

The
Calm
Skin
Guide

The **Calm** **Skin** *Guide*

**How to manage
childhood eczema**

**Jae Rance &
Amber Hatch**

Foreword by Dr Philippa Kaye



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To Max, Zoë, Erin, Esme, Rory, Megan, Juno,
Emily, and all the other children whose itchy
experiences have made this book what it is.

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Foreword

You've probably heard people use phrases like 'soft as a baby's bottom', or 'perfect newborn skin' when talking about babies or skin. We seem to have an idea that babies and young children have unmarked, soft skin that doesn't have any problems, but that simply is not true. In my GP surgery, I see many parents with concerns about their baby's skin. Eczema is common and the impact of the condition on the baby or child affected, as well as their parents and other family members, should not be underestimated. And as a mother myself, I understand how distressing it is when our children are unwell. Added to that, parents often tell me that they feel that others judge them and their parenting skills when their children have red or angry looking skin, or when their child is scratching – because they often will find a way to scratch or rub!

Eczema can be hard work, both for your child and for you. It isn't as simple as 'take medicine x three times a day for a week' and it will all clear up. Instead, the treatment of eczema takes work and effort, multiple times a day, every day. The fact that the majority of cases improve as they get older can feel like cold comfort when your child is rubbing their skin until it bleeds and not sleeping due to itching.

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When we, or our loved ones, have a health condition, we are all vulnerable. We are so desperate to make things better that when someone offers a miracle cure, or even just some advice, we sometimes feel we must take it, because we will try anything to help. People have lots of advice – try this, try that, don't try that, definitely don't try THAT, look online, this cream helped me, that ointment helped my friend, see this doctor etc, etc, etc. It can feel overwhelming and confusing.

There are many good aspects of the digital world that we live in, but there is also a lot of misinformation online and it can be hard to sift through to find out what is correct. Patients often worry about bringing something they have read into the surgery to show me, be it about a treatment or health concern, perhaps a page ripped out of the newspaper or something on their phones. I always reassure patients that it just shows we are all on the same team, Team Trying-to-Help. If what they show me is about a piece of research or information I don't know about, I will go and look it up. If it is about something that is medically incorrect, I will tell them that and discuss the issue with them. During my consultations I often point out websites, books or other resources to patients to help guide them to evidenced based, accurate information. There is much more information available than your doctor may be able to get through in one consultation and it can be tricky to remember everything your doctor advises.

This is where *The Calm Skin Guide* comes in, to help you at home. It is a book to fill the gaps in your knowledge with useful, common-sense advice and to allow you to understand what might be going on with your child's

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skin and what to do about it. A book to look at when there is a flare up, or to find out how to try to prevent a flare up. Perhaps most importantly it is a book to help you feel less alone, as it is packed with quotes from parents who may be in a similar situation to your own. It is a book to refer to time and time again as the management of your child's eczema develops, a resource that can be read cover to cover or dipped into as and when needed.

So, wipe that emollient off your hands and get flicking through the pages!

Dr Philippa Kaye, GP, media doctor and author

Introduction

If your baby or child has eczema, then this book is for you.

Perhaps you are wondering what those dry-looking patches on your child's skin might mean, or maybe you just got a diagnosis from the doctor. Or perhaps your child's been struggling with eczema for a while, and you want to understand more about the condition and what you can do to help. Maybe you are dealing with a flare-up right now. We know that can be tough.

There's loads of information about eczema out there, but it can be overwhelming sifting through it and making sense of sometimes contradictory advice. The information may be overly medical and hard to understand, or you may find unrealistic 'cures' based on flimsy evidence. You need a comprehensive, no-nonsense resource you can trust. Whatever your story, this book will help you navigate and manage your child's eczema.

Although it may feel as though yours is the only little one in the parent and baby group with angry-looking skin, please remember that you are not alone. Up to 20 per cent of children globally have eczema – with a higher prevalence in richer nations.¹ This means eczema is really common. It usually appears from around 2–6 months and

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peaks in early childhood. Around 80 per cent of children 'grow out' of eczema by the time they are eight.²

But hearing that eczema is really common, or that your baby will probably grow out of it, isn't much comfort now. The fact is, eczema is a chronic and complex condition that can be very uncomfortable and, at times, distressing for both your child and you. The itching and sleeplessness is more than just disrupting. When parents/carers are already sleep deprived and vulnerable, the anguish this condition causes our little ones can feel debilitating.

'The worst thing is not having the ability to take this away from him or make him better. As one patch cleared another appeared no matter what we used. To watch my child scratch until he is red raw and bleeding is heart-breaking,' – Bev, mum to George, 3.

If you have just found out that your baby has eczema, or perhaps you are dealing with yet another flare-up in your child, then you may be feeling upset, anxious, or frustrated. You will want to do whatever you can to make this problem go away. When things 'go wrong', parents often feel responsible, and sometimes even guilty or helpless. Unfortunately, there are no easy or instant solutions. There are no magic medicines or home remedies that will 'fix' your child's skin. This book can't promise you 'Clear Skin in Seven Weeks!' We wish we could.

