

A multidisciplinary approach to healthy and atopic infant skin care

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Background and objectives



Infant skin before 2 years age is immature. Multiple actors are involved in babies skin care, with different backgrounds and with unique relationships with the parents. That is why four multidisciplinary conferences on healthy babies 'skin and on early Atopic Dermatitis (AD) have been organized. Thirteen professionals in contact with children and their parents have worked and exchanged their experiences on infant skin cares (2 conferences) and on young atopic children management (2 conferences).

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Pediatricians
Dermatologists
Allergists

Midwives

Nursery nurse

Child
psychiatrist

Pharmacist

OBJECTIVES

- Share common knowledge and experience on infant skin care and hygiene, increase each specialist basic knowledge on skin physiology and AD to a to reach common minimal basis
- Speak the same language in front of patients/parents/clients to improve communication
- Include new prevention strategies
- Define key success factors for better adherence to long term AD treatment (chronic disease)

Results

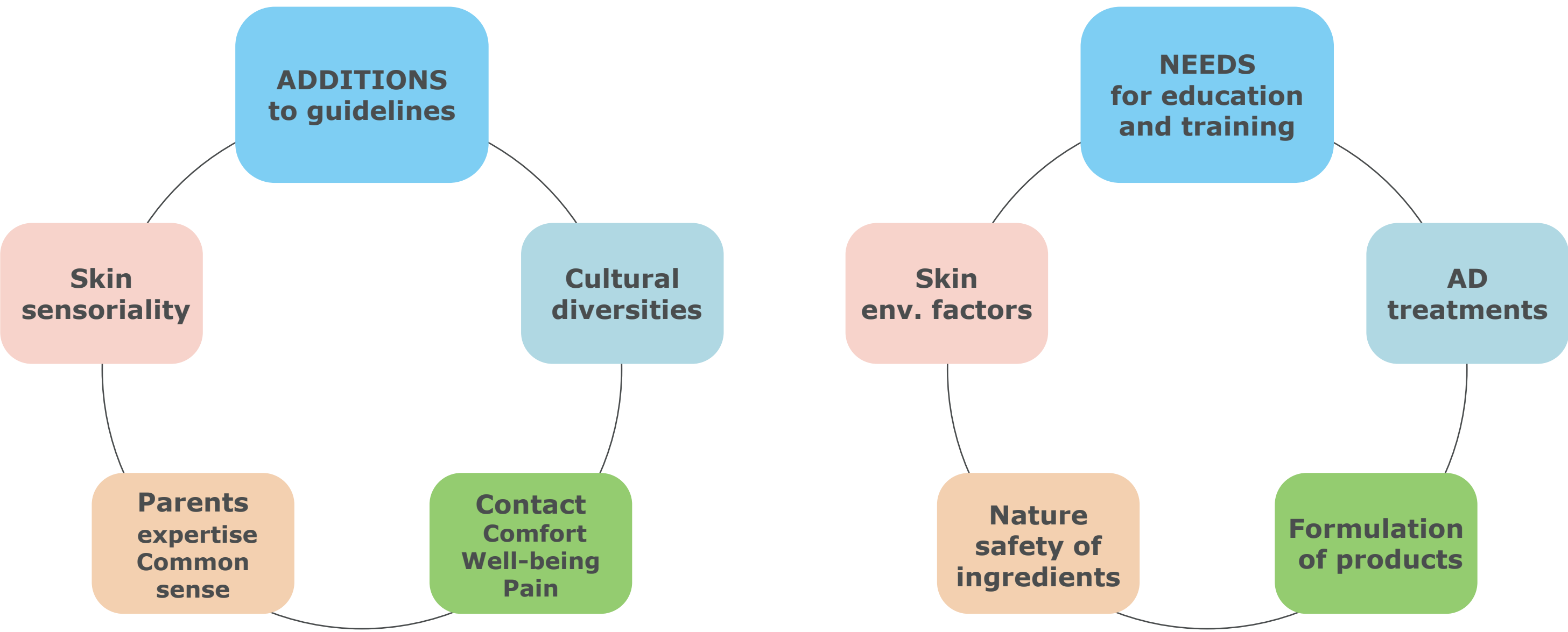
With this approach, skin care became more global, including communication to parents, adaptation to skin types, to cultural diversities, dealing with environmental and nutritional factors. For premature babies, skin-to-skin method is considered as a treatment. For full-term neonates, skin hydration is important but not systematic. Some professionals need more information about cleansers formulations, pH, surfactants, perfumes, INCI list... Cares of the diaper area differ among specialists.

5 items to improve AD management have been put in rank order

1	Explain AD mechanisms and treatment <ul style="list-style-type: none">• with simple and comprehensible words: maximum 4 key points (genetic background, skin fragility, aggressive role of environmental factors, allergic mechanism)• beginning from information parents searched (internet...) via active listening• challenging conventional wisdom
2	Develop therapeutic alliance <ul style="list-style-type: none">• based on a negotiation between equal parts: doctor, parents, child• taking into account believes of parents and other caregivers via active listening: begin explanations from what parents know, don't repeat it and rather insist on topics needing more information• Establishing confident relationship with parents
3	Schedule regular visits <ul style="list-style-type: none">• Prioritize information to deliver at each consultation
4	Include the child in the communication process regardless of age <ul style="list-style-type: none">• speak directly to the child
5	Prescribe treatment adapted to parents/children profile and preferences <ul style="list-style-type: none">• address corticophobia

AD prevention via emollients from birth is accepted by all professionals:
References: emollients applied from birth to 6 months in genetically predisposed families: -50% (Simpson 2014, -32% Horimukai 2014, -54% Expanscience lab. 2016); But still leading to some practical questions.

Multidisciplinary baby skin care strategy



5 brakes to AD prevention



Some keys on communication for a pediatric chronic disease such as AD

INSTEAD OF	SAY
Atopic Dermatitis	Eczema, fragile skin, inflammation of the skin
Skin barrier defect	Dry, irritated, permeable, allergic skin
Atopic flares	Red patches, eczema patches, increased scratching
Genetic factors	Familial background, history
Pruritus	Itching, scratching, irritation, discomfort

AD prevention strategy	
What best timing?	The sooner the better: pregnancy, maternity.
Who may benefit?	Target genetic predisposed population. Listen to expectations, needs and fears of parents.
How?	Refer to a chronic dermatosis rather than explain Atopy March (complex and leads to anxiety).

Be aware that parents have built an explicative theory and that they search for sense
What really matters is what patient/parent remembers and not what we say
Formulate open questions: "what really matters for you? What do you know about eczema? ..."
Better repeat 3 times the same explanation than deliver 3 different messages
Verify patient/parent understood what we said/wrote at the end of each visit
Accept that not curing the patient is not a defeat

Conclusion

This first attempt of multidisciplinary approach to infant healthy skin care and to early AD prevention and management enriched global understanding of children skin and AD and means of communications. It also pointed out different background knowledge among caregivers and specific education and training needs. This attempt to speak with one voice will certainly increase parents' reassurance and improve adherence to AD prevention and treatment.



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