Inditech Health
Solutions

WHEN A MARKET-LEADING PEDIATRIC SKINCARE BRAND FAILS TO ANCHOR IN NEONATAL PRACTICE

How a clinic-centred system converts specialist awareness into consistent brand choice

The Process

THE DRIFT DEFINITION
What decision is breaking, and where?

WHERE THE DRIFT BEGINS

Umi Bar is a clear market leader in baby soap among pediatricians, with strong recall, trust, and routine recommendation.However, this leadership does not extend to neonatologists.

In neonatal practice, skin cleansing and care are well understood. Neonatologists are aligned with guidelines and confident in managing normal neonatal skin changes. Yet, within this clinical confidence, brand choice remains weakly anchored.

Baby soap is typically treated as a low-involvement, interchangeable category, where:
- Guidance focuses on what to avoid, not what to prefer.
- Cleansing advice is delivered generically.
- Specific brand recommendation is often omitted.

As a result, neonatal skin-care decisions are clinically guided, but not brand-guided. Even when neonatologists advise gentle cleansing, Umi Bar does not consistently surface as the default choice, allowing other brands, availability, or prior pediatrician exposure to fill the gap.

WHAT THIS MEANS FOR UMI BAR
(A leading pediatric gentle soap for newborn and infant skin care)

- Umi Bar enjoys strong equity and habitual recommendation among pediatricians.
- Among neonatologists, brand awareness and spontaneous recall are significantly lower.
- Current education-heavy engagement:
  - Raises overall awareness of neonatal skin care,
  - But does not translate into brand preference within neonatal practice.
- As a result, education efforts:
  - Lift the category,
  - While brand choice remains diffuse and unstable.

The issue is not lack of scientific confidence, trust, or acceptance among neonatologists.

The real drift lies in the absence of a structured, clinic-linked brand presence within neonatal workflows, where decisions are made correctly, but brand choice is left open-ended.

Until Umi Bar establishes a permanent, useful role inside neonatal practice, further academic activity will continue to benefit all baby soaps equally, while Umi Bar's pediatric leadership remains under-leveraged in neonatology.

THE GUIDELINE - REALITY GAP

Neonatal skin care guidelines are clear, widely accepted, and consistently followed. Neonatologists are confident in managing routine neonatal skin conditions and advising gentle cleansing practices.

However, guideline adherence does not translate into brand preference.

In neonatal practice:
- Baby soap is treated as a low-involvement, interchangeable category.
- Cleansing advice is delivered correctly, but brand names are rarely anchored.
- "Any gentle soap" is commonly seen as acceptable.

As a result:
- Education elevates the category, not the brand.
- Umi Bar's leadership among pediatricians does not automatically carry over to neonatologists.
- Brand awareness and spontaneous recall remain weak within neonatal clinics.

The gap is not scientific or educational. It is the absence of a structured, clinic-level presence that makes Umi Bar visible and relevant at the neonatal decision point.

What This Means for Umi Bar

This gap does not affect clinical care - it affects which brand becomes the default in neonatal practice
- Academic education strengthens neonatal skin-care standards, but does not establish a default baby soap within neonatal practice.
- Umi Bar's leadership among pediatricians does not automatically translate into awareness or preference among neonatologists.
- In neonatal clinics, baby soap remains undifferentiated, with brand choice often left open or treated as interchangeable.

The challenge is not lack of science, trust, or credibility.
The gap lies in the absence of a consistent, clinic-embedded brand presence that makes Umi Bar visible and relevant within neonatal workflows.

Until this is addressed, further education will continue to elevate the category, while Umi Bar's brand choice among neonatologists remains variable and difficult to sustain.

THE BRAND PAIN
What the gap costs the brand

Despite being a category leader among pediatricians, Umi Bar faces a distinct set of losses in neonatal practice due to weak brand anchoring among neonatologists.

1. Neonatal brand choice remains unclaimed

In neonatal consultations, skin cleansing advice is usually correct but brand-neutral.
As a result, Umi Bar is not consistently named, recalled, or preferred during neonatal skin-care discussions.

