Managing Cradle Cap
(Infantile Seborrhoeic Dermatitis)

Health Visitors (HVs) should be able to recognise cradle cap, which presents itself as greasy yellow-brown scales and crusting affecting the scalp in newborn babies.

There may also be a skin rash with redness and scaling. It is not caused by infection, allergy or poor hygiene and is thought to be related to the mother’s hormones still in the baby’s circulation. These hormones result in overactive sebaceous glands which release a greasy substance (sebum). This excess sebum causes the old skin cells to stick to the scalp, instead of drying up and falling off.

HVs should reassure parents that cradle cap:
- Is not a serious condition
- Is not contagious
- Is not usually itchy
- Does not trouble the baby
- Will spontaneously resolve within weeks to a few months (NICE CKS 2013). For some infants however, it does not resolve and simple measures below can be introduced

Key practical advice for HVs to give to parents:
- Cradle cap is usually mild and treatment is not usually needed
- Gently wash the baby’s hair and scalp with a baby shampoo
- Use a soft brush to loosen and remove the loose skin flakes
- Do not pick the scales as this may increase the risk of infection. Soften the scales with baby or vegetable oil (not olive oil) overnight
- Reassure the parents that if any hair comes out with the scales it will grow back
- If the scales are not removed with simple measures, soften the scales with a greasy emollient (white petroleum jelly) or soap substitute (NICE CKS 2013)
- After softening the scales overnight use a soft brush or cloth and gently remove any loose scales and wash the hair with a baby shampoo (NICE CKS 2013)
- HVs should be aware that if the response to these simple measures is poor, there is doubt about diagnosis, the rash is spreading or infection (oozing, crusting and bleeding) is suspected, they should seek appropriate medical advice (NICE CKS 2013)

More information on Page 2
Olive oil and skin barrier

HVs should be aware of current evidence and research regarding the use of olive oil in infants:

Recent evidence comparing sunflower and olive oil found that olive oil had a negative effect on the skin barrier in adults. Further research is necessary on the safety and efficacy of natural oils for the prevention and treatment of skin conditions and this study highlights the need to take notice of evidence over tradition (Danby et al 2012). Current national guidance from NICE CKS and NHS Choices still advocates the use of olive oil. However other options are suggested within the guidance and within this text.

Oils and yeasts

There is a possible link between cradle cap and skin yeasts: malassezia (NICE Clinical Knowledge Summary 2013, DermNetNZ 2014).

Malassezia yeasts thrive in oily environments, especially vegetable oils and it has been suggested that olive oil can encourage the proliferation of Malassezia furfur and worsen the condition (DermNet NZ 2014). This review showed no current evidence that the use of olive oil leads to a worsening of the condition and recommended no reason to change current practice, but did say that it may be preferable to use alternative baby oil based on mineral oils (UKMI 2013).

Current Research

The use of Oil in Baby SkincaRE (OBSeRvE) Trial: a pilot, assessor-blinded, randomised controlled trial to assess the impact of olive oil and sunflower oil on a term baby’s skin barrier function: bit.ly/1lW3CyP

References


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