

# FIXING THE INFANT SKINCARE RECALL GAP



Inditech Health Solutions | Pediatric Dermatology | Infant Skincare

A clinic-centred marketing solution to convert everyday skin complaints into trusted brand association

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# EXECUTIVE SUMMARY

Brand Umi operates in a well-known pediatric category where clinicians are confident in the therapy, but the brand itself isn't always top of mind. Pediatricians routinely manage infant skin concerns - eczema-like rashes, diaper dermatitis, cradle cap, xerosis, heat rash, yet specific brand recommendation is often absent or interchangeable.

This is not due to lack of trust, science, or category awareness.

It reflects a structural gap: infant skin care is managed episodically, but not systematised inside clinic workflows.

In this environment:

- Education lifts the entire category.
- Prescribing remains ethical and conservative.
- Brand choice is incidental rather than deliberate.

This playbook outlines how Brand Umi can close this gap - not by practicing more promotion but by enabling an academy ratified clinic-branded infant skin-care service that pediatricians value, parents repeatedly use, and clinics naturally associate with Brand Umi as the enabler.



The objective is not to push products.

The objective is to embed Brand Umi into routine skin-care decision-making, where correct clinical practice and brand recall converge.

--- Disclaimer: Brand Umi is a fictional name used for illustration and ease of understanding.

# THE DRIFT DEFINITION

What decision is breaking, and where?

Infant skin conditions are among the most common reasons for parental concern in pediatric practice. Yet they are rarely managed as a structured care pathway.

In routine OPDs:

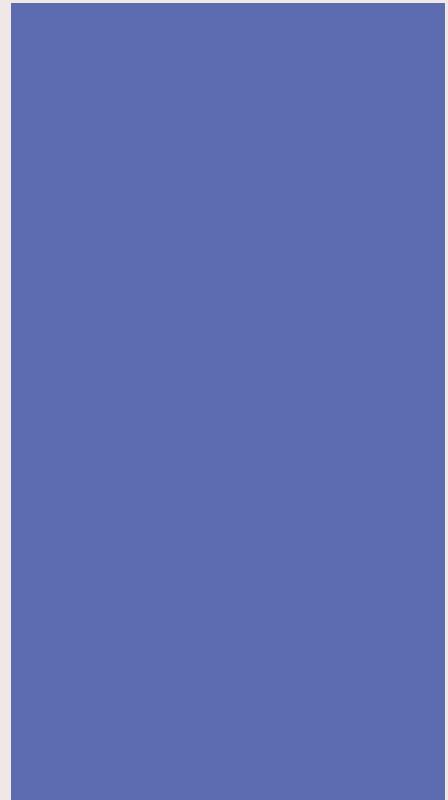
- Skin complaints are handled quickly.
- Guidance is mostly verbal.
- Follow-up is left to parental judgment.
- Brand names are often skipped or easily substituted.

As a result:

- Clinical care remains appropriate.
- At-home parent behaviour varies widely.
- Brand recall stays weak and inconsistent.

The drift is subtle, but meaningful:

**Brand Umi exists in the category, but does not exist in the care system.**



# THE GUIDELINE—REALITY GAP

## Why evidence does not translate into brand anchoring

Guidance on infant skin care is clear, consistent, and widely accepted. Pediatricians broadly agree on the basics: gentle cleansing, regular moisturisation, trigger avoidance, and early escalation for red flags.

Yet in routine practice, this clarity rarely translates into consistent execution. In busy OPDs, counselling is necessarily brief and verbal, and key details are easily forgotten once families leave the clinic. Parents are exposed to parallel advice from the internet or chemists, often with conflicting messages, and there is no clinic-provided reference they can return to at home.



As a result, correct guidance becomes episodic rather than continuous. Education exists, but behaviour fragments across time and settings - from the consultation to the home and into subsequent episodes. Without repeatable, clinic-embedded cues - such as a standard reference, visible care structure, or a clear re-entry point into the clinic - even accurate advice remains dependent on memory rather than system design.

In this environment, clinical care remains appropriate, but brand anchoring stays weak and unstable.



# THE BRAND PAIN



## WHAT THIS DRIFT COSTS BRAND UMI

For Brand Umi, the impact is gradual but cumulative:

01

### Weak spontaneous recall at the decision moment

Infant skin care is discussed frequently, but the recommendation moment often collapses into "any moisturiser" or "any gentle product." The care decision is made, but the brand decision is left open - exposing Brand Umi to substitution and habit-based choice.

02

### Education lifts the category, not the brand

Scientific engagement improves overall understanding of infant skin care.

However, without a clinic-linked system that reinforces how and when care is delivered, brand preference remains diffuse. Competitors benefit from the same educational environment without proportional investment.

03

### No defined role within the care pathway

Brand Umi is perceived as an acceptable option, not a named reference point in routine skin-care guidance. Without being anchored to a specific step in the care process, the brand remains adjacent to care, not part of it.