This leaves brand choice open to:
- Habit,
- Availability,
- Or prior exposure outside neonatal practice.

2. Pediatric leadership is not leveraged in neonatology

Umi Bar's strong pediatric equity does not automatically translate into neonatal adoption.

Without a dedicated neonatal-facing presence:
- The brand's leadership stops at pediatrics,
- And fails to convert into early-life default positioning.

This represents a lost leverage point, not a lack of credibility.

3. Education spend lifts the category, not the brand

Education-led engagement:
- Strengthens neonatal skin-care standards,
- Benefits all baby soaps equally.

Without a clinic-embedded brand role, competitors gain from the same educational environment, while Umi Bar absorbs a disproportionate share of the investment.

4. Specialist reach remains episodic

Neonatologist coverage is:
- Narrower than pediatrician coverage,
- Dependent on intermittent field interactions.

In the absence of a persistent clinic presence, brand recall fades between interactions, limiting sustained influence on daily practice.

5. The brand lacks a visible role in neonatal workflows

Because Umi Bar is not integrated into neonatal clinic tools, references, or routines:
- It is seen as a product, not a practice partner.
- It does not occupy a defined place within neonatal care pathways.

This weakens long-term preference and makes brand choice variable rather than habitual.

THE CUMULATIVE COST-

Together, these gaps lead to:
- Weak brand awareness among neonatologists,
- Inconsistent recommendation in neonatal settings,
- Under-leveraged pediatric leadership,
- And diminishing returns from incremental education activity.

The issue is not demand, it is default.

Until Umi Bar secures a clear, repeatable presence within neonatal practice, brand choice will remain diffuse, despite strong credentials elsewhere.

THE SPECIALIST DECISION MAP

Where your brand can win

SPECIALIST MOMENT	WHAT HAPPENS IN NEONATAL PRACTICE	CURRENT BRAND GAP	WHAT UMI BAR CAN DO
ROUTINE NEONATAL SKIN CARE DISCUSSION	Neonatologist advises gentle cleansing as part of standard care	Advice is correct but brand-neutral	Establish Umi Bar as the named gentle soap within neonatal guidance
MANAGEMENT OF MILD, NON-PATHOLOGICAL SKIN FINDINGS	Focus is on reassurance and exclusion of disease	Soap choice treated as interchangeable	Anchor Umi Bar at the "mild / sensitive skin" care step
EARLY POST-DISCHARGE COUNSELLING	Parents receive brief care instructions	No structured brand recall	Embed Umi Bar into clinic-supported care tools
FOLLOW-UP AND REPEAT VISITS	Skin care advice is reinforced briefly	Brand recall fades between visits	Maintain repeated, non-promotional clinic-level visibility

Brand Insight

Brand preference in neonatal skin care is not created through persuasion. It is created when a brand becomes the default reference within specialist workflows.

To solve the neonatal awareness and choice gap, Umi Bar must be present at key neonatal decision moments, not through reminders or repetition, but by being embedded into how neonatologists deliver everyday skin-care guidance.

This requires a permanent, clinic-linked presence, not additional education meetings.

THE CLINIC-CENTRED SOLUTION FRAMEWORK

HOW THE BRAND CLOSES THE NEONATAL AWARENESS AND CHOICE GAP

The solution is designed to meet three non-negotiable conditions:

1. Embedded within neonatal clinic workflows, not dependent on recall.
2. Clearly owned and endorsed by the clinic, not positioned as promotion.
3. Aligned with neonatal guidelines, while making brand choice explicit at the appropriate care step.

CORE FRAMEWORK

Embed → Reinforce → Default

- Embed: Integrate structured skin-care guidance into neonatal practice.
- Reinforce: Repeatedly surface the same guidance and references across visits.
- Default: Establish a consistent, named choice for gentle cleansing.

This ensures that correct clinical guidance and brand choice occur together, inside neonatal practice.

