



Guide for new mothers

Focus on....teething and nappy rash

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The first part of this article will be focusing on teething aspects such as the timing of when your baby's teeth "come marching in" and how to manage teething problems.

The second part focuses on nappy rash and includes the "ABCDE" of taking care of the skin in the nappy area. Nappy rash can be treated; however, it is better to prevent nappy rash from occurring.

Teething

Teething is a normal physiological process where the teeth begin to push through the gums to emerge in the oral cavity. Teething typically starts at around six months of age. However, this varies and the first tooth may appear from as early as four months of age or it may take as long as 10 months to appear. The bottom or lower front teeth usually appear first followed by the top or upper front teeth (see diagram).

Symptoms of teething

Teething symptoms usually start several days before the tooth erupts. During the teething process, the gums may appear red and swollen and it is normal for a child to be irritable during this time. In an attempt to reduce discomfort, the child may bite or chew objects or fingers.

Due to gum soreness or discomfort, the child may cry, appear restless, have trouble sleeping and may refuse to drink or eat.

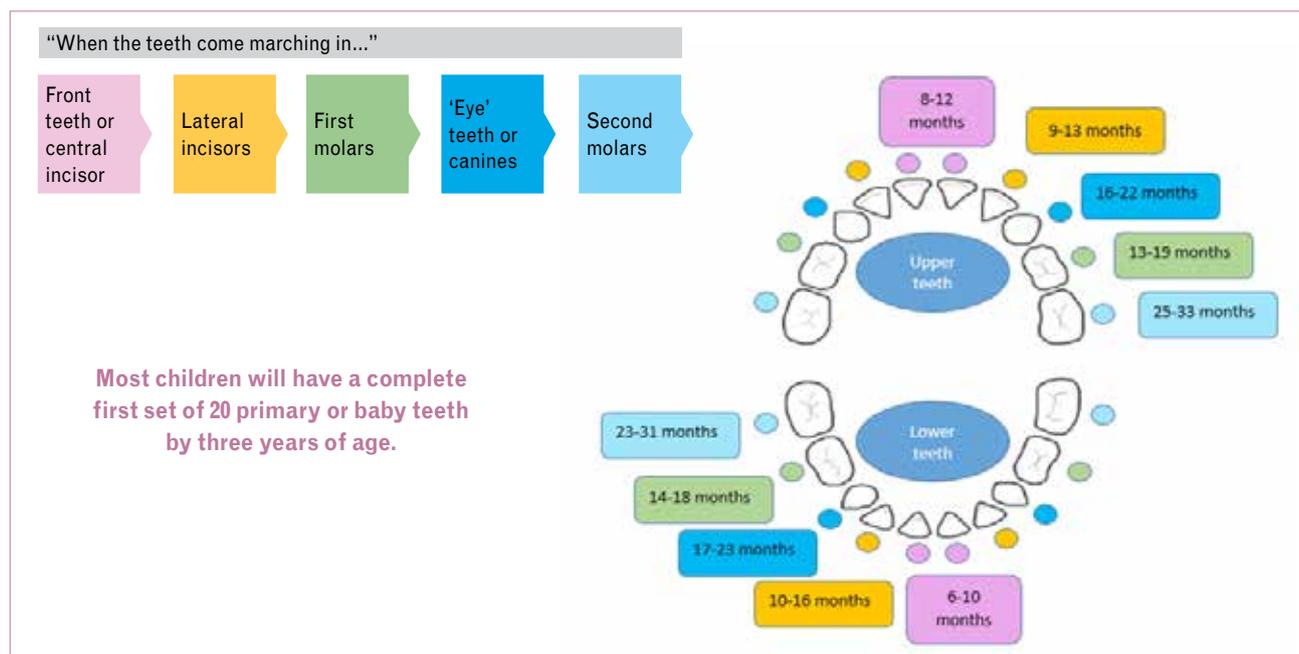


Diagram 1. Teething chart. Adapted from American Dental Association (ADA). Available from: <https://www.mouthhealthy.org/en/az-topics/e/eruption-charts>

Other symptoms associated with teething include:

- Reddened cheeks
- Excessive drooling and dribbling, which may also cause a rash on the chin
- Ear rubbing on the side where the tooth is erupting
- A slight increase in temperature; however, teething does not cause fever

Management

Non-pharmacological measures or home remedies such as teething rings or rubbing the gums may help to relieve local discomfort while cuddle therapy may assist in controlling sleep disturbances and crying.

Oral analgesics*

- Oral analgesics such as paracetamol or ibuprofen may be considered to help relieve symptoms associated with teething.

Teething rings

- Teething rings/devices may be chilled (painful sensations are numbed by the cold), but should not be frozen.
- In order to prevent choking it is best to use a teething ring/chewing device that comes in one piece.
- Teething rings should also not be dipped into a sugary substance such as honey, syrups or fruit juices.

Over-the-counter (OTC) or topical remedies*

- Topical gels may help to relieve local discomfort.
- Benzocaine-containing products should not be used in children under two years of age. The use of over-the-counter (OTC) topical medication containing benzocaine has been associated with serious side-effects and its benefits have not been demonstrated.
- In the United Kingdom, the use of products containing choline salicylate is not recommended in children under 16 years of age due to the theoretical risk of Reye's syndrome.

Do not rub alcohol on the gums.

*Always make sure that the product is suitable for your child's age and follow the manufacturer's instructions on the package insert. It is also important to wait for the appropriate dosing interval to pass before giving another dose.

Points to consider with teething

- Children may experience variable degrees of discomfort during the few days before the tooth erupts.
- Some children may teethe without any problems, while others may experience symptoms and their gums may be sore and swollen as the tooth breaks through.
- Large molars have a larger surface area and may cause more discomfort when they erupt; because of their shape,

larger molars cannot "slice" through the gum in the same way as erupting incisors.

- Symptoms such as fever (temperature ≥ 38 °C) and diarrhoea, although frequently reported by parents, are not specific enough to teething. Teething is also not associated with a runny nose, cough, continued fussiness or rashes over the body. A doctor should be consulted if the child has a fever or other symptoms not associated with teething so that other medical conditions can be excluded.
- It is important to take care of the baby's first teeth – start brushing the teeth, using a baby toothbrush, as soon as they start to show.

Nappy rash

Nappy rash is one of the most common skin problems seen in babies and it develops on the skin that is covered by a nappy. A child can get nappy rash at any time while he/she is wearing a nappy. However, it occurs most commonly in babies between nine and 12 months of age.

Nappy rash is usually caused by irritation and has been associated with infrequent nappy changes, improper cleaning and drying of nappy area and failure to apply topical products to protect the skin. Nappy rash also occurs more often shortly after antibiotic use or during/after a bout of diarrhoea.

Symptoms and management of nappy rash

Nappy rash only appears in the area covered by the nappy; other areas of the body are not affected by nappy rash. The skin in the nappy area usually appears irritated (red, raw and may be spotty in appearance). The child may be irritable or uncomfortable and the skin may be itchy or sore when the area is cleaned.

Nappy rash is usually short-lived and will clear completely with home treatment and/or changes in nappy practices. Treatment is also most effective when a combination of measures is used together which involves:

- Taking care of the skin in the nappy area (Table I) and
- Changing the baby's nappies frequently – every two to three hours and sooner if the nappy is wet or soiled.

Although nappy rash can be treated, it is more important to prevent it from occurring.

Table I. The **ABCDE** of taking care of the skin in the nappy area

A	A ir the skin by letting the child occasionally go without a nappy.
B	B arrier ointment or pastes should be applied after every nappy change to protect the skin.
C	C lean the skin in the nappy area gently; warm water and a soft cloth is usually sufficient or a mild, fragrance-free soap could be used, if preferred. Also make sure that the skin is carefully and thoroughly dried afterwards – the skin may be patted dry with a soft towel to avoid unnecessary friction.
D	D isposable nappies could be considered during an episode of nappy rash.
E	E ducate – Know how to prevent a recurrence of nappy rash.

The presence of small, red lesions near the border of the affected area can be a sign of a secondary fungal infection such as thrush. The possible presence of thrush should be suspected in all nappy rashes lasting more than three days. In this case, a topical antifungal treatment should be used e.g. clotrimazole cream.

Practical points on nappy rash

- Home or OTC treatment may be considered if the skin is not broken and there are no signs of secondary bacterial infection (weeping or yellow crusting).
- Barrier creams are the cornerstone of treatment and regular use can help to protect the skin against substances that may irritate the skin. It is best to use products that do not contain fragrances, preservatives or other additives. Zinc oxide or petroleum jelly, which forms a protective skin barrier against wetness, are included in most barrier products. Some products may also contain ingredients such as lanolin or dimethicone.
- Ensure that the baby wipes, if used, are alcohol- and fragrance-free. Some baby wipes may cause allergic skin reactions. In general, baby wipes should not be used if the skin is irritated or if there are open sores.
- If cloth or reusable nappies are used, wash them in hot water with bleach and make sure that they are rinsed thoroughly after washing, as residues of soaps, detergents or antiseptics may irritate the baby's skin. Avoid using plastic pants over cloth nappies.
- There is controversy regarding the use of talcum powders. Some say that talcum powders may be helpful if dusted lightly over the nappy area; however, others do not recommend the use of talcum powders. Potential concerns with the use of talcum powders are that the powder could accidentally be inhaled and that clumping of powder could cause further irritation.
- A doctor should be consulted if the rash:
 - Affects other areas of the body
 - Is severe, the skin appears broken or infected or if the rash worsens

- Has been present for more than two weeks
- Does not respond, within one week, to skincare or OTC treatment or
- Is associated with other signs and symptoms such as fever, significant discomfort, a bloody stool or if the child has any other worrisome signs or symptoms.

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