04

### Limited field reach magnifies the structural gap

With ~150 MRs and constrained budgets, Brand Umi cannot rely on high-frequency repetition to sustain recall. Without a persistent clinic presence, recall fades between visits and brand choice defaults to availability or prior habit.

The cost is not isolated prescription loss. The cost is systemic:

Brand Umi fails to become the natural, defensible default when infant skin care is clinically appropriate, even though the category is active, the need is real, and the brand is credible.

# THE BEHAVIOURAL MOMENT MAP



## Where correction actually works

Infant skin-care decisions are not formed in a single consultation. They evolve across a series of low-attention, high-uncertainty moments – many of which occur outside the clinic.

MOMENT	WHAT HAPPENS TODAY	WHERE THE SYSTEM BREAKS
PARENT NOTICES A SKIN CHANGE	Heightened concern, quick online searches, mixed advice	No clinic-owned starting reference
OPD CONSULTATION	Fast assessment with largely verbal guidance	Advice overload, low recall after visit
AT HOME	Product switching and trial-and-error routines	No reinforcement or continuity
SYMPTOMS PERSIST OR WORSEN	Wait-and-watch until discomfort escalates	Re-intervention happens late

The key insight is this: correction does not come from reminders, follow-ups, or promotional repetition. It comes from the repeated encounter with the same, clinic-endorsed guidance—at the first moment of concern, during the consultation, and again at home—so parents are not left to decide what to do or when to return on their own. When guidance is consistent, reusable, and clinic-owned, decision-making shifts from guesswork to habit, reducing delay, improving adherence, and stabilising care behaviour.

# THE CLINIC-CENTRED SOLUTION FRAMEWORK



## **STANDARDISE → ANCHOR → DEFAULT**

The objective is not to increase skin-care usage or create incremental demand.

The objective is to standardise how early infant skin concerns are identified, counselled, and followed up within routine pediatric workflows, so correct clinical practice and brand selection occur together, without adding cognitive load.

### **STANDARDISE**

Introduce an academy-endorsed, clinic-branded screening and education system for common infant skin concerns. This creates a single, repeatable reference for doctors and parents, reducing variability in early advice, escalation decisions, and follow-up across visits.

### **ANCHOR**

Ensure parents associate accurate skin-care guidance with their pediatric clinic rather than fragmented online sources. By keeping education clinic-owned and reusable, guidance extends beyond the consultation while preserving clinical authority and patient trust.

### **DEFAULT**

As the same guidance is encountered repeatedly during the visit, at home, and on re-use—Brand Umi becomes the reference brand pediatricians associate with rational, early, guideline-aligned infant skin care, rather than a discretionary or interchangeable option.

