International Journal of Contemporary Pediatrics
Shenoy M et al. Int J Contemp Pediatr. 2025 Dec;12(12):1958-1961
http://www.ijpediatrics.com
pISSN 2349-3283 | eISSN 2349-3291

DOI: https://dx.doi.org/10.18203/2349-3291.ijcp20253748

Original Research Article

Evaluation of shea butter, olive oil and avocado oil enriched baby cleansing bar: real-world evidence from clinical practice across India

Manjunath Shenoy[1], Naveen P. Gupta[2], Dyotona Sen[3], Sanjay Choudhary[3]*

[1]Department of Dermatology, Venereology and Leprosy (DVL), Yenepoya Medical College, Yenepoya (Deemed to be University), Mangalore, Karnataka, India
[2]Department of Neonatology, Madhukar Rainbow Children's Hospital, Delhi, India
[3]Department of Medical Affairs - India and South Asia, Galderma India Private Limited, Mumbai, Maharashtra, India

Received: 22 October 2025
Revised: 06 November 2025
Accepted: 07 November 2025

***Correspondence:**
Dr. Sanjay Choudhary,
E-mail: sanjay.choudhary@galderma.com

ABSTRACT

Background: Clinicians widely prescribe mild cleansers in India for baby skincare. Shea butter, olive and avocado oil-enriched baby cleansing bar is a gentle cleansing syndet bar with pH 5.5 formulated especially for infants' delicate skin. Although efficacy and safety of this cleansing bar have been well studied, its real-world experience data are limited in India.
Methods: This observational cross-sectional PAN India survey study included pediatricians and dermatologists who prescribed this cleansing bar (Cetaphil® Baby Mild Bar®) to their patients. Clinicians were given a nine-point questionnaire specific to their experience with this bar in routine practice.
Results: Over 128 clinicians provided data on their experience with product for 572 children. Most children (45.3%) were between 1–4 years, followed by <12 months (36.3%). Cleansing bar was prescribed in children with both normal skin (61.2%) and those with pre-existing conditions such as atopic dermatitis, dry, and sensitive skin (38.8%). 84.1% of clinicians recommended its use for as long as required. Most clinicians (90%) indicated that cleansing bar did not cause skin dryness. Cleansing properties were rated as "excellent" by 66.8% of clinicians and "good" by 32.9%. 95.3% of physicians recommended use of this bar from day one of life. Clinicians and parental feedback reported benefits including improved moisturization, enhanced skin tone, reduced itchiness, and softer, smoother skin.
Conclusions: Shea butter, olive and avocado oil-enriched baby cleansing bar (Cetaphil® Baby Mild Bar®) with pH 5.5 is safe, well-tolerated, and effective in infants and young children, including those with atopic dermatitis, dry and sensitive skin.

Keywords: Skincare, Infant, Newborn, Skin diseases, Diaper rash, Childcare

INTRODUCTION

A newborn transition from a well-protected, sterile, liquid environment in utero to a relatively harsh and polluted gaseous environment after birth.[1] This results in increased exposure of newborn skin to environmental toxins due to the underdeveloped stratum corneum, which is 30% thinner than adults.[2] After birth, the skin pH remains high for around 28 days. This pH reduces to acidic after four weeks, allowing bacterial colonization for their protective action. It takes around twelve months after birth for the stratum corneum to develop fully.[3] Maintaining a healthy baby's skin thus requires no tampering with these skin pH values.[4]

Diaper use for newborns is likely to result in a diaper rash (incidence of 8 – 50%) at the site of use.[5,6] Teething-related diarrhea is an additional trigger for skin damage and results in a rash in the diaper area.[6] The amount of skin damage in early life influences the future occurrence of different

dermatological disorders. In the past few decades, there has been an upsurge in the incidence of atopic skin diseases. From an etiological standpoint, this condition results from a mix of genetic factors to a combination of external factors. Damage to the newborn skin resulting from inappropriate cleansers can precipitates atopic eczema.[7] Certain cleaners harm the skin's barrier function triggering an immune reaction. It thus results in atopic skin conditions.[8]

Cotton wool, warm water, and mild cleansers are the most specific, evidence-based, and widely used elements for good skin care in babies.[8,9] Damage to the newborn skin resulting from inappropriate cleansers can precipitate atopic eczema.[7,10] Harsh ingredients used in cleansers interact with stratum corneum (SC) proteins and lipids, which can potentially lead to skin dryness, tightness, irritation, erythema, and itch. It is important to distinguish between traditional soaps, which are alkaline (around pH 10) salts of fatty acids, and synthetic detergent (syndet) cleansers. Soap-based cleansers can strip natural moisturizing factor and skin lipids, thereby adversely affecting the baby skin.[11,12]

In contrast, most modern syndet-based cleansers are pH neutral or acidic and, when formulated with surfactants such as sodium lauryl sulfate, are significantly milder and non- irritating.[11]

An additional advantage of syndet bars lies in their adaptability to different skin needs. Many syndet bars are also supplemented with emollients and humectants like glycerin, shea butter, and natural oils like avocado oil, which support moisture retention and prevent post-cleansing dryness. These components not only leave the skin soft and nourished but also strengthen the barrier function and enhance overall skin texture and appearance.[13] However, there is limited data on the use of syndet bars in Indian children. The objective of this survey was to obtain real-world evidence on the effectiveness and acceptability of shea butter, olive oil, and avocado oil-enriched baby cleansing bar in infants and children with normal or dry sensitive skin, and those with skin disorders such as atopic dermatitis.

