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What your skin would choose



A Guide to Baby Skin Conditions

AproDerm[®]...Soothes, Moisturises and Protects from Birth



Baby Spots

If your new baby's peachy complexion is suddenly covered in pimples and blemishes, don't panic.

Baby spots are common in the first few weeks, they may look alarming but they're usually harmless and disappear without any treatment.

What causes baby spots?

The most common causes of spots in babies in the first month of life are neonatal acne and milia: The tiny white lumps of milia are also known as milk spots, although your breast milk is definitely not to blame. They develop in around half of babies at two to three weeks and are caused by blocked pores. The blockages clear spontaneously by around one month, so the milia heal up too.

Baby acne is a result of your pregnancy hormones, which pass through the placenta into the baby's circulation. They act on the glands in the skin, causing spots to form - it's a little like you developing pimples before your period. They usually appear within a month of birth and settle without medication.

What do they look like?

Milia are tiny white or pale lumps. They're around one to two millimetres in size and are usually found on the nose, cheeks and chin.

Baby acne looks just like the teenage version. Your baby may develop red pimples and pustules on their cheeks, nose and forehead.

Treatment tips for baby spots

The good news is that both baby acne and milia will clear up without any treatment, usually within a few weeks or months. You just need to clean your baby's skin gently and soon their complexion will be smooth and spot-free again.

- Don't squeeze, even if there's a ripe and ready whitehead - you could cause scarring.
- Cleanse the area with cotton wool soaked in cool boiled water to keep the skin clean.
- Applying a mild emollient or moisturiser may improve the skin's appearance. Try the [AproDerm® Range](#), which has been scientifically formulated to be free from SLS, parabens, halogens, fragrances and colours, so that they are less likely to irritate your baby's sensitive skin.
- Don't use antiseptics or acne lotions designed for teenagers or adults, they could sting and inflame the delicate skin.

When to see your doctor

Baby spots don't usually need to be treated by your doctor. However, if the rash is extensive or there is any spreading redness, see your GP in case antibiotics are needed. If your baby develops blackheads or pimples after the age of three months, they could have infantile acne. This can be more severe, so you should take your little one to their doctor for assessment and advice.

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Chicken Pox

Chicken pox is a common viral infection, around nine out of ten children will catch it before they reach four years of age. It causes a widespread rash of small, fluid-filled blisters that can be ferociously itchy.

Chicken pox can make your child feel feverish and unwell, but there's plenty that you can do to settle their symptoms and ease the itchiness.

What causes chicken pox?

Chicken pox is caused by the varicella zoster virus. It's highly contagious, with the symptoms starting between ten days and three weeks after exposure to someone with the virus.

What does it look like?

The rash of chickenpox is intensely itchy and uncomfortable. It starts off as small red spots, which can pop up anywhere on the body. These fill up with fluid to become blisters known as vesicles. The blisters can burst and leak fluid, especially if they're scratched or rubbed. With time, the spots scab over and then heal. They can sometimes leave a pale scar, especially if the spot is big or it has been picked.

As well as the rash, chicken pox can also make your child feel generally unwell. Symptoms of a high fever, malaise, aches and pains and loss of appetite can come on with the rash, or a couple of days before spots appear. Chickenpox can be miserable for your little one, but it is much better to have it as a child because adults are more likely to become unwell and suffer complications from the virus.

Treatment tips for chicken pox

In healthy children, the illness is usually mild and your child should recover in a couple of weeks without treatment.

- Chickenpox spreads easily. You'll need to keep them off school or nursery until all of the spots have crusted over. This usually happens around five days after the first spot appears.
- Offer your child plenty of fluids to keep them hydrated. If they have lesions in their mouth and throat, it can be painful to drink, so tempt them with soothing ice lollies or offer them a straw so they can avoid contact with any tender areas.
- Give them regular paracetamol at the recommended dose, to control pain and fever.
- Keep nails short and pop soft socks or mitts on their hands to stop them scratching at night.
- Bathe them in tepid water and try adding a scoop of oatmeal to soften the skin and ease irritation.
- Moisturise the skin with an emollient containing colloidal oats. [AproDerm® Colloidal Oat Cream](#) is formulated with active colloidal oatmeal, to soften and ease irritated skin.
- Talk to your pharmacist about cooling gels, calamine lotion or antihistamine medicines to help reduce itching.
- Dress them in loose, soft clothes to keep them cool and comfortable.