DEFINED ROLES:

Role of the clinic

- Primary authority on neonatal skin care
- Source of structured, repeatable guidance
- Anchor point for routine care decisions

Role of Umi Bar

- Enables a clinic-owned skin-care support system
- Visible only within doctor-facing tools and workflows
- Positioned clearly at the gentle cleansing step for mild, stable neonatal skin

Brand benefit

- Moves from episodic recall to embedded visibility
- Converts pediatric leadership into neonatal default positioning
- Builds specialist awareness without promotional pressure

Why this works

Neonatologists do not need more education. They need practical systems that make correct care easy and consistent.

By embedding Umi Bar into clinic-led neonatal skin-care workflows, the framework transforms education into repeatable brand choice, without changing clinical behaviour or increasing promotional noise.
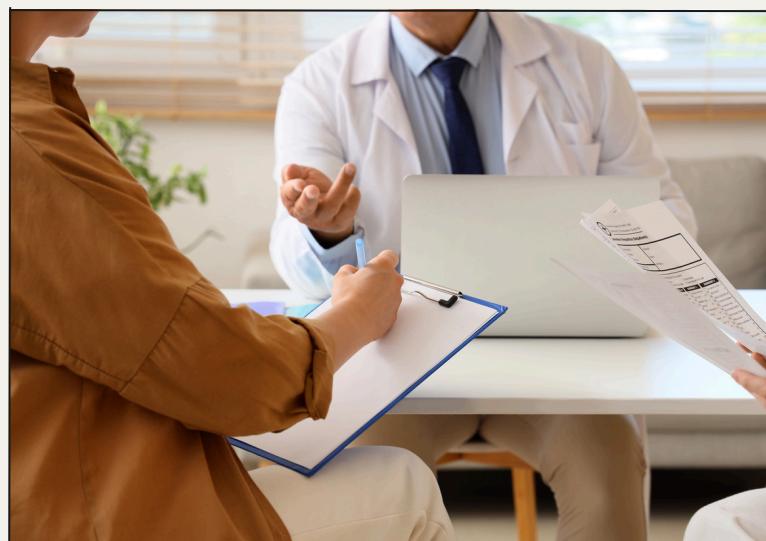
IMPLEMENTATION MODULES

Clinic–led tools that embed the brand into neonatal practice

Module	What it enables	Clinic value	Brand role
1. Clinic-branded Baby Skin Assistant	A single, clinic-owned reference for skin queries	Standardises responses between visits	Entry point for structured, doctor-endorsed guidance
2. Age-specific skin assessment flow	Clear differentiation of normal vs concerning findings	Reduces ambiguity in counselling	Keeps brand linked to age-appropriate care
3. Red-flag recognition assets	Clear escalation signals for parents	Protects clinical authority	Positions brand within safe-use boundaries
4. Neonatal skin-care routine framework	Consistent baseline advice across doctors	Aligns counselling within the clinic	Establishes the care context where brand fits
5. Clinic re-contact pathways	Easy return to the treating doctor	Maintains continuity of care	Reinforces clinic, not product, as authority
6. Doctor-side algorithms & pathways	Structured counselling support	Makes guidance repeatable across visits	Umi Bar clearly placed at the gentle cleansing step
7. Short, periodic clinical refreshers	Sustained engagement without overload	Keeps skin care top-of-mind	Converts recall into consistent preference

