CONDITION

Diaper rash

Diaper rash is inflamed, irritated skin in the area covered by a diaper.

WHAT IT IS
Inflamed skin in the diaper-covered area

BODY SYSTEM
Skin

MAIN SYMPTOMS
Redness, soreness, scaling, small bumps

WHAT CAUSES IT
Moisture, stool, friction, yeast, or bacteria

HOW IT IS DIAGNOSED
Skin examination; testing when infection is uncertain

MAIN TREATMENT
Barrier skin care and cause-specific medicines

CAN IT BE CURED?
Yes, most cases clear with care

IS IT AN EMERGENCY?
Sometimes, with fever or rapidly spreading redness

LONG-TERM OUTLOOK
Usually clears without lasting skin damage

Overview

Diaper rash is irritation and inflammation of skin covered by a diaper. It can affect babies and toddlers, as well as older children or adults who wear diapers or absorbent briefs. It is sometimes called diaper dermatitis or nappy rash.

Most cases happen when skin stays in contact with moisture, urine, or stool. Friction from the diaper can weaken the skin further. The warm, damp environment may also allow yeast or bacteria to grow.

A mild rash may look pink or red and feel slightly sore. A more severe rash can become raw, cracked, or painful. This may make diaper changes, cleaning, sleep, or bowel movements uncomfortable.

Diaper rash is usually temporary and improves with gentle skin care. Some rashes need an

antifungal like fluconazole or terbinafine , antibiotic like amoxicillin or doxycycline , or anti-inflammatory medicine. A rash that persists, spreads, or looks unusual may be another skin condition rather than routine irritation.

Symptoms

The appearance depends on the cause and severity. Common symptoms include:

On darker skin, redness may be less obvious. The area may look purple, grey, deep brown, or simply darker than the nearby skin. Texture, warmth, swelling, and tenderness can help show that the skin is inflamed.

An irritant rash often affects the buttocks, genitals, lower abdomen, or upper thighs where the diaper touches. The deeper skin folds may be less affected because they have less direct contact with urine and stool.

A yeast rash, usually caused by Candida , tends to be bright or deep red and may involve the groin folds. Small separate spots or pus-filled bumps may appear around the main rash. These are sometimes called satellite spots.

A bacterial infection may cause blisters, pus, crusting, open sores, or rapidly spreading redness. Honey-coloured crusts can occur with impetigo, a contagious bacterial skin infection. A sharply outlined, painful red rash around the anus can sometimes be caused by streptococcal bacteria.

- Pink, red, or darker discoloured skin in the diaper area
- Tenderness, warmth, scaling, or small bumps
- Fussiness or discomfort during cleaning and diaper changes
- Raw, cracked, weeping, or lightly bleeding skin in severe cases

Causes and risk factors

The most common type is irritant diaper rash. Wetness softens the skin, while urine, stool, and repeated wiping damage its protective outer layer. Diarrhoea is especially irritating because the skin is exposed to frequent, enzyme-rich stool.

Friction can add to the damage. This may happen when a diaper is tight, rubs during movement, or remains soiled for a long time.

Yeast can grow after the skin barrier has been weakened. A yeast rash may also be more likely

after antibiotic treatment because antibiotics can change the normal balance of microorganisms on the skin and in the digestive system. A breastfeeding baby can sometimes develop a yeast rash when the breastfeeding parent has nipple thrush, or both may have yeast symptoms at the same time.

Fragrances, preservatives, dyes, or other ingredients in wipes, soaps, detergents, diapers, and skin products may trigger contact dermatitis. This is inflammation caused by irritation or an allergic reaction.

Other skin conditions can affect the diaper area, including eczema, psoriasis, and seborrhoeic dermatitis. Less often, a persistent or unusual rash can be related to a nutritional problem, immune condition, or another underlying health issue.

Risk rises during diarrhoea, changes in diet, antibiotic use, and periods when diapers cannot be changed promptly. Teething itself has not been proven to cause diaper rash, although changes in stool or feeding around that time may contribute.

Diagnosis

Diaper rash is usually diagnosed by examining the skin and asking about its timing, appearance, and recent changes. A healthcare professional may ask about diarrhoea, antibiotics, new products, feeding changes, and treatments already tried.

The location of the rash provides useful clues. Irritant rash often spares deep folds, while yeast commonly affects them. Crusts, pus, blisters, or sharply bordered redness may suggest bacterial infection.

Tests are not usually needed. If the cause is unclear or the rash is not responding as expected, a sample may be taken from the skin. A gentle scraping can be examined for yeast, and a swab can be tested for bacteria.

Persistent rashes may need assessment for eczema, psoriasis, an allergy, or a less common condition. This is especially important when the rash also affects skin outside the diaper area or is accompanied by poor growth, repeated infections, or other symptoms.

Treatment and management

The main treatment is to reduce moisture and protect the skin from urine and stool. Change wet or soiled diapers promptly. If possible, allow brief periods without a diaper so the skin can dry.

Clean the area gently with lukewarm water and a soft cloth. Fragrance-free, alcohol-free wipes may be suitable when the skin is only mildly irritated. When the skin is very sore, water may sting less. Pat dry instead of rubbing.

Apply a thick layer of barrier ointment or paste at each change. Common barrier ingredients include zinc oxide and petrolatum. The barrier separates the skin from moisture and stool. It is not necessary to scrub off every trace at each change; remove visible stool gently and add another layer.

Avoid fragranced soaps, bubble baths, and products that seem to worsen the rash. Powders are generally unnecessary. Loose powder can be inhaled, and cornstarch may support yeast growth.