We can't make eczema go away, but there are things that you can do to help soothe the symptoms and prevent them from getting worse. And understanding more about where eczema comes from and how it behaves will greatly

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help you and your child manage the condition. With eczema, knowledge definitely does mean power. We will show you effective ways to soothe flare-ups and how to pre-empt problems before they arise. But just like most things to do with parenting and childhood, it's never going to be totally smooth-going. The eczema journey can be long and complex, with plenty of curve balls on the way. This book will help you get through it.

'We found out when he was six weeks old. I felt anxious and sad, but relieved that I could put a name to his symptoms,' – Kay, mum to Finan, 5, and Odie, 1.

How to use this book

We know that many readers will come to this book because they've hit a crisis point with eczema. If things have got really bad, then you may need to turn straight to the emergency section at the back of the book on pages 330–37. We know that during a flare-up you may not have the time or the brain capacity to read a book from start to finish. So we have boiled it down to the key practical steps you need to bring the flare-up back under control. If you need more detail, you will find clear signposting to where you can find that information and advice in the early chapters.

Once you have followed those steps, or if you are not dealing with an eczema emergency, then you can explore the rest of the book. We've tried to organise it in the most logical way for most readers, roughly mirroring the steps you may take in your eczema journey. This book is packed with a ton of advice and practical suggestions. We

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don't expect every reader to do all of these actions, but we have tried to include as many avenues as possible, to give you the best chance to find out what works for you and your child. You can read the book from start to finish, or just dip into whatever section seems most relevant to you right now. Below is a summary of the areas covered. You can also use the contents page and the index to help you navigate the book and find the exact information you need.

Chapter 1 provides an overview of childhood eczema, helping you to understand the basics of the condition, including how to recognise it, and what to expect.

Chapter 2 explores visiting the doctor and the typical medical treatments. You will also find an explanation of key medical terms here.

Chapter 3 looks at how you can manage symptoms at home, including soothing flare-ups, and home remedies you can try. We'll also consider the impact eczema might have on your lifestyle and how to manage that.

Chapter 4 considers possible triggers for eczema. Starting with the most common triggers and the easiest solutions, it is a pragmatic guide to investigating these and practical tips for reducing them.

Chapter 5 explores how food and diet might affect eczema. It looks at foods which are known to be beneficial and those which may be problematic. We consider the

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scientific basis for adjusting diet, and issues to watch out for if you do.

Chapter 6 covers alternative remedies. We discuss the claims made for various alternative remedies and look at the evidence in support of them. We also consider the dangers and the pitfalls.

Chapter 7 looks at managing eczema as your child grows. This includes encouraging self-management, and adapting to new environments, such as holidays, nursery and school.

At the end of the book, you will find an Emergency Checklist, designed to take you quickly and simply through the practical steps that bring a flare-up under control.

Throughout these pages you will find anecdotes and stories from other parents who are dealing with childhood eczema. You'll also find snippets from healthcare professionals and other experts. We hope that these voices will provide a range of experiences and perspectives that will support you in your choices.

Although the majority of readers of this book will likely live in economically developed nations, we aim to be as inclusive of social groups and ethnicities as possible here. The statistics show eczema prevalence is not uniform across all societies, suggesting that factors such as climate, poverty and lifestyle choices, as well as genetics, play a part. However, within developed nations, eczema is found in all ethnic groups:³ it presents differently in different people, and skin tone plays a big part in that. We will look at these variations too.

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Jae's story

In 2008 when my son, Max, was four months old, suddenly his little face erupted with a red weepy rash. I knew straight away it was eczema. It's something that I've had to deal with on and off over my life too.

He'd struggled through his first few months with colic and reflux. So we were already feeling pretty sleep deprived. I had been hoping that he might start sleeping longer at night – but now instead he was waking up each night itching. I could barely drive my car safely. I was at my wits' end.

Our GP was brilliant – it helped that he'd had his own eczema baby, so he really knew what we were going through. He prescribed emollients and gave us good advice. But even so, my son continued to itch. He quickly seemed to be able to direct his hands and pretty soon we found him scratching his face at night. I was mortified when people commented on his appearance out in the street. No matter how much I trimmed his nails they still seemed to be razor sharp. I covered his hands and swaddled him to boot, but even so he managed to scratch himself again. One particularly bad morning, which will stay with us forever, we found him in his cot covered in blood and looking like a scene from a horror movie. He had somehow extracted his arms from his swaddling blanket, wriggled just one thumb out of the flip-over mitts of his sleepsuit and scratched his poor itchy little face to shreds.

That was the moment when I knew I had to get creative. I got out my sewing machine, an unwanted t-shirt and some scraps of silk. I designed and sewed a cardigan

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with integral mitts to keep his little hands covered. There was no way he was going to wriggle out of this one.

