



Authoritative facts about the skin from the [New Zealand Dermatological Society Incorporated](#).

[Home](#) | [Eczema, dermatitis and allergies](#)

Napkin dermatitis

Napkin dermatitis, also known as *diaper rash* or *nappy rash*, is very common. Some babies seem to get sore bottoms very easily, others very rarely, but they all grow out of it when they stop wearing nappies.

Napkin dermatitis



Irritant contact dermatitis



Thrush

What is the cause of napkin dermatitis?

- [Irritant contact dermatitis](#): urine and faeces will cause a rash on any skin left in contact for long enough. Sometimes ammonia is formed and burns the skin.
- Infection with [bacteria](#) and [candida](#) yeasts (thrush).
- Other skin disorders: [psoriasis](#) and [atopic dermatitis](#) can affect the napkin area.

The nappies themselves are not responsible. Washing powder or nappy cleanser isn't either, as long as the nappies have been thoroughly rinsed to remove them.

How to prevent and treat nappy rash

- Use disposable nappies if possible. Those containing absorbent hydrocellulose gel are excellent at preventing the urine soaking your baby's skin.
- If you use cloth nappies, use nappy liners to keep the skin dry. Make sure the nappies are rinsed well after washing. Do not apply plastic pants over cloth nappies; use woollen pilches or 'bunnies' instead.
- Change the nappies frequently – do not leave your baby in a wet or dirty nappy. You may need up to 12 changes per day.
- Give evening fluids early to reduce wetting at night. Change the baby before you go to bed yourself.
- Wash the baby's bottom at every change. Use warm water to remove all urine and bowel motions. Soap and "Wet-Ones" might sting if a rash is present; use aqueous cream or a bath oil instead. Pat dry carefully.
- Moisturize dry skin at every nappy change. If the skin feels dry, apply a non-irritating [emollient](#) to all affected areas. This can be aqueous cream, a mineral oil or wool fat lotion, zinc and castor oil cream, or another favourite. Dimeticone (Silicone) barrier creams can also help.
- Apply prescription creams according to directions. The doctor may have prescribed a [topical steroid](#) and/or [antifungal cream](#). It should be applied once or twice a day. Do not apply it to normal skin. When the rash

has cleared up completely, do not continue to apply the topical steroid. The anti-yeast preparation should be applied for a least a week more than it takes to clear the rash. Ask your doctor if you are not sure how, when and where to apply the cream(s).

- Strong steroid creams should not be applied to a baby's bottom.

Related information

On DermNet NZ:

- [Irritant contact dermatitis](#)
- [Topical steroid](#)
- [Dry skin](#)
- [Psoriasis](#)
- [Atopic dermatitis](#)
- [Candida](#)

Other websites

Emedicine:

- [Pediatrics, Diaper Rash](#)
- [Diaper Dermatitis](#)

DermNet does not provide an on-line consultation service.

If you have any concerns with your skin or its treatment, see a [dermatologist](#) for advice.

Created 1997. Last updated 15 Mar 2007. © 2007 NZDS. Disclaimer.