When to see your doctor

Most children with chickenpox can be safely cared for at home and don't need to see a doctor. However, chickenpox can be serious. It's important to get medical help if:

- The rash has spread to their eye.
- The skin around the rash is red, hot or tender.
- They are becoming unwell, they have a high fever, appear drowsy or confused, have a worsening cough or are short of breath.
- You're pregnant, anyone in the family has an impaired immune system or is younger than 6 months.

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Cradle Cap

When your beautiful baby develops yellow, greasy and crusty patches on their scalp it can look horrible. The good news is that cradle cap isn't painful, itchy or uncomfortable and it usually settles well without any treatment.

What causes cradle cap?

Cradle cap is a common rash that develops on the scalps of babies when they're two to three months old. It's a type of seborrhoeic dermatitis, which can affect oily skin on the face and body of people of all ages. It's not clear what causes the condition, but it's thought to be linked to high levels of sebum or a reaction to yeasts on the skin. Cradle cap is not contagious; it's not linked to hygiene in any way and there's nothing that you can do to prevent it appearing.

What does it look like?

Cradle cap is easy to spot. The condition is characterised by large greasy, yellow or brown patches. The scales can flake and peel, leaving the underlying skin looking pink or red in colour. Sometimes hair will also come away with the flakes. This can be alarming, but try not to worry, the hair will grow back.

Cradle cap is most commonly seen on the scalps of young babies, but it can also affect other areas including the face and ears, neck, armpits and behind the knees or the nappy area. Elsewhere on the body it can look different, there may be small, scaly, salmon-pink patches and the nappy area may look inflamed and flaky, with scales which rub off easily leaving skin that can appear red and shiny.

Tips for treating cradle cap

Cradle cap is common, harmless and your baby is usually totally unaware of the condition. The scales will usually clear up without any treatment by the time your baby is four to six months old, so it can be better to watch and wait.

- Try not to peel and pick, you could increase the risk of an infection.
- Wash the area regularly with a mild baby shampoo, gently rub then rinse well.
- Gentle brushing with a soft baby brush will help remove any scales that are already loose.
- If the scales are not removed, try softening them before washing with an emollient such as [AproDerm®](#). It has been scientifically formulated to be free from SLS, parabens, halogens, fragrances and colours to decrease the danger of sensitising your baby's delicate skin. Mums used to recommend using olive oil to treat cradle cap, however this may affect the skin's barrier function so should be avoided.
- Avoid getting the shampoo in your baby's eyes. If you're unsure about how to use it, speak to a pharmacist for advice.

Treating an infection

If these home treatments don't lead to any improvement, your doctor may recommend an anti-fungal cream.

A mild steroid cream may also be recommended in some cases where the baby has a nappy rash.

When to see your GP

Speak to your GP if your baby's cradle cap:

- Itches
- Swells
- Bleeds
- Spreads to the face or body

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Dry Skin

Dry skin can affect people of all ages, it's more frequently seen in the elderly but it's also common in babies and children. The medical term for dry skin is xerosis, it's often linked to atopic eczema, but there are lots of other causes of a dry, flaky complexion.

Dry skin can look unsightly and feel tight, itchy and uncomfortable, but there's lots you can do to keep your child's skin soft, supple and moisturised.

What is it?

Xerosis is the scientific name for dry skin. It develops because there is a decrease in the natural oils in the outermost layer of skin. The barrier function of the skin is impaired, which increases water loss from the cells leading to dehydration.

What does it look like?

Dry skin can look rough and scaly because there are dead cells on the surface. This build-up of dead skin cells can also lead to flakiness and peeling. Dead skin cells are usually paler, so the skin can look dull or ashy, this is a particular problem in people with dark skin tones. If the skin is very dry it can become inflamed, as happens in eczema. Your child's skin may crack and develop red, blistered or weepy patches. Dry skin can develop anywhere on the body, although the face, the back of the legs and the inside of the elbows and wrist are particularly vulnerable in children.

What causes dry skin?

The skin works as a barrier, preventing too much water penetrating or being lost. It is equipped with a fine system of checks and balances that help maintain an optimum level of hydration when faced with changes in the environment. Many things can disrupt this delicate process and cause the skin to dry out. These include:

- **The weather:** The skin is particularly prone to dehydration during the winter months because of the cold weather and the drying effect of central heating. Low humidity due to air-conditioning can also increase the risk of skin dryness.
- **Friction:** Clothing that rubs can irritate the skin and cause xerosis.
- **Irritants:** Soap, bubble bath and wipes can strip the skin of natural oils and dehydrate the skin. These products are also more likely to contain fragrances, colours and other chemicals that can sensitise the skin.
- **Inherited conditions:** Mild atopic eczema can cause dryness without redness and inflammation. More uncommonly, a dry skin condition called Ichthyosis can cause dry, scaly skin in around 1 in 250 people.
- **Heat:** Direct heat from a fire or fan heater can increase moisture loss. The skin can also dry out when it's exposed to the sun, especially if it's not protected.
- **Bathing:** Too many baths in hot water can deplete the skin of natural oils.

