

SKIN CARE

INTRODUCTION

Neonatal skin care is very important, especially if baby is premature and/or in a critical condition. Special emphasis is placed on skin barrier properties, transcutaneous absorption, transepidermal water loss and maintaining skin integrity

PURPOSE

- Maintain integrity of the skin
- Prevent/minimise skin damage
- Minimise water loss and heat loss
- Protect against absorption of toxic materials and drugs
- Treat skin damage
- Ensure optimal healing of wounds

RISK FACTORS

- Prematurity
- Birth weight <1000 g
- Oedema
- Immobility
- Congenital skin problems
- Invasive procedures

Birth weight <1250 g

Careful handling

- Most serious injuries can occur in first hours and days after birth when baby often requires intensive care monitoring

Frequent bathing changes skin pH, disrupts protective acid mantle and is not recommended

Preventing/minimising risk of skin injury/infection in all babies

- Ensure adequate hand hygiene to protect baby's skin from cutaneous infection e.g. *Staphylococcus aureus*
- Change baby's position 4–6 hrly as condition dictates and place IV lines and monitoring leads away from skin
- Check all substances that come into contact with baby's skin. Avoid using those with potential percutaneous absorption
- Protect areas of skin from friction injury with soft bedding and supporting blanket rolls
- Use pressure-relief mattresses (e.g. Spenco®)
- Change nappy 4–6 hrly as condition dictates. Wash nappy area with warm water and dry well
- Nurse baby, especially extremely-low-birth-weight, in humidity of 60–90% to protect skin, maintain body temperature and prevent water loss. Wean humidity as appropriate with increasing gestational age/day of life
- Use ECG leads with caution on babies <26 weeks' gestation

Disinfectants

- Disinfect skin surfaces before invasive procedures, e.g. IV cannulation, umbilical vessel catheterisation, chest drain insertion, IV puncture or heel pricks for laboratory samples
- Use disinfectant pre-injection as per unit policy

Adhesives

- In all newborns, use adhesives sparingly to secure life support, monitoring and other devices
- Wherever possible, use Duoderm® under adhesive tape; adheres to skin without the use of adhesive and will prevent epidermal stripping

- Remove adhesives carefully with warm water on a cotton wool ball. Alcohol is very drying, easily absorbed and should be avoided

CORD CARE

Immediate

- Clean cord and surrounding skin surface as needed with cleanser used for initial or routine bathing and rinse thoroughly or cleanse with sterile water
- Clean umbilical cord with warm water and cotton wool and keep dry

Ongoing

- Keep cord area clean and dry. If cord becomes soiled with urine or stool, cleanse area with water
- Educate staff and families about normal mechanism of cord healing
- Teach parents or care-givers to keep area clean and dry, avoid contamination with urine and stool, keep nappy folded away from area and wash hands before handling baby's umbilical cord area

NAPPY DERMATITIS

To maintain optimal skin environment

- Change nappy frequently
- Use nappy made from absorbent gel materials
- Use cotton wool and warm water. **Do not** use commercially available baby wipes
- Encourage/support breastfeeding throughout infancy

Prevention strategies for babies at risk

- Use petrolatum-based lubricants or barriers containing zinc oxide
- Avoid use of products not currently recommended for newborns (e.g. polymer barrier films)

Treat significant skin excoriation

- Identify and treat underlying cause
- Protect injured skin with thick application of barrier containing zinc oxide

Presence of red satellite lesions/culture indicates *Candida albicans* nappy rash

- Rash will become more intense if covered by occlusive ointments. Treatment includes antifungal ointments or cream and exposure to air and light
- Do not use powders in treatment of nappy dermatitis
- Avoid use of antibiotic ointments