They worked so well that we gave a couple of sets to an itchy little girl we met at Max's swimming class. I'll never forget the thank you I got from her parents when she first slept through the night without any new scratches. It inspired me to start a company selling my cardigans. They certainly came in handy when my second child, Zoë, came out in the tell-tale rash, too. Through ScratchSleeves I've met and helped thousands of families dealing with eczema. I've heard countless stories of heart-ache and triumph. What I've learnt is, while every family is different, everyone benefits from practical solutions and reliable, evidence-based information. I hope this book will provide families with exactly that.

1

What is eczema?

What it is, and what it means for you and your child

The basics

Eczema is an umbrella term that refers to a number of different skin conditions where the skin feels itchy and irritated. The most common type is atopic dermatitis. ‘Dermatitis’ means skin inflammation, and ‘atopic’ means it appears on the body in places which have not been in contact with any allergen. This is what is meant by ‘baby eczema’ or ‘infantile eczema’. However, older children and adults can also get atopic dermatitis (and babies can get different types of eczema). We’ll be focussing on atopic dermatitis and will often refer to it simply as ‘eczema’, but you will also find information about different types of eczema as well (including a glossary in Chapter 2).

Eczema most commonly shows up in babies before the age of six months – usually from two, three or four months old. Although the condition is not fully understood, eczema occurs when the immune system becomes overactive. This triggers inflammation that damages the skin barrier, and leaves it dry and prone to itching, rashes and infection.

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It tends to start as a rash on the cheeks, which then spreads to the face and trunk, either in patches or covering the skin. On black or brown skin, the eczema patches may look grey, purple or darker black or brown; on white skin the affected area often appears red. In young babies, eczema flare-ups are typically weepy and red patches (on white skin) or darker patches (on brown and black skin). As babies get older the patches tend to be more dry and flaky – at which point they may appear more yellow, white or grey. In mobile children, eczema is often found in the folds of the knees and elbows.

‘It started on her forehead when she was 3 months old. She would rub it at night. Then it rapidly spread all over,’ – Samantha, mum to Nicole, 6.

Eczema tends to flare-up and then calm down again, though the skin is likely to remain dry and flaky between flare-ups. (We’ll look more at what can trigger these flare-ups in Chapters 4 and 5.)

These patches of dry or weepy skin are incredibly itchy, especially during a flare-up. This itchiness can cause discomfort, irritability, and worst of all, sleeplessness. Studies have shown that babies with eczema can lose an average of two hours sleep a night.¹ Babies who have developed the dexterity (on average from around six months) will scratch themselves to momentarily satisfy the itch.² Even younger babies will have a bash at irritated faces and will quickly learn to rub their itchy faces against any convenient surface, such as your jumper or their sheets. Unfortunately this can quickly lead to damaged skin,

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which becomes even more itchy, and, worse, is prone to infection.

‘I thought originally it was just a bit of dry skin, but it quickly got worse and redder. Being so young she didn’t have the ability to use her hands to scratch, so at first I thought it wasn’t too bad, but after a few weeks she would start to scratch and at this stage it was obviously irritating her,’ – Fiona, mum to Tori, 18 months.

Who gets eczema?

As we have already mentioned, eczema is an extremely common condition, affecting as many as 20 per cent of children worldwide. Genetics play a big part in whether your child is susceptible to eczema, as do environmental factors, such as climate, diet, lifestyle and pollution. A 2021 study looking at primary care data from 3.85 million children and adults in England, found that eczema is most prevalent among children aged two (16.5 per cent, or 1 in 6), and most of these had first been diagnosed with eczema before the age of one. It is found to be more common in boys than girls, especially in babies. There are more cases of eczema in deprived groups – except in the case of the under-2s, where it is more prevalent among wealthier families. Eczema is significantly (70 per cent) more common in black and Asian populations than in people with white ethnicity. (US studies have found the same.³) Eczema is more likely to be found in urban areas than in rural. In England, eczema is more prevalent in the north-west.⁴

What is eczema?

Although these stats show some interesting trends, there is no getting away from the fact that eczema is extremely common and is found across all parts of society. Probably the most reliable predictor of whether your child will have eczema is whether you (or the baby's other parent) had it as a child. Studies have shown that atopic dermatitis has a 75 per cent chance of being passed on to the next generation.⁵

'After a vaccine she had a high temperature which was followed up by a very severe flare-up on her skin. At first, I thought it was an allergy, but when her fever went down but her flare-up remained I realised that it was indeed eczema. I've suffered from eczema myself and it was frustrating to know that my daughter had acquired that same gene,' – Valeria, mum to Noa, 7.

The mechanics of itching and scratching

Probably the most hated symptom of eczema is the incessant itch. (That, along with sleep disruption – which is most often caused by itchiness anyway.) The problem with itchiness is that it is part of a painful cycle. Itchiness leads babies and children to start scratching themselves, which in turn aggravates the skin and leads to more itching.