Treatment tips for dry skin

You can prevent your child's skin getting dry, itchy and uncomfortable by avoiding triggers and regularly applying emollients to moisturise, protect and restore the skin's barrier function.

- **Apply emollients:** Emollients are treatments that moisturise the skin and prevent water loss. They should be applied regularly and generously; the drier the skin the thicker the emollient should be. Emollients are particularly effective when smoothed onto damp skin, so keep a pump close at hand at bath-time. [AproDerm® Emollient Cream](#) forms a protective layer over the skin, trapping in water and rehydrating the cells. It also penetrates to restore the skin barrier and prevent the entry of irritants and infections. Regular use of an emollient helps to relieve the tightness, scaling and discomfort of dry skin and helps ease any itching.
- **Avoid chemicals that can sensitise and irritate the skin.** The [AproDerm® Range](#) is scientifically formulated to be free from SLS, parabens, halogens, fragrances and colours to decrease the risk of dryness and inflammation.
- **Oatmeal** has been used as a traditional remedy for skin dryness for centuries. Colloidal oats have been clinically proven to moisturise the skin and reduce roughness and scaling. [AproDerm® Colloidal Oat Cream](#) is formulated with active colloidal oatmeal, which protects and restores the skin's surface.
- **Bathe your child no more than once a day.** Use lukewarm water and limit splashing and soaking to no more than fifteen minutes.
- **The chemicals in a swimming pool can dry out the skin,** apply [AproDerm® Emollient Cream](#) before and after your child takes a dip to protect and moisturise.
- **Soapy suds and bubbles may be fun but they can strip the skin of natural oils.** Replace them with an emollient soap substitute like [AproDerm® Colloidal Oat Cream](#) or [AproDerm® Emollient Cream](#). They'll get your little one clean without drying out the skin.
- **Pat the skin dry gently.** Try not to rub, as friction can increase the risk of xerosis.
- **Keep clothing soft.** Choose smooth fabrics and use a fabric conditioner to soften clothing and decrease friction and skin irritation.

When to see a doctor

Most people can effectively manage dry skin at home. However, it's worth taking your child to the doctor if over-the-counter products aren't keeping things under control. It's also important to see a healthcare professional if the skin is red and itchy or painful and weepy. Your little one could have eczema or an infection which will need further treatment.

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Eczema

If your little one is suffering with dry, itchy, red and irritated skin, they may have eczema. It's a common skin condition that affects as many as one in five children, usually starting in the first few months of life. Eczema can be uncomfortable for your child and it can be distressing to watch them scratching and suffering, however there are ways to ease the itch and prevent flare-ups.

What is it?

Eczema is also known as atopic dermatitis. It's a skin condition characterised by dry skin, inflammation and itching. The word eczema comes from the Greek word ekzein, which means to boil. It's been well-named, as during a flare-up the red, irritated and inflamed skin of eczema can feel like it's on fire.

Most people with eczema will develop the condition as a child and notice flare-ups before the age of 5. There is no cure for eczema, however the good news is that many people grow out of it as they reach adolescence, with as many as 7 in 10 having total remission from the condition.

What does it look like?

Eczema is characterised by an itchy red rash and patches of dry, rough and scaly skin. In young babies, eczema affects the face, scalp and body. But as your child grows older, it tends to particularly occur in the folds of the skin. Look out for:

- Dry flaky skin, especially on the face, neck and wrists and in the bends of the elbows and knees.
- When eczema flares up, the skin can appear red and inflamed. There may be fluid-filled blisters and the skin can become moist and weepy.
- Scratch marks and bleeding are common, because the rash can be ferociously itchy.
- The skin can become thickened and rough, this is called lichenification. It is caused by chronic itching and can lead to even more itchiness - it's part of the frustrating itch-scratch cycle of eczema.

What causes eczema?

A vulnerability to eczema runs in some families. It's called an '**atopic tendency**', which means that if a parent is affected by eczema, asthma or hay fever, their children are more likely to suffer from these conditions too. It's not inevitable, many children will not be affected. If one parent has eczema, a child has a 37.9% chance of developing the condition, this rises to 50% if both parents are affected. Our genes work together with the world around us to define each person's risk of getting eczema.

