area, including:

- Soft cloths and water
- Soft cloths, water, and a gentle cleanser
- Disposable diaper wipes

BEST DIAPERING PRACTICES

Protecting baby's skin from ongoing contact with either urine or feces is the best way to keep diaper dermatitis, aka, diaper rash, away. Washing with water alone isn't always enough to remove feces; try a gentle diaper wipe made for infant skin or a soft wet cloth with a gentle cleanser. Follow these best practices to keep baby's diaper area as clean and healthy as possible:

- Always wash hands before and after changing your baby's diaper to prevent the spread of germs
- Every time baby eats or nurses, check their diaper and change if needed. This helps prevent diaper rash
- Clean baby's genital area with warm water and a soft cloth, wiping from front to back
- Avoid using baby or talcum powder; these items contain fine dust-like pieces that can irritate baby's skin and lungs
- If diaper is soiled from a bowel movement, clean the area with warm water and a clean cloth or use a mild infant diaper wipe; avoid diaper wipes containing alcohol

HOW DIAPER RASH DEVELOPS

1. Chafing from the diaper
2. Irritation from urine or stool
3. Skin may appear red or blotchy; time to intervene!
4. Left untreated, scattered red bumps, blisters or open sores may form
5. Bacterial or yeast infections can set in and require medical treatment
Minimize Diaper Rash

1. Always start by washing your hands before and after every diaper change.
2. Change baby’s diaper as soon as it’s soiled and at least every 1–3 hours during the day.
3. Change baby’s diaper at least once during the night to prevent diaper rash and promote healing when diaper rash is present.
4. Gently wipe, swipe or pat with warm water and a soft cloth or a skin-friendly wipe; never rub baby’s skin during a diaper change.
5. Wipe from front to back as you cleanse baby’s genital area.
6. Allow baby’s skin to air dry before re-diapering. If skin is slightly red, apply a thick layer of a protective (e.g., zinc oxide) barrier paste or cream at each diaper change until the rash is gone. As desired, add a second layer of petroleum jelly over the barrier paste to keep it from sticking to the diaper.
7. Leave any barrier cream that remains from the last diapering in place. Simply clean away any urine or stool, pat or air dry baby’s skin, and apply more cream or paste until the rash is gone.
8. Cover all skin that can become exposed to irritating urine or stool, such as the creases of the legs.
9. Avoid using products not meant for infant skin, such as topical corticosteroids, antibiotic ointments, talcum baby powders and cornstarch on baby’s tender skin.
10. Ask nurses to show you gentle touch and cleansing techniques especially if your baby was born prematurely.

3 TYPES OF DIAPER RASH

Change your baby’s diaper as soon as you see it’s been soiled. When diaper rash is present, keep baby’s diaper area clean, allowing baby’s skin to air dry before applying diaper cream and a clean diaper. See your baby’s healthcare provider if a red diaper rash appears swollen or has red bumps or raised areas.

1. Contact irritant dermatitis appears where baby’s diaper irritates their skin, often around the legs or bottom.
2. Diaper candidiasis (yeast infection) appears as a bright red rash with pinpoint bumps that may spread to the creases of the diaper area, and it may develop yellow blister-like bumps. This type of rash requires treatment; see your baby’s healthcare provider.
3. Combination diaper dermatitis includes both irritant contact and candidiasis diaper dermatitis with redness of the skin, skin breakdown, and red raised bumps around the rash. Often there is blistering and sores in the diaper area.

BREASTFEEDING & DIAPER RASH

Diaper rash is less common in breastfed babies. Breastmilk lowers the pH of baby’s stool so it’s less irritating to their skin. No barrier cream on hand? Breastmilk can also be used as a substitute in the presence of diaper rash. Add barrier cream over the breastmilk when possible; overall, barrier creams are more effective in promoting healing and preventing rash.
Selecting Products for Baby’s Skin

CHOOSING INFANT SKIN CARE PRODUCTS

While it may be tempting to use a trusted “organic” or “natural” product you love on your baby’s skin, it’s important for all infant caregivers to understand that adult cleansing and moisturizing products aren’t safe for newborns—and such products could cause problems in sensitive newborn skin.

As baby grows, don’t hesitate to talk with your baby’s nurse or healthcare provider about baby’s particular skincare needs, such as if baby’s skin has a rash or if you’re unsure of what types of baby-specific products to use for bathing or moisturizing.

A few guiding principles are helpful in choosing products for your baby’s cleansing and skin care:

- Moisturizers designed for infant skin can be protective, helping the skin retain water, remain soft and supple, and improve how baby’s skin barrier works. Moisturizers are also helpful for treat dry scaling skin, cracking or fissures in baby’s skin
- Use products designed and manufactured for infant skin only, proven safe for use on infant skin, and that won't sting baby’s eyes
- Use as few products as possible—more is not better when it comes to infant skin—use only products needed for baby’s skin care issues at the moment
- Choose safe products that contain tested ingredients; natural and organic don’t always mean “safe” when it comes to infant skin. “Organic,” “green” or “natural” are marketing terms that aren’t defined or regulated by the federal government. Plant-based products aren’t necessarily safe or safer for newborn skin and, in fact, may be allergenic or toxic to infant skin
- Keep skin issues at bay, such as eczema (allergic contact dermatitis), which is the most common skin condition resulting from the use of herbal therapies

PROTECTING BABY’S SKIN FROM SUN

Most parents immediately think of bathing and diapering first when it comes to caring for their little one’s skin. But all babies need protection from the sun from birth regardless of their age, race or skin color. To protect baby’s skin:

1. Avoid direct sun exposure during baby’s first 6 months by covering baby with clothing and hats with brims shading the head and neck to prevent sun exposure and potential sunburn
2. From 6 months on, prevent sunburn with a small amount of an infant-safe sunscreen with a Sunscreen Protection Factor (SPF) of at least 15
3. Check the label of the infant sunscreen to ensure it protects against ultraviolet rays A and B; also, choose a sunscreen specifically for infant skin, and that won't sting baby’s eyes