There has been a lot of research into why eczema causes itchiness and yet the mechanics are still not fully understood. Itching starts in the skin – in the epidermis (top) layer. Here nerve endings are stimulated by dry skin and triggers in the environment. These nerves send messages to the brain and the sensation is interpreted as

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itching. This is known as a neurogenic itch. Itchiness can also be triggered by psychological factors. This is called a psychogenic itch. Simply the thought of having an itch somewhere on the body can create a powerful sensation there (think of nits and you'll probably be scratching your head). Itchy sensations can also be brought on by stress, boredom, and conditioning. Although in eczema the itch is initially caused by physiological factors, psychological factors will very quickly become intertwined with those – especially when children experience eczema over a long period and it starts at a young age.

‘Nothing could stop him scratching. He would scratch until he felt satisfied or it started to bleed and hurt,’ – Krystle, mum to Joshua, 3.

While pain triggers a withdrawal response in the brain – we try to avoid touching or aggravating painful spots – itching draws us to the area, inviting us to touch and try to relieve it. At first young babies won't ‘think of’ scratching an itch, and, until they are at least several months old, they won't have the dexterity or the coordination. However, at some point their fingertips will make contact with the itchy skin (or they may rub themselves against a surface such as a mattress). The scratching momentarily relieves the itch, and so ‘rewards’ this behaviour. The problem with scratching is that it very quickly inflames the skin, making it even more sensitive and itchy. As long as the itch continues so will the desire to scratch (or rub), until the skin becomes so damaged that it is painful, at which point the brain will tell us to keep away.

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When this action is repeated (which it will be, countless times a day) the scratch response very quickly becomes engrained. Soon scratching becomes an automated, unconscious response, very often without us even realising we are doing it. Scratching may happen at the slightest of sensations, or even where there is none at all.

The itch-scratch cycle

The problem with this itch-scratch chain of events is that the resulting inflamed and damaged skin is now much more vulnerable to irritants and triggers which can get through the skin barrier. This can then trigger an eczema flare-up, which results in even more itchiness. Skin infections, too, are a possible complication of scratching as nails break the skin and introduce bacteria. They will also cause more itching, and so the cycle continues. This is why it is so important to try to interrupt the cycle where we can: both by reducing the symptom of itchiness, and also by limiting scratching as much as possible.

‘What was particularly hard was getting to her first thing in the morning when she woke up to find her face bright red from being rubbed/scratched through the night and finding blood stains on her sheets,’ – Marianne, mum to Lucie, 11, and Josh, 7.

The link between eczema, asthma, and allergies

Children who have eczema are often also susceptible to asthma and allergies – especially hay fever. Doctors refer

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to this relationship as the ‘atopic triad’. Eczema most commonly shows up first during babyhood then, later, food sensitivities can develop, followed by asthma and allergic rhinitis. This is known as the ‘atopic march’. Studies have found that eczema is a risk factor for developing allergies, and one study found that those with infantile eczema were six times more likely to develop food allergies than the general population.⁶ To put this in context, a 2021 study found that 18 per cent of children with eczema went on to develop peanut allergy.⁷ Another study found that 20 per cent of children with eczema went on to develop asthma; (for those with severe eczema, the relationship was higher, at 60 per cent).⁸ While these statistics show a clear link, we should remember that most children do not go on to develop severe allergies.

There has been a huge increase in the incidence of eczema, allergies, and asthma over the last three decades and a lot of study is going into exploring this. The relationship between the various conditions is not fully understood. However, it is thought that the link lies in the inflammatory nature of eczema and asthma.

Some evidence suggests that eczema causes the body to be exposed to allergens through the inflamed and damaged skin. This early exposure may trigger the immune system to react to allergens. Although there have been mixed results, some studies suggest that early management of eczema may have a role in preventing later allergies, perhaps by preventing this exposure through a damaged skin barrier.⁹

Although the focus of this book is the management of eczema, we will keep this relationship in mind. It is

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wise for families with a history of eczema to be on the lookout for other allergies which may crop up later; taking steps to protect your child's skin and reduce the severity of flare-ups may even help keep them at bay. There are other practical steps which can be taken to reduce the likelihood of allergies developing: we will look at some of these in Chapter 4 when we explore reducing triggers for eczema, and we will look more closely at the relationship between food, eczema, and allergies in Chapter 5.

How to tell if your child has eczema

If your child starts to develop a rash on their face or elsewhere on the body, you are going to want to find out what it is. It can be worrying when you don't know what is troubling your child, especially if it is accompanied by discomfort or distress. Babies have very sensitive skin and there are lots of different conditions that can cause rashes, so it is not always obvious if your child has eczema. Likely as not, within a few weeks and months, you will be an expert on your child's skin, but for now let's start with a process of elimination.

'Georgie was 3 months old when we noticed a mark on his face. At first I thought he had been stung by a wasp but within hours he was covered in angry patches from his face to his feet. He was having his first flare. I felt overwhelmed at the speed his eczema took over and at the amount of creams prescribed,' – Bev, mum to George, 3.