Healthy skin acts as a barrier between our body and the environment. It keeps infections, irritants and allergens out and prevents moisture being lost. In people with eczema, the skin's barrier function is impaired, causing increased water loss and the risk of irritant substances entering the skin and leading to dryness and inflammation.

Eczema may be linked with allergy and sensitisation to foods and other factors, including milk, eggs, house dust mites, pollen and pets.

Tips for treating eczema and preventing flare-ups

Eczema cannot be cured, but with care the skin can be soothed and flare-ups can be prevented and here's how:

- **Stay soap-free:** Soap can strip the skin of natural oils and irritate delicate skin. Soaps and shower gels are also likely to contain fragrances, colourants and chemicals that can sensitise the skin. Instead use [AproDerm® Colloidal Oat Cream](#) or [AproDerm® Emollient Cream](#), they're soap substitutes that will get your little one clean, without dehydrating their skin.
- **Apply emollients** like [AproDerm®](#) to prevent and treat eczema attacks. Emollients are topical treatments that form a protective layer over the skin surface, trapping in water and moisturising the skin cells. Apply them to your child's skin liberally and frequently to decrease itching and reduce the risk of flare-ups. [AproDerm®](#) can help restore the skin's barrier and prevent the entry of irritants and infections.
- **Soft not scratchy:** Choose soft, smooth cotton clothing that won't itch and irritate their skin. Keep nails short and pop scratch mitts on at night, so they don't tear at their eczema.
- **Prevent flare-ups:** There are lots of things that can make eczema worse, so with a little detective work you can identify the culprits and protect your child's skin. Allergens from mould or pets, stress, illness, central heating, sun exposure, swimming and rough clothing can all be triggers.
- **Chemicals in skin products:** These can dry, irritate and sensitise the skin. Choose preparations like the [AproDerm® Range](#) that have been scientifically formulated to be free from SLS, parabens, halogens, fragrances and colours to decrease the danger of inflammation.
- **Swim safe:** Swimming is fun for your child and an important life skill - however the chemicals in the water can make eczema worse. Protect their skin by applying [AproDerm®](#) before and after they go for a swim. There's evidence that putting emollient on the skin when it's still damp can increase the effect, so keep some close at hand and always rinse the chlorine off after a dip.
- **Home-made humidifier:** Eczema is often worse in dry environments, so moisten the air by placing a damp towel over a radiator.
- **Stay cool:** Hot temperatures can make eczema worse, so turn the heating down a notch and keep the bath water tepid.

When to see your doctor

See your doctor if you are struggling to control your child's eczema, if they're distressed or the rash is not responding to treatment. If the skin is weeping, there's pus or increased inflammation, there may be an infection that needs antibiotic or antiviral therapy.

If your child's skin is inflamed or thickened, your GP may prescribe steroid ointments or creams to help get the inflammation under control.

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Impetigo

The pustules and golden crusts of impetigo can spread like wildfire around a school or nursery. It's the most common skin infection in young children, so it's likely that your little one will suffer from impetigo at some stage. Don't panic, if you know what to look out for, the infection can be treated before everyone else in the family catches it too!

What causes impetigo?

Impetigo is a skin rash caused by a bacterial infection. The bacteria are very contagious and spread easily through direct contact, or on contaminated towels or bedding. It most commonly affects children, especially boys, and is more prevalent when the weather is hot and humid.

Skin that is damaged is more vulnerable to infection, so that anyone with eczema, grazes, head lice, scabies and wounds following surgery could be more at risk. If previously damaged skin isn't healing, or is becoming weepy, crusty or inflamed it could be due to impetigo.

What does it look like?

Impetigo causes blisters filled with pus. These break, leaving erosions which leak fluid and form brownish or honey-coloured crusts. These areas are usually small initially, but gradually increase in size. New pustules and crusted patches may appear as satellites around the original lesion. Impetigo can look unsightly and may be uncomfortable or itchy, however it should not make your child feel unwell.

Tips for treating impetigo

Impetigo usually clears quickly when treated with the correct antibiotic cream or ointment, so you should see your doctor if your child has pustules or a crusty rash. There's also lots that you can do to help healing and prevent spread:

- Carefully apply the antibiotic cream onto the patches and the surrounding skin as instructed by your doctor. Fusidic acid is commonly prescribed, however bacteria are becoming resistant, so your doctor may take a swab to identify the germ or suggest alternative antibiotics.
- Impetigo is highly contagious so try to avoid picking or prodding the patches.
- Be scrupulous with hygiene, wash hands regularly, especially before and after applying cream.
- Don't share towels, clothes or bedding until the infection has completely cleared.

