

PATIENT INFORMATION · PAEDIATRICS

Nappy rash, teething and colic

the three that dominate the first year

These three account for an enormous amount of worry and very little danger. All three are self-limiting, all three have things that genuinely help, and all three are surrounded by advice that ranges from unhelpful to actively wrong.

Call 999 or seek urgent help if your baby

- has a **fever and is under three months old**
- is **drowsy, floppy, difficult to wake, or unusually unresponsive**
- has a **rash that does not fade** when pressed with a glass
- is **breathing fast, grunting or sucking in below the ribs**
- has **green or bile-stained vomit**, blood in the stool, or a swollen tender abdomen
- has a **bulging soft spot**, or a high-pitched or unusual cry

Colic is a diagnosis of exclusion. Crying that is genuinely new, that comes with vomiting, poor feeding, fever or a change in behaviour, or that simply feels different to you, deserves examining rather than attributing to colic. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Nappy rash

Red, sore skin over the areas the nappy touches, caused by contact with urine and stool, friction and moisture. It is very common and is not a sign of neglect.

Do

- Change nappies frequently, and immediately after a stool
- Clean with water or fragrance-free wipes, and pat rather than rub
- Nappy-free time on a towel, as often as you can manage
- Apply a thin layer of barrier cream at each change
- Use a nappy that fits and is not too tight

Do not

- Do not use soap, bubble bath or fragranced products
- Do not apply thick layers of cream, which stop nappies absorbing
- Do not use talcum powder
- Do not use a steroid cream unless it has been prescribed
- Do not leave a soiled nappy while a baby sleeps if you can help it

When it is thrush rather than nappy rash

If the rash is bright red, has a clearly defined edge, **involves the skin creases**, and has small red spots scattered beyond the main area, it is likely to be a candida infection and needs an antifungal cream rather than barrier cream alone. Ordinary nappy rash typically **sparcs** the creases. Also check the mouth for white patches, since the two often occur together.

Teething

First teeth usually arrive between six and twelve months, though anywhere from three months to over a year is normal. Sore, red gums, dribbling, chewing everything, flushed cheeks, and being generally irritable and unsettled are all typical.

Teething does not cause fever, diarrhoea or vomiting

This is the single most important thing on this page. Teething may cause a very slight rise in temperature, but a genuine fever of 38°C or above, diarrhoea, vomiting, a persistent cough or a rash is **not teething** and must not be dismissed as such. Babies teethe more or less continuously through the first two years, so almost any illness can be blamed on it. Assume illness first, teething second.

- A chilled — not frozen — teething ring, or a clean cold flannel to chew.
- Gently rubbing the gum with a clean finger.
- Sugar-free paracetamol or ibuprofen at the dose for age, if your baby is distressed.
- A barrier cream on the chin and neck to prevent a dribble rash.
- **Avoid teething gels containing lidocaine or salicylate**, and unlicensed teething powders and amber necklaces — the latter are a strangulation and choking risk.
- Start brushing as soon as the first tooth appears, with a smear of fluoride toothpaste.

Colic

Colic describes prolonged, inconsolable crying in an otherwise healthy, well-fed, thriving baby — classically more than three hours a day, more than three days a week. It usually starts in the first weeks, peaks around six to eight weeks, and has almost always resolved by three to four months.

Peak 6-8 weeks

when crying is at its worst

3-4 months

when it almost always resolves

Late afternoon

when it typically clusters

- Hold and rock, walk, use a sling, or try skin-to-skin contact.
- White noise, a gentle bath, a pram or car ride.
- Wind thoroughly during and after feeds, and keep the baby fairly upright afterwards.
- Check feeding — latch, pace, and whether the baby is taking in a great deal of air. A feeding assessment is often more useful than any product.
- Anti-colic drops and probiotics have limited and inconsistent evidence. They are unlikely to harm, but do not persist if they make no difference.
- **Do not switch formula repeatedly**, or remove dairy from a breastfeeding diet, without advice — this rarely helps and delays finding a genuine cause.

Looking after yourself matters here

Prolonged inconsolable crying is one of the hardest things about early parenthood and is a known trigger for people reaching breaking point. If you feel overwhelmed, put your baby down somewhere safe such as their cot, leave the room, and take a few minutes. **Never shake a baby** — it causes catastrophic brain injury in seconds. Ask for help early: from a partner, family, your health visitor or us. Feeling this way does not make you a bad parent; it makes you a tired one.

Book an appointment if a nappy rash is not settling after a week, you are unsure whether crying is colic, feeding is difficult, or your baby is not gaining weight as expected. We see babies seven days a week, with unhurried appointments and feeding assessment available.

Unhurried appointments for babies

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

[or call 020 7916 0029](tel:02079160029)

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwcclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on nappy rash, teething and infantile colic. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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