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There are a number of diseases and conditions which could be mistaken for baby eczema. Some of them will clear up by themselves and some will need treatment. Here is a run-down of some of the most common childhood ailments affecting skin.¹⁰ You can check your baby's symptoms against this list, but it shouldn't be taken as medical advice. When in doubt, please consult a health professional.

Baby acne – can appear when they are around two to three weeks old. Pimples appear on the face, and sometimes on the upper back and neck. There may also be whiteheads. It is more pronounced when your baby is crying. Vomit, saliva, and rough fabrics can exacerbate it. It doesn't need treatment and clears up on its own after a few weeks.

Cradle cap – yellow, white or brown scaly or greasy patches on your baby's scalp. This is not itchy and will not bother your baby. (It is technically another type of eczema: infant seborrheic dermatitis.) It can be treated at home by using emollient or oil, such as coconut oil to soften the crusts, which can then be gently brushed off (avoid olive or groundnut oil, see pages 278–9). Or you can just leave it alone.

Nappy rash – red or brown patches, raw, sore bottom, caused by wee or poo, or by nappies rubbing on the skin. Good hygiene will help treat and prevent it. Use barrier cream if necessary.

Thrush – it looks like bright or shiny, inflamed patches

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with more clearly defined borders in the nappy area. You might also see dots or pus-filled bumps (pustules) beyond the outer edge of the rash. It needs to be treated with anti-fungal cream.

Skin sores – milk and vomit can become caught in the folds of a baby's skin, especially in the neck and behind the ears, causing sores to develop. These should clear up with gentle washing and drying.

Ringworm – an itchy, dry ring-shaped patch could be ringworm. Don't worry: it's a fungal infection, not an actual worm. Treat with antifungal cream from your GP or pharmacist.

Heat rash – small, raised spots, with slight swelling, caused by heat and/or sweat. Looks red on white skin. Redness may be harder to spot on brown or black skin, where it can appear grey, white or purple. Cool and clean the skin and it clears up on its own within a few hours.

Hives – round or oval, puffy spots and patches. Looks red or pink on white skin, the redness may be less obvious, or purple or grey, on brown or black skin. Extremely itchy. Caused by an allergic reaction and exacerbated by scratching. Seek urgent advice if breathing is difficult.

Impetigo – sores or blisters, often around the mouth, that burst and leave crusty golden-brown scabs (can look like cornflakes). Unlike the other ailments above, this one is contagious.

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The following childhood illnesses cause skin rashes and normally come with a high temperature. Babies are often protected from these viruses during their first year from their mother's immunity, so it's more likely your child will be exposed to the more common ones once they start nursery or school, rather than in babyhood. Most of these diseases cause no lasting harm, but some, like meningitis, are very serious and require urgent medical attention.

Meningitis – a rare but extremely serious disease, the symptoms of which can include: headache; a rash that doesn't fade when you press a glass against it; a stiff neck and aversion to light. Call for an ambulance or go to your nearest A&E.

Measles – a spotty rash starting on the head or neck and spreading to the rest of the body. It's unlikely to be measles if your child has been vaccinated with the MMR jab, or they have already had it. Call your GP if you think it could be measles.

Chickenpox – small spots that change to blisters followed by scabs, and itching. This is very contagious, so stay at home.

Scarlet fever – a sandpaper-like rash with flu-like symptoms and swollen neck glands could be scarlet fever, which again is very contagious. Consult your GP.

Slapped cheek – a rash on one or both cheeks along with a high temperature and runny nose. (Also, headache and

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sore throat – though this may be harder to detect.) Ask pharmacist for advice/treat at home.

Hand, foot and mouth – blisters on the hands and feet and ulcers in the mouth could be this common childhood virus. Ask pharmacist for advice/treat at home.

So, assuming that all of the above ailments have been ruled out, it's quite possible that your baby's skin rash is eczema. (It's also possible to have two conditions at the same time. Babies like to keep you on your toes.)

'He ended up in hospital on an antibiotic drip as it had become badly infected. I had done everything the doctors had recommended but it got worse and worse. They had thought it was baby acne until then,' – Fiona, mum to Rhys, 4.

One of the key symptoms of atopic dermatitis is itchiness, but young babies won't be able to tell you that they are itchy (at least not directly), and they won't be able to scratch themselves purposefully either. That means you will have to do some detective work. These are the main clues to look out for:

Appearance: patches can appear anywhere, though they often start on the cheeks and spread to the trunk. Skin will look discoloured and aggravated. It will be red on white skin and can be grey, purple or dark brown on medium brown, dark brown or black skin. It may be weepy, crusty, cracked or flaky.

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Persistence: the affected areas do not seem to be changing or clearing up quickly.

Behaviour: the skin can be tender and provoke a reaction if touched. Your baby may seem irritable and restless and may have trouble sleeping. Uncomplicated eczema won't cause a temperature. (It may if it is infected, see page 27.)

Age: although it can appear earlier or later, the typical age for baby eczema to appear is around two, three or four months.

Genetics: eczema runs in families. Find out if you or your partner had eczema as a child. Is there a family history of hay fever, asthma or allergies? If so, that makes eczema more likely.

'It was upsetting to see her skin look so sore and not knowing if it was bothering her due to her not being able to communicate with us,' – Beth, mum to Aurora, 3.

If your child has an eczema-like rash that is causing discomfort and doesn't seem to be clearing up on its own any time soon, then it's best to go and get it checked out with a doctor or other healthcare professional. In Chapter 2 we will talk about the medical treatments for eczema and what you can expect from your healthcare professional.

What is eczema?

What eczema means for you and your child

For most children, eczema will be mild to moderate and will hopefully have minimal impact on daily life, especially when it is not in an active phase. However, about a third of children with eczema will have the condition in a moderate-to-severe form. These children and their families are likely to find it affects their day-to-day life, and may have to think carefully about how to deal with it. These figures are not meant to scare you, especially if you are a new parent just finding out about eczema. But it is important to recognise that eczema can be a significant condition, and therefore needs an appropriate level of care and attention.

‘At first I thought “Okay, bit of cream for a while, then he’ll grow out of it quickly like my older children.” But his got worse over time and he was always itchy. Almost his whole little body was covered. It made me feel helpless, useless and upset that I couldn’t help my baby. It also made me doubt myself; I felt it was my fault,’ – Nicola, mum to Innes, 3.

Itchy, sore, inflamed skin can cause significant discomfort to your baby or child. It may make them irritable during the day; it may keep them awake at night (around two-thirds of children with eczema report sleep disturbance).¹¹ Unfortunately this often creates a vicious cycle, with each one exacerbating the other. As every parent knows, unhappy, wakeful babies can cause considerable distress to us too. Being tired from broken sleep makes it harder for us to deal with a fractious baby. Babies and

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young children are notoriously erratic sleepers; eczema can make this even worse. Lack of sleep can have a considerable impact on your own mental health and on your family's well-being. If sleep is disturbed for long periods, this may also have implications for your child's behaviour, growth and general development.

'We struggled with sleep throughout earlier years and up until she was 6. It was a very, very hard time,' – Valeria, mum to Noa, 7.

The sore skin itself may make some everyday activities harder. Keeping the skin clean (e.g. after eating), dressing and undressing, going out in tough weather – all of these commonplace activities may be complicated by inflammation and discomfort. Scratching can cause bleeding which can be painful and distressing to see. Angry-looking skin can make you feel self-conscious taking your baby out in public (even if they couldn't care less).

Then the treatments that you may need to use to combat the condition also come with their own challenges. Emollients and creams may be tricky and messy to apply. Adjustments to your environment and lifestyle may take up time and energy and cost money – at a time when young families are probably already at full capacity.

Again, this is not meant to be unduly negative, but more to be realistic about the journey that parents face. Perhaps one of the hardest struggles for eczema parents is when the condition is dismissed or played down, and they find their concerns and challenges are not taken seriously. People without direct experience of eczema often

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have little to no idea about how much of an impact the condition can make on young families, who are already at a very vulnerable stage of life.

‘I absolutely hate when people say, “Oh, they’ll grow out of it.” I know it’s well meaning but it provides little comfort to hear that,’ – Fiona, mum to Tori, 18 months.

‘I think the psychological impact on parents is often missed by professionals. Not only is it horrible to see your child in pain, but there is the reality of the impact it has on the family unit – the sleepless nights due to how itchy she can be, the tantrums because of the sore skin, the constant need for multiple types of treatment in a bid to keep eczema at bay, the battle with GPs in getting prescribed medications actually issued, and the financial cost,’ – Beth, mum to Aurora, 3.

As we mentioned in the introduction, eczema is a long-term condition. Even with timely treatment and good management techniques, it is very unlikely to clear up completely within a couple of weeks. This is a condition that you and your child will probably be dealing with for many months ahead, and likely some years. The statistics show us that eczema is most active at around two years, and flare-ups necessitating GP visits tail off after that age.¹² For a long time the prevailing belief was that most children ‘grow out’ of eczema. More recent studies have shown it’s not quite so simple as that. What is clear is that the condition tends to come and go – often disappearing entirely during later childhood. It may return at

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times during adulthood, and for some, eczema will persist right through.¹³

‘I remember the healthcare nurse saying at the baby group, “a little touch of eczema”. I cried – I tried to not let anyone see. He was weeks old and I knew how severe it could be’ – Fee, mum to Jay, 16.

This is probably not the news that you were hoping for. However, the good news is that you will become much more adept at managing the condition as you get a handle on triggers and management techniques that work for you and your child. Eczema naturally ebbs and flows: there will likely be good and bad periods. When you know what you are doing you will be able to prevent the worst of those bad periods and keep them at bay for longer. Small lifestyle adjustments can make a huge difference to the severity of the condition.

The following chapters will help you formulate an approach that works for you and your child. You will probably need to adopt a combination of different approaches. Medical treatments will probably be your first port of call – meaning medications which are recommended and prescribed by your GP or pharmacist. Home-care techniques and remedies will help you soothe the inevitable flare-ups and help your child manage itchiness. You may find that small (and even some larger) adjustments to your lifestyle can offer worthwhile paybacks. Considering your child’s diet, especially during the weaning process, could help prevent outbreaks. Exploring alternative medicines may also work for you.

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The key thing to hold in mind is that while you won't be able to eradicate eczema, you should be able to reach a point where the condition lives in the background and does not get in the way of enjoying family life. So it's also important to bear in mind that any solutions you come up with don't negatively affect you either. You will need plenty of patience and a willingness to try out new ideas while you find out what your individual child needs. As you master these tools you will find yourself growing in confidence, greatly reducing the impact of eczema and taking it all in your stride.

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The doctor

How to get help, how to use emollients and corticosteroids, and other medical treatments

If your child has eczema it's important to treat it. It won't go away by itself (at least, not in any timely fashion) – and without appropriate treatment it could get much worse, causing problems further down the line. Besides being unpleasant in itself, eczema-affected skin is vulnerable to infection which can be distressing and difficult to treat. And, as we mentioned on page 14, ongoing research suggests that proactive early treatment of eczema – known as aggressive treatment in medical terms – may help to prevent later food allergies.¹

This means that as soon as you suspect eczema, you should contact your GP to arrange an appointment. The advantage of going straight to your doctor rather than your health visitor or pharmacist is that the main treatments for eczema are available on prescription. There is also a vast and confusing array of over-the-counter treatments, so it's best to get professional advice. Going through the GP also means there will be a record of the treatments you

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try on your child's medical history. This will be useful if you need to investigate intolerances.

It is especially important that your child sees their doctor if the eczema seems to be getting worse, or if they have open cracks or weepiness, as any infection of the damaged skin will need prompt medical attention.

How to spot infection

- The eczema seems to be getting a lot worse.
- The skin is swollen and sore.
- The skin is oozing fluid.
- Small yellow-white spots on the eczema or a yellow crust.
- There may be an odour.
- The child may be feeling hot, shivery and generally unwell.

See a doctor as soon as possible if you think your child's skin may have become infected. Minor, subsequent infections may be possible to treat at home, see Chapter 3

'My eldest was five weeks and five days old. Not even old enough for her first set of vaccines and we were sent to the out-of-hours doctor due to severely infected eczema. She looked like she had been scalded. It was harrowing. This was not the experience of parenting we'd day-dreamed about during NCT classes.

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We were uneducated, clueless and felt completely out of our depth,' – Helen, mum to Caitlin, 7, Jacob, 5, and Sophie, 2.

Booking your appointment

Recent years have seen huge changes in the way GPs' appointments are booked and conducted. Most likely your GP surgery or health centre will have an online booking system, which may or may not feel as user-friendly as you would like. These might be hard to navigate if you are feeling sleep deprived or desperate. Hang in there and give them a call if necessary. Most surgeries will prioritise appointments for children.

Nowadays patients may be offered a telephone appointment or a video call rather than a face-to-face visit. A face-face visit is preferable for assessing a skin condition and it's easier to build a positive relationship with a doctor if you see them in person. If you need to send pictures make sure you take them in a good light. Never send photos of genital areas.

Once your child is booked in, it's a good idea to prepare for your visit. Think about what information you might need:

- What symptoms have you noticed?
- How is this affecting them (or you)?
- How long has it been going on?
- Has something prompted you to make the appointment now?
- What have you tried so far, at home?

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- Anything else that might be relevant (e.g.: triggers, family history).

Make a note of this important information and include any particular questions you have. You might want to ask what treatment options there are; if there are any side effects to look out for; when can you expect to see results; and what else can you do to help. You can make notes of the answers during the appointment.

If you are the kind of person who makes the best of things, or looks on the bright side, then it's important that you don't play down symptoms. Sometimes it can be hard to judge how severe a problem is, and you might feel you are making a fuss about nothing. After all, all infants wake up at night and get fussy at times. Don't be tempted to offer your own explanations: 'it might be just teething'; 'it's probably because they're tired'. Be really clear about the facts and give as much detail as possible.

Don't be afraid to mention indirect consequences of the condition. For example, if your child's wakefulness at night is having an impact on your own ability to function during the day, or on your mental health, then say so.

If you find going to the GP's challenging for any reason, or you are simply feeling overwhelmed, think about taking someone to the appointment with you, such as your partner, if you have one, a family member, or good friend. Having someone else there can remind you of any questions you want to ask and help remember the answers. Or consider asking your partner to go instead. Responsibility for managing a child's health and well-being often falls to one parent – more often than not the mother. Involving

the other parent can help you to share the load of managing the condition right from the start and can help your child feel more supported.

Getting the most out of your doctor's appointment

Being a parent will inevitably bring you in closer contact with your GP, from pregnancy check-ups to routine baby checks and vaccinations, plus of course all the varied ailments and conditions that will crop up. Because eczema is a chronic condition, it's likely to generate a fair number of appointments down the line.