- Use a clean flannel to dry the area and gently dab instead of rubbing to prevent spread.
- Wash used clothing, towels and bedding in a hot wash of at least 60°C to kill off bacteria.
- If your child has impetigo, they should be kept off school and you should stay away from toddler groups until 48 hours after starting antibiotics or the skin has healed.
- If your child has eczema, continue to use their usual emollient such as [AproDerm®](#) to keep the skin moisturised and help restore the barrier function of the skin. Be careful not to double dip, you could contaminate the cream if you touch the area of impetigo, then put your finger into the container. [AproDerm®](#) offers hygienic pump dispensers to prevent contamination.

When to see your doctor

Impetigo usually requires antibiotic treatment, so you should see your doctor if you are worried about a rash. If the impetigo covers a large area or hasn't cleared with creams, oral antibiotics may be needed. Your doctor will also consider whether there is an underlying skin problem like scabies or head lice which is preventing healing.

If your child keeps getting impetigo, your GP may take a swab from inside their nose. Sometimes bacteria can be harboured there, which can be cleared with a nasal antibacterial cream.

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When a rash could mean danger

Most rashes in childhood will settle with time and care, but the rash caused by meningitis and septicaemia needs urgent attention. Meningitis is thankfully uncommon, but it can kill in hours, so it is better to be overcautious if you have any concerns. As a parent, you know your child the best and may instinctively know if they're unwell. If you're worried, get immediate medical help. Even if your child has recently seen their doctor, it's important to go back if their condition has got worse.

Look out for:

A rash that doesn't fade when a clear glass is pressed against it. The meningitis rash looks like small, red or brown pin-pricks in the early stages. These can get larger, so that the affected areas look like bruises, blood blisters or blotches, like love bites. The areas can grow and merge and the rash can spread across the body.

The rash of meningitis or septicaemia can appear very late on in the disease, so if you're worried that your child is ill, don't wait for the tumbler test, see a doctor. Other signs and symptoms include:

- A high fever that isn't controlled by regular paracetamol or ibuprofen.
- Headache and vomiting.
- Aching pain in the limbs.
- Pale, blotchy and mottled skin.
- Cold feet and hands.
- Your child may be sleepy or vacant.
- Your baby may be floppy and unresponsive.
- Your child may be irritable, unsettled and confused.
- Your baby may seem distressed and give high-pitched cries or moans.
- A child may have a stiff neck and show a dislike of bright lights, although these are less common in toddlers and babies.
- The soft spot bulging in babies.

Each child is individual and most won't have all of these signs, so go with your gut instinct and get help if you have concerns.

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Molluscum contagiosum

Molluscum contagiosum is a long Latin name for a viral skin infection that's very common in children. The clusters of smooth shiny bumps can be irritating, but they're usually harmless and settle spontaneously with time.

What causes molluscum contagiosum?

Molluscum contagiosum is caused by a virus. It is spread by skin-to-skin contact, by sharing towels and flannels, or by scratching and scattering the virus. It usually affects toddlers and children under ten years of age, although anyone could get the infection. Molluscum contagiosum is more prevalent in warm climates, wet environments and in places where lots of people are crowded together. It can spread quickly in schools, nurseries and in swimming groups.

What does it look like?

The little lesions or mollusca are raised, rounded bumps. They're smooth, shiny and have a characteristic dimple in the middle. They're usually the same colour as the skin, although they can be paler and sometimes become red and inflamed. They're usually small, around 2-5mm, but can occasionally grow up to 2cm. There may be patches of dry, itchy skin surrounding the spots.

Your child may have one or two spots, or clusters of lesions. Mollusca tend to be more extensive and troublesome in children with eczema or with impaired immune function.

Tips for treating molluscum contagiosum

Molluscum contagiosum usually goes away without treatment in six to eighteen months. However, sometimes the infection can last for many years, which can be unsightly and uncomfortable.

There are treatments available, but they can be painful and may increase the risk of scarring, so it is often better to watch and wait. Around half of children with molluscum contagiosum will be clear of the virus after twelve months and two-thirds will be rash-free by eighteen months, with or without treatment.

- Resist the temptation to pick and squeeze, you could cause scarring.
- Reduce the risk of passing on the infection by being careful with handwashing and hygiene. When washing, dab don't rub the area and always use a towel, flannel and clothing dedicated to that child.

- There's no need to keep your child away from school, nursery or swimming. Covering the lesions with clothing, a plaster or dressing may decrease spread.
- Keep dry skin and eczema under control with your usual treatment regime. Regularly apply an emollient like [AproDerm](#)[®] to moisturise, retain water in the skin cells and restore the skin's barrier function.