If yeast is the cause, an antifungal cream may be recommended. A bacterial infection may require an antibiotic. These medicines treat different organisms, so the appearance of the rash matters.

A healthcare professional may suggest a brief course of a low-strength corticosteroid cream for marked inflammation. Corticosteroids like prednisone or hydrocortisone reduce redness and swelling. The diaper acts like a covering and can increase medicine absorption, so strong steroid creams or prolonged use can damage the skin. Combination steroid and antifungal products should not be used unless specifically recommended.

A different diaper size, brand, wipe, detergent, or skin product may help if friction or contact irritation is suspected. Cloth and disposable diapers can both be used successfully when they fit well and are changed often.

Complications

Most diaper rashes heal without scarring. Complications are more likely when the skin becomes severely damaged or remains wet and inflamed.

Cracks and open areas can allow yeast or bacteria to enter. Infection may cause increasing pain, swelling, pus, crusts, blisters, fever, or redness that spreads beyond the diaper area.

Ongoing pain can interfere with sleep, feeding, movement, and diaper changes. Pain during bowel movements may lead some children to hold stool, which can contribute to constipation.

Repeated or unusually persistent rash may be a sign that the original cause has not been removed. It may also point to another skin condition or, rarely, an underlying medical problem.

Prevention

Not every diaper rash can be prevented. Diarrhoea, illness, antibiotics, sensitive skin, and unavoidable delays between changes can still lead to irritation.

Steps that reduce skin exposure to moisture and friction include:

Hands should be washed after diaper changes. This reduces the spread of germs, including those that cause diarrhoea, yeast overgrowth, or bacterial skin infection.

There is no single diaper, wipe, or barrier product that prevents every rash. A simple routine using products that the skin tolerates is usually more helpful than frequent switching or using many products at once.

- Changing wet and soiled diapers promptly
- Cleaning gently without scrubbing
- Letting the skin dry before putting on a new diaper
- Using a barrier ointment during diarrhoea or repeated irritation
- Choosing well-fitting diapers and avoiding tight fastening
- Stopping fragranced or new products if they cause irritation

Living with it and what to expect

A mild irritant rash often begins improving within a few days once the skin is kept clean, dry, and protected. Raw or infected skin may take longer and may need treatment aimed at yeast, bacteria, or inflammation.

The rash can return during diarrhoea, antibiotic treatment, or periods of frequent stooling. Recurrence does not necessarily mean that skin care has been poor. The diaper area is naturally exposed to moisture, friction, and irritants.

As children use fewer diapers and gain bowel and bladder control, routine diaper rash usually stops. People who need absorbent briefs over the long term may continue to have episodes. Regular changing, careful cleansing, correct fit, and barrier protection remain important.

Most people have no lasting skin damage. A rash that repeatedly returns in exactly the same pattern, does not respond to appropriate care, or spreads outside the diaper area deserves routine follow-up. Identifying an allergy, skin condition, or infection can change the treatment.

When to get medical help

Arrange routine medical advice if the rash is not beginning to improve after a few days of careful home treatment. Assessment is also appropriate if the cause is unclear, the rash keeps returning, or you think a medicine may be needed.

Seek prompt medical care for:

Seek urgent or emergency assessment if fever occurs with rapidly spreading redness, severe swelling, widespread blistering or peeling, difficulty waking, breathing difficulty, or a child who appears seriously unwell.

- Blisters, pus, open sores, significant bleeding, or honey-coloured crusts
- Increasing pain, swelling, warmth, or redness
- A rash spreading beyond the diaper area
- A bright red rash involving skin folds with separate surrounding spots
- Painful redness around the anus
- Poor feeding, unusual sleepiness, dehydration, or repeated vomiting
- Any fever in a baby younger than 3 months

Common questions

Is diaper rash caused by not changing diapers enough?

Long contact with urine or stool raises the risk, but diaper rash can happen even with attentive care. Diarrhoea, sensitive skin, friction, antibiotics, yeast, and reactions to products can all contribute. It should not be treated as proof of poor caregiving.

How can I tell if diaper rash is yeast?

A yeast rash often looks strongly red, involves the groin folds, and has small separate red spots or pus-filled bumps around its edges. Appearance alone is not always enough to confirm the cause. A rash that is persistent or worsening should be assessed.

Should I use diaper cream at every change?

A barrier cream or ointment can be used regularly when skin is irritated or likely to have prolonged stool contact. A generous layer protects better than a thin, fully rubbed-in layer. Use a product without fragrance if the skin is sensitive.

Are wipes making the rash worse?

They can if they contain fragrance, alcohol, preservatives, or another ingredient that irritates the skin. During a painful flare, lukewarm water and a soft cloth may be more comfortable.

Avoid vigorous wiping, even with products labelled for sensitive skin.

Can teething cause diaper rash?

Teething has not been shown to directly cause diaper rash. Some children have feeding or stool changes around the same time, which may increase irritation. Fever or significant diarrhoea should not automatically be blamed on teething.

Is diaper rash contagious?

Ordinary irritant diaper rash is not contagious. Some infections that affect the diaper area, including impetigo and certain diarrhoeal illnesses, can spread to other people. Handwashing and avoiding shared towels help reduce transmission.

Sources

- American Academy of Pediatrics, HealthyChildren.org: Common Diaper Rashes and Treatments
- American Academy of Dermatology: How to Treat Diaper Rash
- DermNet: Napkin Dermatitis
- Mayo Clinic: Diaper Rash-Diagnosis and Treatment
- National Health Service: Nappy Rash
- StatPearls Publishing: Diaper Dermatitis