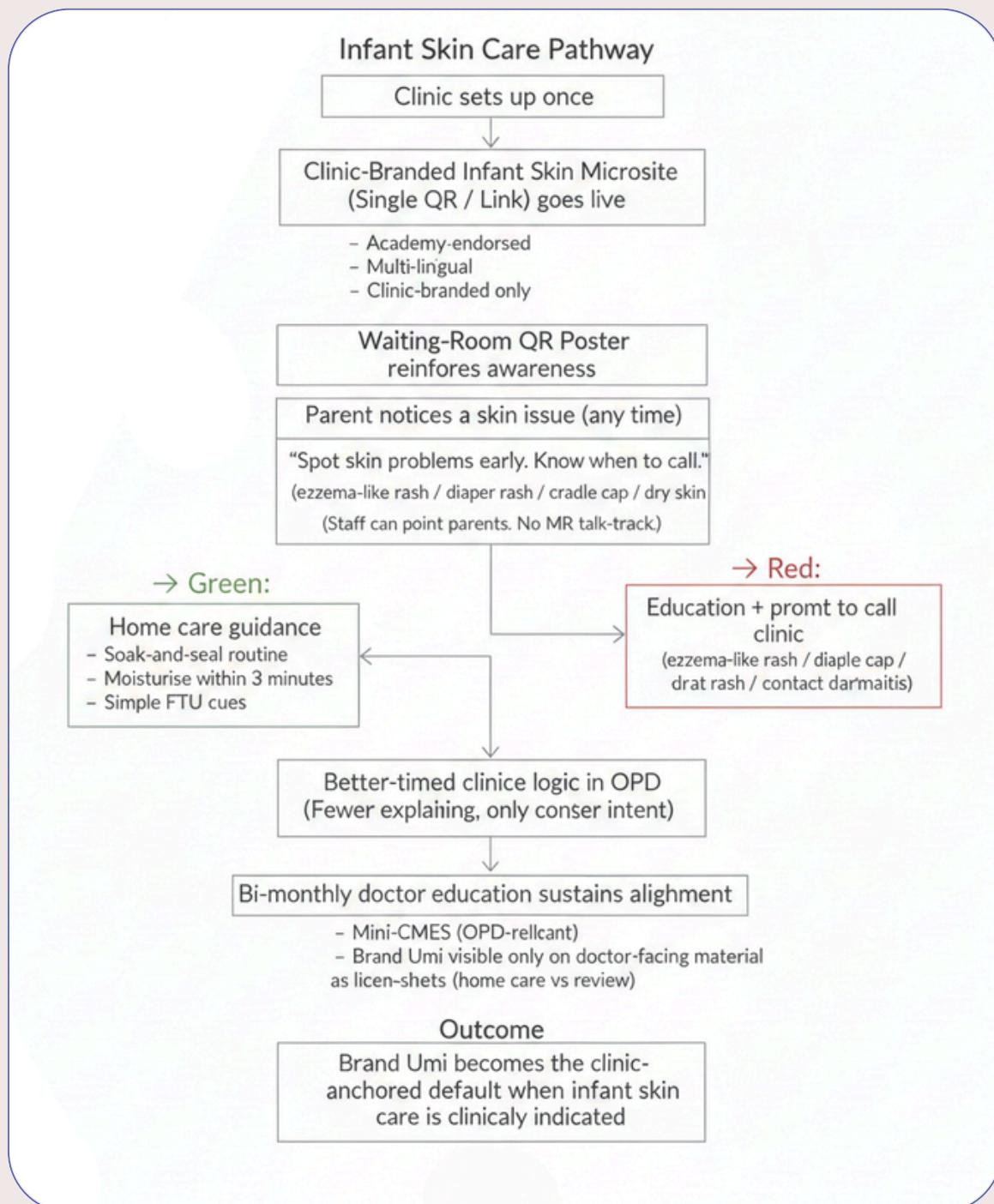
### **OPERATING LOGIC**

#### **CLINIC → HOME → REPEAT**

Care is initiated in the clinic, reinforced at home, and repeated across episodes – allowing familiarity to form before brand choice is consciously evaluated.



# IMPLEMENTATION MODULES



# FIELD EXECUTION

FIELD EXECUTION IS INTENTIONALLY MINIMAL. ONCE A CLINIC IS ENABLED, THE SYSTEM RUNS ON ITS OWN - WITHOUT REPEATED EXPLANATION, PRODUCT DETAILING, OR HIGH-FREQUENCY VISITS.



## WHAT THE FIELD TEAM ENABLES

- One-time clinic setup (name, logo, languages, contact details)
- One clinic-branded QR link (reusable across all skin concerns)
- One waiting-room poster
- One standard WhatsApp share flow

After setup, all repeat use is driven by the clinic and parents, not by the field force.

### MR role: single, consistent interaction

The representative's role is to introduce and hand over the system—not to explain clinical content or promote products.

#### Suggested positioning:

"We're enabling a free, clinic-branded infant skin red-flag and care service. Parents can use the same link whenever a skin issue appears. All content is academy-endorsed and clinic-owned. Solution does not retain PII"

## WHY THIS WORKS FOR BRAND UMI

- Reduces dependence on visit frequency
- Eliminates the need for complex talk-tracks
- Keeps engagement compliant and non-promotional
- Allows a small field force to create a persistent clinic presence

The interaction focuses on sharing a clinic tool, not selling a product, enabling Brand Umi to scale impact despite limited coverage and budget.



# MEASUREMENT LOGIC

## FROM INTEGRATION TO PREFERENCE



MEASUREMENT LAYER	WHAT IS TRACKED	WHAT IT INDICATES
LEADING INDICATORS	<ul style="list-style-type: none"><li>• Clinics onboarded</li><li>• QR scans per clinic</li><li>• Screenings completed</li><li>• Patient education video views</li></ul>	The system is being adopted and actively used within clinics
BEHAVIOURAL PROXIES	<ul style="list-style-type: none"><li>• Repeat parent usage of the clinic link</li><li>• Red-flag actions prompting clinic contact</li><li>• Sustained clinic sharing over time</li></ul>	Clinic guidance is influencing parent behaviour beyond the consultation
BRAND OUTCOMES	<ul style="list-style-type: none"><li>• Improved spontaneous recall of Brand Umi</li><li>• Stronger association with rational, early infant skin care</li><li>• Higher likelihood of Brand Umi being chosen when care is indicated</li></ul>	Clinical integration is translating into stable brand preference

### Interpretation:

This measurement approach moves the focus away from traditional reach and frequency metrics. Instead, it evaluates whether the system is creating default behaviour-embedding Brand Umi into routine pediatric practice so that correct clinical care and brand choice happen together.

# STRATEGIC TAKEAWAY FOR BRAND MANAGERS

## SOLVING REAL CHALLENGES IN PEDIATRIC SKIN CARE

Early infant skin decisions are fragmented across visits, home, and guidance sources. What's needed is infrastructure that works in practice, not another campaign.

By funding and enabling a clinic-branded infant skin-care service:

- Doctors gain a tool they can actually use in daily practice.
- Parents gain guidance they can follow and return to anytime.
- Clinics gain continuity without extra effort.
- Brand Umi earns quiet, durable trust, embedded in routine care rather than promoted loudly.

Even with small teams, ethical boundaries, and tight budgets, this approach shifts Brand Umi from just another skincare brand to a routine, practice-level partner in pediatric dermatology.

TAKE THE NEXT STEP



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