When to see your doctor

If the lesions are distressing, extensive or near the eyes you should see your doctor for support and treatment. Your doctor or dermatologist may suggest treatment for molluscum contagiosum. You may be referred for hospital assessment and advice if your child has an impaired immune system or has spots affecting the eye area.

The therapies include:

- Freezing with liquid nitrogen.
- Curettage, which involves scraping off the bumps with a sharp instrument.
- Molludab which is a new topical treatment licensed for use from two years.

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Nappy Rash

If the skin under your baby's nappy is looking sore and red, then they've probably got nappy rash. It's one of the most common skin conditions affecting infants, so at some stage during their early months and years, your baby will probably get it. Don't panic if your baby develops nappy rash, by acting quickly you can soothe their sore skin and keep it as soft...as a baby's bottom!

What is it?

Nappy rash is a skin irritation caused by prolonged wetness and contact with wee and poo in your baby's nappy. It's made worse by the nappy rubbing against the sensitive skin.

What does it look like?

With mild nappy rash, the skin in the nappy area can just look a little pink or red, however if the rash progresses it can become sore, spotty and weepy. Look out for:

- Pinkness of the skin in the nappy area, with normal skin in the folds of the groin where there is less contact with wee or poo.
- The skin on the bottom and around the genitals may be red and moist to the touch.
- Red patches or spots may develop in the nappy area.
- Inflamed skin can feel warm or hot to the touch.
- The skin on the thighs, bottom and genitals can become dry and flaky.
- If the rash becomes more severe or gets infected, there can be blisters filled with fluid or pus or white patches.
- Your baby may cry and look distressed when you change their nappy or if their nappy is wet.

What causes nappy rash?

Your baby's skin is soft and very sensitive, so most babies will suffer nappy rash at some time. It's a type of contact dermatitis that affects the skin in the nappy area because the protective barrier function of the skin has been impaired by contact with the chemicals in your baby's faeces and urine. This is made worse by skin wetness, maceration and friction from the nappy rubbing.

Tips for treating and preventing nappy rash

Don't feel guilty if your baby develops nappy rash, it doesn't mean you're a bad mum. It's a very common condition and as many as one in three babies show signs at any one time. The good news is there's lots you can do to help heal the rash and prevent it coming back:

- Coat your baby's bottom with a cream such as [AproDerm® Barrier Cream](#) after each nappy change. It will help protect the skin from the irritant chemicals in urine and poo. This is particularly important at bedtime, when your baby may be spending a longer time in a damp nappy.

- Choose baby skincare products carefully. Chemicals, such as fragrances, colourants and preservatives can sensitise the skin and increase the risk of nappy rash. [AproDerm® Barrier Cream](#) is part of a range of specially developed, gentle emollients and barrier creams. Each product has been scientifically formulated to be free from SLS, parabens, halogens, fragrances and colours which can irritate and inflame the skin.
- Happy without a nappy: Leave the nappy off whenever possible so that the skin can breathe and heal. Let your baby lie and kick their legs without a nappy every day, place them under a baby gym with a towel or pad underneath to catch any leaks.
- Choose absorbent nappies which will prevent wetness and skin irritation.
- Change the nappy regularly to reduce the amount of contact your baby's skin has with wee and poo.
- Change the nappies more frequently whenever the skin is starting to look red or sore.
- Change the nappy as soon as possible after each dirty nappy.
- Breast feed your baby if possible, it decreases the pH of your baby's poo and helps protect against nappy rash.
- Make sure the nappy fits well to prevent rubbing.
- Clean the area carefully during each nappy change using water and cotton wool, or fragrance and alcohol-free baby wipes.
- Bathe your baby daily avoiding soaps and bubble baths, as they can dry out the skin and make it vulnerable to irritants and infections. Try not to bathe them more than twice a day, it may increase the risk of dryness, irritation and soreness.

When to see your doctor

Most nappy rash clears up without medical help. If the nappy rash is getting worse, if the skin is crusting or oozing, or if your baby is in pain, see your doctor, there may be an infection. Infection with bacteria or candida can make the rash worse, it can also be uncomfortable and distressing for your baby and can make it more difficult to clear up. If you suspect infection, it is important to get medical advice. As well as recommending frequent changes, a barrier cream and nappy-free time, they may prescribe an antifungal or antibiotic agent.

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Stretch Marks

Stretch marks don't just affect pregnant women, the skin streaks are found on the tummies, bums, thighs, breasts and backs of up to 88% of people. Although they are painless and harmless, they can be distressing - but is there any way of preventing or getting rid of the marks?