HOW THE SYSTEM WORKS

- TOOLS ARE DEPLOYED BY THE CLINIC, NOT PUSHED TO PARENTS INDEPENDENTLY

- PARENTS MAY USE THEM AT HOME, BUT GUIDANCE REMAINS CLINIC-OWNED

- SKIN-CARE ADVICE BECOMES STRUCTURED, REPEATABLE, AND CONSISTENT

MEASUREMENT LOGIC

How clinical integration converts into brand impact

MEASUREMENT LAYER	WHAT IS TRACKED	WHAT IT DEMONSTRATES
CLINIC INTEGRATION	Clinics onboarded, active clinics, continuity of use	The system is adopted as part of neonatal practice, not a campaign
BETWEEN-VISIT GUIDANCE USAGE	Screeners completed, repeat access, escalation actions	Clinics are influencing decisions beyond consultations
DOCTOR-SIDE UTILISATION	Algorithm views, report opens, micro-learning engagement	The system is shaping how doctors counsel and recommend
BRAND PRESENCE AT CARE STEP	Umi Bar visibility within neonatal care pathways	The brand is embedded at the gentle cleansing decision
BRAND CHOICE IMPACT	Growth in usage in participating vs non-participating clinics (6–12 months)	Clinical integration is translating into brand preference

01   How success is interpreted

SUSTAINED CLINIC USAGE CONFIRMS RELEVANCE TO NEONATAL WORKFLOWS

DOCTOR-SIDE ENGAGEMENT VALIDATES CLINICAL OWNERSHIP AND TRUST

REPEATED BRAND PLACEMENT WITHIN CARE PATHWAYS SIGNALS DEFAULT FORMATION

RELATIVE PERFORMANCE VS CONTROL CLINICS ESTABLISHES COMMERCIAL IMPACT

02   Brand insight

THIS FRAMEWORK MEASURES WHAT MATTERS FOR A MARKET LEADER:

CLINICAL INTEGRATION → DEFAULT RECOMMENDATION → DURABLE PREFERENCE
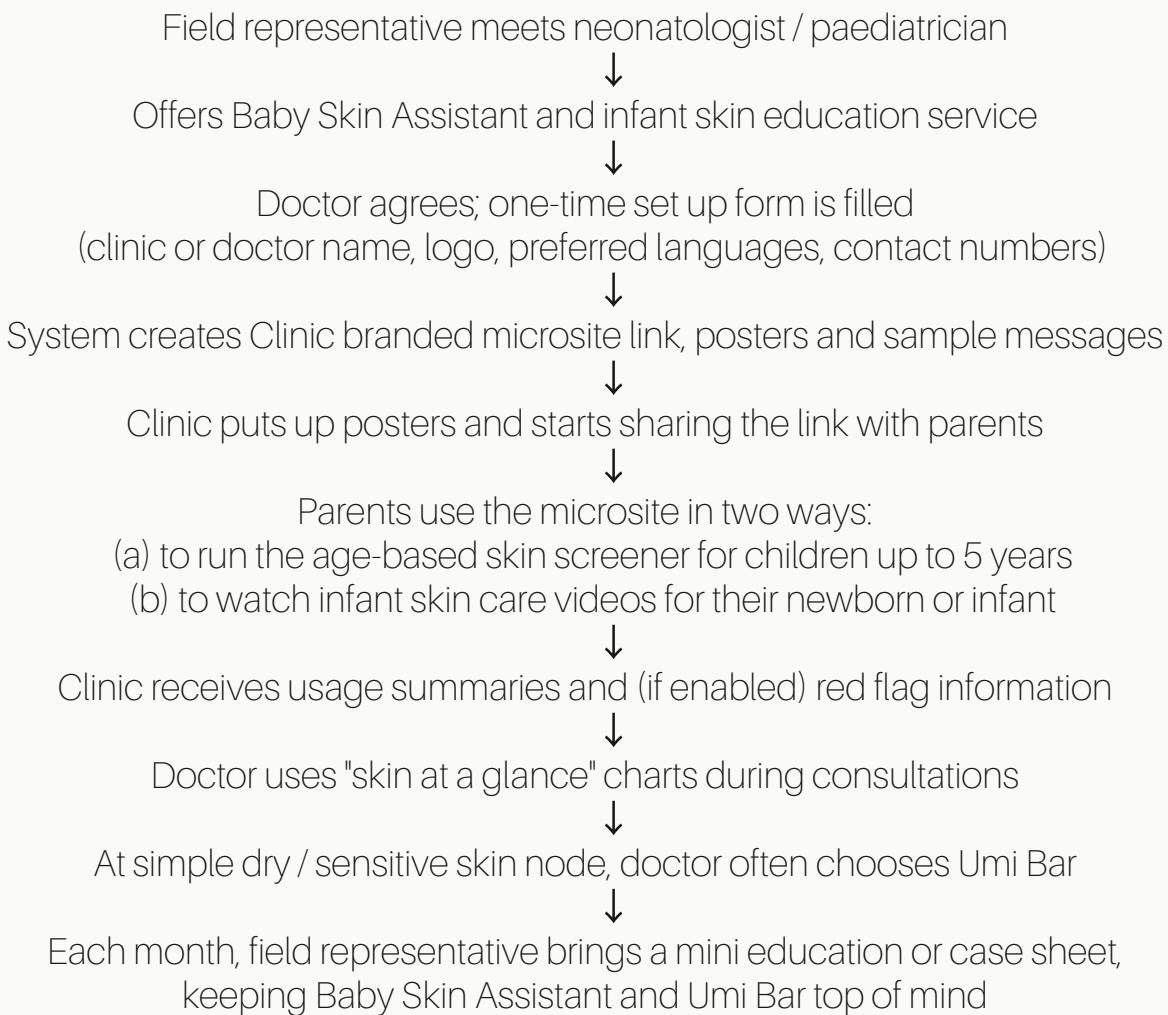
IT SHIFTS EVALUATION AWAY FROM RECALL, REACH, OR MEETING COUNTS, AND GIVES UMI BAR A CLEAR, DEFENSIBLE STORY OF HOW NEONATAL ADOPTION IS BUILT AND SUSTAINED.

