



PAEDIATRIC DERMATOLOGY

## A MULTIDISCIPLINARY APPROACH TO HEALTHY AND ATOPIC INFANT SKIN CARE

Clarence De Belilovsky<sup>(1)</sup> - L. Alvarez-zalameda<sup>(2)</sup> - H. Assier<sup>(3)</sup> - C. Bailliez<sup>(4)</sup> - C. Bourgin<sup>(5)</sup> - Jp. Claudel<sup>(6)</sup> - B. Faverge<sup>(7)</sup> - S. Flandin Cretinon<sup>(8)</sup> - S. Guillaume<sup>(9)</sup> - M. Rybojad<sup>(10)</sup> - A. Sfez<sup>(11)</sup> - B. Thiriez<sup>(12)</sup> - P. Vabres<sup>(13)</sup> - P. Wolkenstein<sup>(14)</sup>

Laboratoires Expanscience, Innovation R&d Direction, Epernon, France<sup>(1)</sup> - Child Psychiatrist, Child Psychiatrist, Paris, France<sup>(2)</sup> - Dermato-allergologist, Dermato-allergologist, Créteil, France<sup>(3)</sup> - Allergologist, Allergologist, Lille, France<sup>(4)</sup> - Pediatrician, Pediatrician, Paris, France<sup>(5)</sup> - Dermatologist, Dermatologist, Tours, France<sup>(6)</sup> - Neonatologist, Neonatologist, Martigues, France<sup>(7)</sup> - Midwife, Midwife,, Suresnes, France<sup>(8)</sup> - Midwife, Midwife, Paris, France<sup>(9)</sup> - Pediatric-dermatologist, Pediatric-dermatologist, Paris, France<sup>(10)</sup> - Pharmacist, Pharmacist, Paris, France<sup>(11)</sup> - Nursery Nurse, Nursery Nurse, Thionville, France<sup>(12)</sup> - Pediatric-dermatologist, Pediatric-dermatologist, Dijon, France<sup>(13)</sup> - Dermatologist, Dermatologist, Créteil, France<sup>(14)</sup>

**Background:** 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.

**Objectives:** Thirteen specialists have worked and exchanged their experiences on infant skin cares (2 conferences) and on young atopic children management (2 conferences). Objectives were to increase each specialist basic knowledge, to understand specific needs/approaches and to define key success factors for better adherence to treatment.

**Methods:** After a presentation of recent publications and discussions, a synthesis was elaborated. Experts were asked to design an integrated skin care program, to identify factors improving adherence to AD treatment, obstacles to prevention and to propose common language for communication.

**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: Explain AD mechanisms and treatment with simple and





comprehensible words, including parent information and believes; develop therapeutic alliance; schedule regular visits; include the child in the communication process regardless of age; prescribe treatment adapted to parents/children profile and preferences. Prevention via emollients from birth is accepted by all professional, still leading to some practical questions.

Conclusion: This first attempt of multidisciplinary guidelines enriched global understanding of infant healthy skin, early AD and means of communication for prevention and care. It pointed out specific education and training needs.