What causes stretch marks?

Stretch marks are also known as striae. They appear when the skin is stretched more than it can cope with. Many people develop them during puberty and pregnancy, when the hormones are disturbed and there is a change in body shape. This makes the tissues of the dermis tear, resulting in long purple or red wounds.

High levels of steroid hormones, either given as medication or produced by the body in Cushing's syndrome can also cause striae to form.

What do stretchmarks look like?

When stretch marks first appear they are long streaks that are red or purple in colour. They may be raised and can be very noticeable and difficult to disguise.

Stretch marks fade over time, eventually becoming flat, fine silvery lines that are often barely noticeable.

Tips for preventing and treating stretch marks

Stretch marks are frustratingly difficult to manage. Although scientists have researched ways to heal the lesions, the treatments aren't very effective.

Cosmetic clinics offer laser therapy and skin resurfacing treatments such as tretinoin, vitamin C or glycolic acid peels and microdermabrasion. These techniques may fade the discoloration and improve the overall appearance, but the structural tear in the skin remains. This means that there is always an irregularity, unless the skin affected is excised, for example during a tummy tuck.

Stretch marks can knock your confidence but with time they will fade. By moisturising and caring for your skin you will keep it soft and supple and may prevent stretch marks:

- **Control weight:** Maintaining a healthy weight gain during pregnancy may prevent stretch marks.
- **Topical treatments:** The research on stretch mark treatments is disappointing. Regular use of olive oil or cocoa butter makes no difference. However, creams containing certain active ingredients may have an effect. A combination of **centella (Gotu Kola) and vitamin E** protected women who developed stretch marks in puberty from developing more in pregnancy. Massage with **bitter almond oil** may prevent stretchmarks appearing and **hyaluronic acid** may also have a weak protective effect.
- **Apply emollients:** Moisturising the skin regularly may reduce the risk of developing stretch marks in pregnancy. Emollients may be more effective when applied to damp skin, so apply [AproDerm®](#) straight after bathing.

When to see your doctor

There's no need to see your doctor if stretchmarks develop in puberty or pregnancy. However, if you are unwell and have any symptoms that could suggest the rare condition Cushing's syndrome (red face, gaining weight on the abdomen, hairiness and fatigue) you should make an appointment.

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The daily cycle of skin health



AproDerm® Emollients Suitable from Birth, Designed for Everyday Life



AproDerm® Colloidal Oat Cream

HYDRATION



- Paraffin-free
- Soap substitute
- Suitable from birth

100ml	RRP £3.99
500ml	RRP £11.99



AproDerm® Emollient Cream

HYDRATION



- Chlorocresol-free
- Soap substitute
- Suitable from birth

50g	RRP £3.99
500g	RRP £11.99



AproDerm® Gel

HYDRATION



- Triethanolamine-free
- Pre-bathing emollient
- Suitable from birth

100g	RRP £3.99
500g	RRP £11.99



AproDerm® Ointment

HYDRATION



- Ideal for overnight use
- Effective on hand eczema
- Suitable from birth

50g	RRP £3.99
500g	RRP £11.99

available at
amazon



AproDerm® Colloidal Oat Cream



- Formulated with hydrating active colloidal oatmeal, this **paraffin-free** cream is great to use daily as both a **moisturiser** and a cleansing **soap substitute**.
- **Colloidal oat** helps to **calm** redness and itching¹, which means you scratch less, giving your skin time to repair itself.
- Colloidal oat **maintains** the skin's **normal pH levels** (pH buffer)¹.



AproDerm® Emollient Cream



- A **soap substitute** suitable from birth for use in the bath or shower and for hand washing.
- Creates a **protective** layer on the skin.
- A **cooling moisturiser** that absorbs easily into the skin.



AproDerm® Gel



- Highly **moisturising** without the greasiness of an ointment.
- Actively draws and retains moisture within the skin to help reduce **dryness and irritation** making it perfect to also use as a **pre-bathing** emollient.
- Softens, hydrates and protects the skin.



AproDerm® Ointment



- An intensely **moisturising** ointment.
- Particularly suitable for **overnight** use.
- Effective on hand eczema.

Area of Body	AproDerm® Emollient (grams per month*)	No. of 500g tubs/pumps (per month*)
Face	60g-120g	1
Trunk	1600g	4
Both Hands	100g-200g	1
Both Arms or Legs	400g-800g	2
Scalp	200g-400g	1
Groin and Genitalia	60g-100g	1

*Suitable monthly quantities for an adult or child aged 12 years and over based on twice daily application (BNF 2020)².