HOW IT WORKS IN PRACTICE

Doctor & Clinic Journey

Field representative meets neonatologist / paediatrician
↓
Offers Baby Skin Assistant and infant skin education service
↓
Doctor agrees; one-time set up form is filled
(clinic or doctor name, logo, preferred languages, contact numbers)
↓
System creates Clinic branded microsite link, posters and sample messages
↓
Clinic puts up posters and starts sharing the link with parents
↓
Parents use the microsite in two ways:
(a) to run the age-based skin screener for children up to 5 years
(b) to watch infant skin care videos for their newborn or infant
↓
Clinic receives usage summaries and (if enabled) red flag information
↓
Doctor uses "skin at a glance" charts during consultations
↓
At simple dry / sensitive skin node, doctor often chooses Umi Bar
↓
Each month, field representative brings a mini education or case sheet,
keeping Baby Skin Assistant and Umi Bar top of mind

Patient and parent journey

Parent notices skin change or rash on baby or child (0–5 years)
↓
Uses saved link for Baby Skin Assistant
↓
Opens link on phone
↓
Chooses:
- "Check my child's skin problem" (screener), or
- "Learn how to care for my newborn's or infant's skin" (videos)
↓
If using screener:
- Selects age band
- Answers short questions in local language
- Sees clear output:
• normal / show next visit
• see doctor soon
• go to hospital now
- For red flags, watches local-language video on why it matters
- Uses "call clinic" or "send message" if advised
↓
If watching infant skin care videos:
- Learns simple, safe bathing and skin care practices
- Avoids harmful products and home remedies
↓
Sees doctor when advised; doctor uses skin algorithm and judgement
↓
Parent reuses the same link when new skin issues appear or
when they need to replay infant skin care advice

PARTNER WITH US

If your brand is a market leader but loses the first-use decision inside specialist practice, we design clinic-embedded systems that convert correct care into repeatable brand default.

This approach is built for categories where:

- Guidelines are followed, but brand choice is unanchored
- Education lifts the category, not the brand
- Specialist workflows leave product selection open-ended

Take the Next Step

If your brand needs presence at the point of clinical decision, not just in the market, Inditech designs doctor-led systems that establish durable brand choice across therapies, specialties, and lifecycle stages.

CONTACT: LEARN MORE:
amit@inditech.co.in   www.inditech.co.in