

# Newborn rashes

Family Health Center

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## What are they?

After birth, your newborn will normally have a red complexion from the extra high count of red blood cells. During the second week of life, the skin normally becomes dry and flaky. This handout outlines several rashes of the newborn infant which may cause unnecessary concern. Most of these are common, will not harm your infant, and usually will resolve on their own without treatment.

## Delivery Trauma

If delivery was difficult, vacuum or forceps may have been used to help the baby through the birth canal. The scalp will often be bruised after use of a vacuum assist device. The pressure of forceps on the skin can leave bruises or scrapes, or can even damage fat tissue anywhere on the head or face. Skin overlying bony areas (such as the sides of the skull bone) can become damaged even without an assisted delivery by pressure from the birth canal. Fetal monitors can also cause scratches and scabs on the scalp. Bruises and scrapes will be noted on day 1 or 2 and disappear by 1 - 2 weeks. The fat tissue injury won't appear until day 5 - 10. A thickened lump of skin with an overlying scab is the usual finding. This may take 3 or 4 weeks to resolve. If it becomes tender to the touch, soft in the center, or shows signs of infection, call your doctor.

## Sebaceous Hyperplasia

Very small profuse yellow white bumps are frequently found on the forehead, nose, upper lip and cheeks of the term infant; they represent overgrown *sebaceous* glands responding to maternal and placental hormones. These tiny bumps gradually diminish in size and disappear entirely within the first few weeks of life.

## Milia

*Milia* are tiny white bumps the size of a pin head that occur on the faces of 40% of newborn babies. The nose and cheeks are most often involved, but milia are

also seen on the forehead, chin, and on the roof of the mouth where they are called *Epstein pearls*. Although they look like pimples, they are smaller and not infected. They are blocked off skin pores and will open up and disappear by 1 - 2 months of age. No ointments or creams should be applied to them.

## Mongolian spots

A *mongolian spot* is a bluish gray flat birth mark that is found in 90% of American Indian, Oriental, Hispanic, and Black babies. They are found in less than 10% of Caucasian infants. Mongolian spots occur most commonly over the back and buttocks although they can be present on any part of the body. They vary greatly in size and shape. Most fade away by 2 or 3 years of age, although a few may persist into adult life. Wide spread multiple birth marks, particularly those in unusual sites are unlikely to disappear.

## Capillary Hemangiomas

Flat, pink birthmarks, also called "stork bites," occur over the bridge of the nose, the eyelids, or the back of the neck in more than 50% of newborns. A birthmark on the bridge of the nose and eyelids clears completely by 1 - 2 years of age. Most birthmarks on the nape of the neck also clear, but 25% can persist into adult life.

## Sucking Blisters

Single or several fluid filled blisters on the skin surface of the arms and lips of infants at birth are presumed to be caused by vigorous sucking inside the uterus. Common sites include the forearm, thumb, index finger, and the center of the upper lip. These resolve rapidly without treatment.

## Erythema Toxicum

More than 50% of babies get a rash called *erythema toxicum* on the second or third day of life. Preterm Infants are less commonly affected. The rash is composed of 1/2 - 1 inch red blotches possibly with a

small white lump in the center similar to insect bites. They can be numerous, recurring, and anywhere on the body surface. Their cause is unknown. They are harmless and resolve by 1-2 weeks of age.

## Drooling Rash

Most babies have a rash on the skin or cheeks that comes and goes. This often is due to contact with food and acid that is spit up from the stomach. Some of this can be helped by placing an absorbent diaper under your baby's face during naps. Also, rinse the face with water after feedings.

Other temporary rashes on the face are heat rashes from areas held against the mother's skin during nursing (especially during the summer months). Change your baby's position more frequently and put a cool wash cloth on the area.

## Neonatal Acne

More than 30% of newborns develop acne of the face; mainly small, red bumps over the nose, forehead and cheeks. This neonatal acne begins at 3 - 4 weeks of age and lasts until 1 - 3 months of age. The cause appears to be the transfer of maternal *androgens* (hormones) just before birth. Since it is temporary, no treatment is necessary. Baby oil or ointment will just make the condition worse.

## Cradle Cap

This common rash, also known as *seborrheic dermatitis* appears as scaly patches on the scalp. Washing the hair and brushing out the scales daily helps control this condition. It usually disappears on its own within the first few months, but may have to be treated with a special shampoo.

## Heat Rash

Heat rash is also called "prickly heat" or *miliaria*. It occurs when the pores of your baby's skin that lead to sweat glands become clogged. Heat rash can occur at any age. However, it is most common in very young children whose sweat glands are still developing. When it is hot or humid, the glands try to sweat as they would normally. But if they are blocked, this sweat is held within the skin and forms little red bumps.

Heat rash will clear up once your baby's skin cools down. Powders, ointments and creams are not likely to help.

## Normal Newborn Skin Care

- **Bathing** you baby daily in hot weather and once or twice a week in cool weather should be plenty. Keep the water level below the navel until a few days after the cord has fallen off. Use plain water or a nondrying soap like Dove. Don't forget to wash the genital area. However, when you wash the inside of the female genital area, never use soap. Rinse the area with plain water and wipe from front to back to prevent irritation. For uncircumcised males, only the outside of the foreskin needs to be cleaned during the first year. Gentle partial retraction can begin at 1 or 2 years of age. Full retraction always occurs by puberty. For circumcised males, use only plain water to gently wash, but not scrub, the healing edge. The foreskin has nerves and can be quite tender if you use alcohol, unlike the umbilical cord.

- **Diaper changes** should be done whenever the diaper is more than mildly wet or contains stool. In boys, carefully clean the scrotum, and in girls, the creases of the vaginal lips.

- **Shampoo** your baby's hair with a shampoo that doesn't sting the eyes. Don't be concerned about hurting the anterior *fontanel* (soft spot).

- **Lotions, creams, and ointments** usually are not necessary unless the skin becomes dry or cracked. Especially avoid any excessively greasy substances since they may block the small sweat glands and lead to pimples.

- **Umbilical cord** care can be done with rubbing alcohol to the base of the cord twice each day until one week after it falls off. Air exposure also helps with drying and separation, so keep the diaper folded down below the cord area or use a scissors to cut away a wedge of the diaper in front.

- **Fingernails and toenails** should be trimmed straight across to prevent ingrown toenails, but round off the corners of the fingernails to prevent unintentional scratches to your baby and others. Use clippers of special baby scissors.

### In summary

- Most of the newborn rashes are relatively common, not harmful, and will get better on their own.
- If your infant has a rash which does not fit one of the descriptions, or you feel the rash is causing sickness in your new baby, you should call your family doctor.
- For more information contact the American Academy of Family Physicians at [familydoctor.org](http://familydoctor.org)