

Reducing the risk of your new born baby developing eczema

If a parent has eczema, the risk of a child developing eczema is increased. This is slightly higher if the mother is affected, and higher still if both parents or a sibling are affected.

Breast feeding: The World Health Organisation recommends that infants are fed exclusively on breast milk for the first 6 months of life. Breast feeding alone does not prevent eczema or food allergies but has many other benefits for mother and child. You should not exclude any particular foods from your diet, even foods commonly associated with allergies, unless you have been advised to by a health care professional.

Weaning: The UK Department of Health recommends starting solid foods at 6 months, in addition to continuing breast feeding. The 'British Society for Allergy and Clinical Immunology' has released new guidance 'Preventing food allergy in your baby: Information for parents' (https://www.bsaci.org/wp-content/uploads/2020/02/pdf_Infant-feeding-and-allergy-prevention-PARENTS-FINAL-booklet.pdf).

Infants with eczema or family history of eczema or food allergy have a higher risk of getting food allergy, which may then make their eczema worse. Research has shown that young children at higher risk of getting a food allergy may benefit from earlier introduction of foods such as egg and peanut from around 4 months, if these are part of your normal family diet. If you want to consider this, please read [the information leaflet](#) which tells you about allergic reactions that can happen and what to do if they occur.

Whatever age you decide to start weaning, introduce one food at a time. Give it daily for a week before you decide if it has a bad effect, e.g. skin rash, changes in poo. However, if you see an immediate reaction such as vomiting or swelling and redness of your baby's lips and face, stop giving that food at once and talk to your doctor before trying that food again. If you are breastfeeding your baby, vitamin D and perhaps an iron supplement should be given (see [information](#)). Discuss this with your doctor or health visitor. Both you and your baby should have a well balanced diet and if you are restricting your diet at all you should always ask to see a dietitian for further advice.

Probiotics: Some [research](#) has found evidence to support the use of probiotic combinations ("friendly" bacteria) to prevent eczema in infants born to families with eczema, asthma or hay fever. The probiotic combinations are typically taken by mothers in the last 3 months of pregnancy and then given to their babies for the first few months after birth. Exactly which strains and combinations is still unclear at this stage, and there is no evidence that other strains commonly found in supermarkets work.

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2022 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

17REDUC0622 updated July22

Page 1

Emollients (moisturisers) for preventing eczema

Babies at higher risk of developing eczema (ie a family history of eczema, asthma or hay fever) often have a dry skin at birth which could be a reason why eczema develops. Some earlier research suggested that eczema could be prevented by applying emollients to babies at high risk of eczema from birth for several months. Sadly, the bigger well conducted studies conducted across the world have not found any benefit using this approach, so emollients to prevent eczema cannot be recommended.

Caring for your baby's skin

When your baby is born, it is important to keep things simple. They may have areas of dry skin just like many babies, and it is still important to avoid things that can irritate and dry the skin more, such as soaps, detergents, wool and being too hot or cold. Use any simple unperfumed moisturiser (emollient) which can be prescribed by your doctor, after bathing your baby.

It is very tempting with a new born to use baby toiletries but if there is asthma, eczema, hay fever or food allergies in the family, avoid using soap or bubble bath products or any product with an added perfume (including those products that have a "baby" smell). It is unnecessary to use shampoo on a baby under one year of age.

Cradle cap: olive oil which is commonly used for cradle cap is no longer recommended as it can damage the skin barrier. If your baby does have cradle cap a simple emollient can be used to soften and wash the hair. If the cradle cap becomes a real problem then you should seek medical advice as this may be the first sign that they may have eczema.

Environmental triggers (including tobacco smoke, gas fumes and car emissions from nearby busy roads). These can have potential adverse effects on the development of childhood eczema.

House Dust Mite: House dust mite reduction may be beneficial if there is already eczema in the family. Simple house dust reduction measures include:

1. Remove soft furnishing and carpets and keep things simple.
2. Vacuum daily, when the baby is not in the room.
3. Use cotton or plastic play mat, which can be washed easily rather than play on the carpet.
4. Blinds at the windows or curtains that can be washed regularly.
5. Bedding that can be washed at high temperature 60 degrees Celsius.
6. Covers for the bedding.
7. Damp dust. Wash soft toys weekly or keep only a couple of the favourite ones in the bedroom.
8. Air the room well, open windows, keep the room cool.
9. Keep pets out of the bedroom

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2022 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

If eczema develops: After following all the above advice, if your baby still gets some patches of eczema, please do not feel guilty, as you may still have stopped the eczema getting even worse.

Remember that around 60 - 70% of children will grow out of their eczema. Don't use creams or ointments for your own eczema on your baby, as these may be too strong for your baby's skin. Ask your health visitor, pharmacist, nurse or doctor for advice.

Carer's skin care: It is important to also take care of your own skin especially if you have had eczema in the past. Caring for a new baby involves frequent hand washing and exposure to detergents, sterilising solution and other products which all can irritate the skin. Skin protection by avoiding soaps and moisturising your hands is important for you as well.

Further reading

- Vitamin d - advice on supplements for at risk groups <https://www.gov.uk/government/publications/vitamin-d-advice-on-supplements-for-at-risk-groups>
- Breast feeding help and support <https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/help-and-support/>
- Allergies <https://www.nhs.uk/conditions/allergies/>
- Preventing food allergy in your baby: Information for parents' https://www.bsaci.org/wp-content/uploads/2020/02/pdf_Infant-feeding-and-allergy-prevention-PARENTS-FINAL-booklet.pdf

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2022 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH