Committee on Fetus and Newborn

Skin Care of Newborns

Skin care should consist of the following points:

1. Cleansing of the newly born infant should be delayed until the infant's temperature has stabilized after the cold stress of delivery.
2. Cotton sponges (not gauze) soaked with sterile water are used to remove blood from the face and head and meconium from the perianal area. As an alternative, a mild nonmedicated soap can be used with careful water rinsing. Potential bacterial contamination of bar or liquid soaps should be remembered.
3. The remainder of the skin should be untouched unless grossly soiled. There is evidence to indicate that vernix caseosa may serve a protective function, some evidence to indicate it has no effect, and no evidence to indicate it is harmful.
4. For the remainder of the infant's stay in the hospital nursery, the buttocks and perianal regions should be cleansed with sterile water and cotton. As an alternative, a mild soap with water rinsing may be used as required at diaper changes and more often if indicated.
5. There is no single method of cord care which has been proven to limit colonization and disease. Several methods currently in use include local application of alcohol, triple dye,* and antimicrobial agents.

During nursery outbreaks of infection, a total program of infection control is indicated. This should include institution of a program of surveillance and epidemiologic investigation, possible tracking changes, and institution of cohorts. Since hand transmission is the primary means of acquisi-

*Triple dye is composed of 2.29 gm of brilliant green, 1.14 gm of proflavine hemisulfate, 2.29 gm of crystal violet, and enough water to make 1,000 ml.
tion of most organisms by newly born infants, emphasis must be placed on hand washing techniques as recommended in *Standards of Recommendations of Hospital Care of Newborn Infants*.

In the case of staphylococcal outbreaks, several measures may be undertaken. These might include: treatment of the cord or the cord and nose with an antibiotic ointment, treatment of the cord with triple dye, or even brief institution of a program of total body bathing with a solution of not more than 3% hexachlorophene. (This application must be limited to full-term infants, must be thoroughly washed off after the application, and applied no more than two times to each infant.) In serious outbreaks the technique of bacterial interference or the administration of systemic antibiotics to all infants may be required.

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L. Stanley James, M.D., *Chairman*
Stanley N. Graven, M.D.
Jacob L. Kay, M.D.
Sheldon B. Korones, M.D.
H. Belton Meyer, M.D.
Donald M. Muirhead, Jr., M.D.
Thomas K. Oliver, Jr., M.D.
Henry Shinefield, M.D.
Robert L. Spear, M.D.
James M. Sutherland, M.D.
Paul R. Swyer, M.D.
Eileen Hasselmeyer, Ph.D., R.N., *Liaison Representative*
Eric Knox, M.D., *Liaison Representative*
Norman S. Talner, M.D., *Liaison Representative*

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**Answers to Saintly Diseases**

1. St. Agnan's disease
2. St. Anthony's fire
3. St. Avertin's disease
4. St. Blaize's disease
5. St. Erasmus' disease
6. St. Gothard's disease
7. St. Guy's dance
8. St. Main's evil
9. St. Valentine's disease
10. St. Vitus' dance
11. St. Zachary's disease

Ringworm
Erysipelas
Epilepsy
Quincy
Colic
Ancylostomiasis
Sydenham's chorea
Scabies
Epilepsy
Sydenham's chorea
Mutism

Noted by T. E. C., Jr., M.D.
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