Key Benefits of AproDerm®

- Suitable **from birth**.
- All of our products have been dermatologically tested but don't worry, we made sure no animals were involved so our complete range is cruelty free.
- All emollients in our range can be used **before bathing** (pre-bathing) to help reduce its drying effects and after to keep your skin moisturised.
- To make your life a little easier, our **AproDerm® Colloidal Oat Cream** and **AproDerm® Emollient Cream** can also be used instead of soap meaning they are great to also use in the shower as body cleansers.

Tips & Advice



Wash your hands before applying **AproDerm®**



Remember to keep your **fingernails short** and **smooth** to avoid breaking the skin



Bathe in **warm water**, (not hot) for no longer than 10-15 minutes. **Pat** your skin until almost **dry** and apply your AproDerm® emollient



Avoid rubbing as this may cause further irritation, itching and folliculitis (inflammation of the hair follicle)



¹ Fowler JF, Nebus J, Wallo W, Eichenfield LF. Colloidal oatmeal formulations as adjunct treatments in atopic dermatitis. J Drugs Dermatol. 2012; 11(7):804-807
² NICE (2020) 'Skin Conditions, Management' BNF, Viewed 23 July 2020 <https://bnf.nice.org.uk/treatment-summary/skin-conditions-management.html>



AproDerm®

Barrier Cream

Long-Lasting Protection
from Nappy Rash



With its advance triple action formula **AproDerm® Barrier Cream** is designed to protect, moisturise and condition skin against nappy rash.

If you're looking for a gentle skin barrier cream to help ease the discomfort and distress of your little one's nappy rash then **AproDerm® Barrier Cream** is the perfect choice to prevent and help heal nappy rash.

- Suitable from birth
- Non-sticky so glides on easily
- Does not clog nappies so maintaining maximum absorption
- Convenient flip-top lid for easy, no mess application
- Non-sting formulation

- ✓ SLS Free
- ✓ Metal Free
- ✓ Alcohol Free
- ✓ Parabens Free
- ✓ Zinc Oxide Free
- ✓ Fragrance Free

For preventing and healing nappy rash

Nappy rash is a skin irritation. It occurs when your precious little one's delicate skin is exposed to prolonged wetness and contact with wee and poo in their nappy. It's made worse by the nappy rubbing against the sensitive skin. Prevention is always better than cure or treatment so follow these three simple steps to care and protect your baby's delicate skin from the causes of nappy rash:



Clean

- Gently clean your baby's nappy area from front to back using either cotton balls dampened with water or wipes that are fragrance-free and soap-free
- Make sure to clean all the creases too



Dry

- Put an appropriate clean nappy (make sure it's the correct size as we don't want it rubbing or leaking!) under your baby's bottom and gently pat the area dry with a clean cloth, ensuring that you don't rub



Apply

- Softly apply a thin layer of **AproDerm® Barrier Cream** to reduce the risk of nappy rash or to help heal, if nappy rash is already present. A penny-sized amount will do just fine (this covers an area of 100cm² – roughly the size of a square coaster). If you apply too much the area will become greasy
- Stroke the cream gently onto the skin, ensuring that it gets into the creases. Avoid rubbing the area
- **AproDerm® Barrier Cream** is so gentle it can be applied to baby's bottom after every nappy change, if required, up to 10 times a day. It is especially important to apply at nighttime, as this is when your baby is in their nappy the longest without a change



www.aproderm.com

Dr Jane Gilbert

Dr Jane Gilbert qualified as a doctor from Imperial College London (St Mary's Hospital). Her medical school interview, training and progress as a doctor in both hospitals and General Practice were featured on the long-running BBC documentary series 'Doctors to Be' and 'Doctors at Large.'

Jane has been working for the past twenty years as a health journalist and media medic. She researched and presented programmes on skin and health for the ITV digital channel Wellbeing, presented the series 'Call Dr Jane' for Yorkshire and Tyne Tees TV and appeared as a health expert for 'Teen Taboos' on Channel 4.

Jane has been published widely in magazines including Practical Parenting, Bliss and The Sunday Express and she has also created content for Roche Pharmaceuticals, Boots, ITV and Toys R Us magazine. She was a core contributor for Practical Parenting, writing regular 'Well Woman' and 'Agony Aunt' pages. She wrote the 'Child Health Zone' for Crooke's Healthcare, a simple but comprehensive guide to children's health for worried parents and 'Potty Training' for Hamlyn Books, which was published in January 2003, republished in 2006 and 2008 and given as a promotional gift with Huggies Pull-ups.



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AproDerm®

What your skin would choose



Soothes, Moisturises
and Protects from Birth



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