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Diaper rashes can be one of the most persistent and recurrent problems that parents face in their child's infancy. While every rash should be seen by a physician for proper diagnosis, there are some preventive measures that I will share with you today. But before I do so, I would like to give my dear readers some information that will shed light on the causes of diaper rashes starting from the newborn period

### Babies have sensitive skin

Yes, we all know that! But the question is, why does the diaper area carry the brunt of the pain when it comes to diaper rashes???

- **Moisture** - The simple answer is that the diaper area is one that is not frequently exposed to air and thus, it stays moist for long periods of time. After all, how often can we change our babies? And as good and absorbent the diapers are, it is inevitable that some bowel moment will stay in the diaper area for minutes (during the daytime) if not hours (at nights) at a time.
- The second factor is **fungus**. Warm, moist and dark environments are the best ones for fungi to proliferate. That is precisely the reason that the diaper area is so sensitive to fungal rashes. To know whether you child has a fungal rash, note that the typical fungal rash consists of small, round red lesions that may coalesce (come together) to form a large patch, but will *always* have some "satellites" on the periphery.
- **Frequency** – nursing infants will often have very frequent bowel movements that irritate their skin. Some mothers get overwhelmed by the amount of dirty diapers they produce. To them I explain at the office, that they are witnessing one of the many wonders of our creation. Infants tend to have a hard time with gas. In order to minimize the gas production and abdominal distention, G-d has created human beings with a **Gastro-Colic reflex**. This reflex allows the intestines to empty, every time the baby will start eating. This in turn creates room for the new food to enter out gastrointestinal system and be properly digested. (Yes, this is why you have to run to the restroom after your morning coffee!!!). At some points nursing babies could dramatically slow down and defecate as rarely as once a month, which is also normal. To them I suggest that their milk is so pure that there is very little to eject. In the past 8 years I have only seen one nursing baby that was truly constipated. That is, had hard bowel movements. For the most part, nursing babies that defecate

once a week will have *loose* bowel movements and act fine, which indicates that they are not truly constipated.

- **Nursing Babies & Acidic Foods** - A Nursing baby's diaper rash may be exacerbated by her mother's diet. Acidic foods, such as tomato sauce, citrus fruits, berries, melons, peaches, nectarines, plums, pineapple and cherries will acidify the baby's bowel movements. Now, I would hate for my readers to restrict themselves from eating such healthy foods (but feel free to avoid pizza and lasagna), **so only avoid these foods if you are nursing and have noticed that your baby has extremely irritated and excoriated (bleeding) skin**. Acidic bowel movement will afflict much pain to such badly damaged skin. Otherwise, feel free to enjoy these healthy fruits and vegetables.
- **Feeding Babies and Acidic Foods** – the same is true for older infants that you have started to feed. During physical at my office, I try and encourage parents to introduce acidic fruits only *after* they have fed their infants plenty of bland vegetables. This way the babies will not develop a “sweet tooth” and at the same time enjoy acid free environment in their diaper area.
- **Diarrhea** – infants and children with diarrhea are more likely to remain moist, especially before they are toilet trained.

### **Personal Tips**

1. **Avoid using Fresh Wipes** – no matter how natural they are, they always irritate the skin. Use water instead. It's gentle, readily available and extremely affordable!!! Please do not let commercials and labels convince you that fresh wipes are actually beneficial to your baby's skin. To prove it to yourself, the next time you have a bleeding wound, wipe it with a fresh wipe and feel the pain it induces.
2. **Expose the diaper area to air** – as much as possible. Let your infant lay semi naked on the covered carpet (never on a bed or sofa lest they fall off these places) after a diaper change on her belly. This will provide ventilation to the diaper area and the very important “tummy time”. If you are afraid that the baby will make a mess, buy a few choux (these are large, flat blue underpants) and let your baby lay on them for a mess free tummy time”).
3. **Use the right creams** – *after* properly air drying. Zinc containing creams to *prevent* and antifungal creams to *treat*. For bleeding rashes, I like to use certain mixtures of different creams for best results.
4. **Antifungal creams come in different strengths** - some will contain strong cortisone that doctors prescribe to decrease the inflammation and itch. As such, these cortisone creams should not be use for more than 1 week period in the diaper area in order to avoid *excessive thinning* of the skin. A popular cortisone containing cream is called Mycolog – known as the generic nystatin/triamcinolone combination.

5. **Treat the diarrhea properly!** Try and stick to the **BRAT** diet (**B**ananas **R**ice **A**pple sauce & **T**oast) for your children with diarrhea. Avoid milk and dairy products, and supplement their diet with Probiotics to help shorten the diarrhea. Please inspect and change your child's diapers more frequently when they have diarrhea.
  
6. **Show the rash to your doctor!** On occasion, doctors may misdiagnose rashes over the phone. Diaper rashes may sometimes be more than a simple acid induced or fungal rash. Often, they can signal a more serious disease such as serious bacterial skin infections (these will look red, feel tender and may drain pus). These infections are life threatening and thus, you should always bring your infant to your doctor for proper management of the rash.