You may already have a great relationship with your GP. Or you may be seeing them for the first time. It's also possible that you've had experiences in the past that have been less than satisfactory. Whatever your previous experiences with GPs or the healthcare system in general, it's best if you can leave any baggage or frustrations behind and go in with an open, positive attitude. Most doctors are empathic and kind: they entered the profession to help people.

A GP's perspective

I have been a GP for twenty years and see a lot of patients with eczema. We approach eczema as a condition to manage, rather than cure. I know this can be frustrating for parents who want to fix that itchy, sore skin. When parents first bring their child in to see me, I like to ask a lot of questions so I get a full picture about what's going on. I'll ask the child, if they are old enough to tell me, or if not the

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parents. I want to know where it's happening, when it came on, any possible triggering factors and also about related conditions like asthma and hay fever. I ask about family history and what treatments have already been tried at home.

It's really important to find out what the parents know about eczema – what they've looked at, if anything. Offering them information at this stage can really help in the management of eczema and how we work on it together. The most important factor is IMPACT – how is this skin condition affecting the child and the family? This varies hugely from family to family, and I only know if I ask!

Dr Sue Halfpenny, GP

Four things to hold in mind when you visit the doctor:

- They are there to help you;
 - they know what they are talking about.
- But also:
- they are not an expert on your child;
 - they don't know everything.

It's really important that you trust your doctor and believe them to have your child's best interests at heart. Your GP should become a key ally in your quest to manage your child's eczema. If you don't feel comfortable with your GP, then it may be worth switching. You could try booking appointments with different GPs within the practice until

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you find one you think you will be happy working with. Next time you can just ask for this doctor by name as you make your appointment.

‘I’ve had a few GPs say to me “You’re the expert” and I really value that. As parents it’s our job to be the expert of our child’s health conditions. We spent every waking minute living it and researching it. To have that acknowledged is incredibly empowering for a parent,’
– Helen, mum to Caitlin, 7, Jacob, 5, and Sophie, 2.

Making a diagnosis

Unfortunately there isn’t a test that you can do to confirm or rule out eczema. Instead, the doctor will look for key indicators. The first of these is that the skin is itchy. As babies can’t talk, scratching is taken as a sign of itchiness. Even this is complicated by the fact that babies take time to coordinate their hand movements enough to purposefully scratch. However, even quite young babies (under four months) will bash their faces, especially when they are upset, and their nails will inevitably catch. Other than the visible evidence of scratching, itchy babies are unsettled and squirmy. They often burrow their forehead into anything they can find and turn their heads to rub against whatever they have burrowed into.

The doctor will also look out for other indicators that the condition is atopic eczema. For a diagnosis, there normally needs to be three of the following:

- An obvious rash on the cheeks, trunk or extensor areas (knees, elbows etc.).

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- A history of rashes in these areas.
- A history of dry skin.
- A history of eczema, asthma or hay fever in the immediate family (these are the atopic diseases), or, for children over four, a personal history.

Different types of treatment

The type of treatment that your GP will prescribe will vary depending on the severity of the eczema. Because eczema is a very changeable condition, it is likely that you will need to keep reviewing the treatment. The key medical treatments for eczema are medical-grade moisturisers called **emollients**, and **corticosteroid creams** (often just called ‘steroid creams’). We’ll explain exactly what these are over the next few pages.

If the eczema is very mild, it may only need occasional treatment with emollient. Moderate eczema may need a daily regime of emollient to prevent a worsening of symptoms and relieve itchiness. Severe eczema or a flare-up will require more aggressive treatment to bring the inflammation under control. You are likely to cycle through all of these stages as the eczema comes and goes.

Below you will find an in-depth exploration into what these treatments do and how to use them.

Emollients

Emollients are the first line of therapy for all dry skin conditions. This means they’re the first thing your GP (or pharmacist) will prescribe, and they will be the

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cornerstone of your eczema treatment. Using them as part of a daily routine can soothe, moisturise and protect the skin, helping to reduce the severity of eczema flares-ups, and prevent them occurring in the first place.

Emollients are available as creams and bath additives and there are many different brands available, both on prescription and over the counter. They are different from moisturisers you might already have in your cupboard because they do not contain any perfumes or any ‘anti-aging’ agents: those additives could aggravate your baby’s skin. The ones that are available on prescription should be low risk for side effects.

Be prepared to get through a lot! To give you an idea, you should be applying around 250g of emollient a week on your child’s eczema.

In 2018, the NHS stopped giving prescriptions for medicines which are available over the counter, when treating mild, short-term afflictions or illnesses. For example, treatments for threadworms, head lice, athlete’s foot, or for coughs and colds now have to be bought from the pharmacy without the need to see a GP. However, over-the-counter medicines can still be prescribed for chronic conditions – including eczema. Because children are entitled to free prescriptions, this makes a big saving. The prescription will be limited to the treatments which have been deemed effective and cost efficient. (For example, emollient bath additives are no longer prescribed, see page 84.)