METHODS

This observational, cross-sectional survey was conducted PAN India with various individual healthcare professionals (HCPs) between June 2021 and January 2022. These individual practitioners were engaged from multiple states across India, including Tamil Nadu, Telangana, Kerala, Karnataka, Goa, Andhra Pradesh, Madhya Pradesh, Maharashtra, Gujarat, West Bengal, Delhi, Uttar Pradesh, Punjab, Rajasthan, Uttaranchal, Assam, and Jharkhand.

The study evaluated the effectiveness and acceptability of shea butter, olive oil, and avocado oil-enriched baby cleansing syndet bar (Cetaphil® Baby Mild Bar®). Pediatricians and dermatologists who prescribed shea butter, olive oil and avocado oil-enriched baby cleansing bar to their patients were included in the study. Infants and children with normal skin, dry or sensitive skin, or with dermatological conditions such as atopic dermatitis were included. Infants and children with severe dermatological diseases, known hypersensitivity or allergy to any of the product ingredients, or those using concurrent topical medications that could significantly affect skin barrier integrity were excluded.

The clinicians completed a structured, nine-item questionnaire designed to capture their and user's/care giver's real-world experience with the product in routine pediatric practice. The questionnaire comprised objective, multiple-choice questions, with an option to provide additional remarks where applicable. Completed responses were compiled, and the collected data were analyzed statistically using R (version 4.0.3; 2020-10-10) and R Studio (version 2021.9.1.372) software.

RESULTS

Over 128 clinicians from around 74 cities in India responded to the survey and provided data for 572 children. The proportion of boys was higher than girls in this study (57.9% males versus 42.1% females). Most children (45.3%) were under the age of 1-4 years, followed by less than 12 months (36.3%). Table 1 summarizes demographic information for all enrolled children. Most patients (61.2%) did not have any pre-existing disease conditions, while 38.8% of patients were reported to have some disease conditions (Table 1).

Table 1: Demographic characteristics of enrolled children.

Characteristics of children	Percentage (total number=572)
Male baby	57.9 (n=331)
Female baby	42.1 (n=241)
Age	
1-4 years	45.3 (n=259)
Less than 12 months	36.3 (n=208)
Above four years	18.4 (n=105)
Having pre-existing disease conditions	38.8 (n=222)
Atopic dermatitis/atopic eczema	8.74 (n=50)
Dryness	6.11 (n=35)
eczema	1.39 (n=8)
Others	22.58 (n=129)
Without any pre-existing disease conditions	61.2 (n=350)

Prescribing pattern of shea butter, olive oil and avocado oil-enriched baby cleansing bar

The shea butter, olive oil and avocado oil-enriched baby cleansing bar was prescribed in children with both normal

skin and those with pre-existing skin conditions such as atopic dermatitis, dry and sensitive skin (Table 2).

Table 2: Was shea butter, olive oil and avocado oil-enriched baby cleansing bar (Cetaphil® Baby Mild Bar®) prescribed because of a pre-existing skin condition?

Response	Count (%)
No	350 (61.2)
Yes	222 (38.8)

Duration of use

Most clinicians (84.1%) prescribed the cleansing bar as long as needed by the patients (Figure 1).

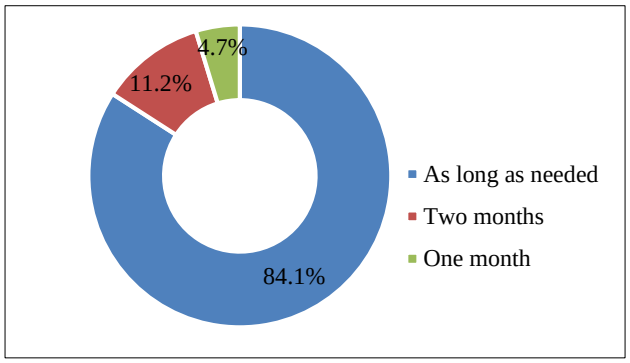

Figure 1: Prescribed duration of shea butter, olive oil and avocado oil-enriched baby cleansing bar.

Dryness of skin

Most (89.7%) clinicians reported that shea butter, olive oil and avocado oil-enriched baby cleansing bar did not cause skin dryness (Table 3).

Table 3: Did shea butter, olive oil and avocado oil-enriched baby cleansing bar (Cetaphil® Baby Mild Bar®) cause dryness on the baby's skin?

Response	Count (%)
No	513 (89.7)
Yes	59 (10.3)

The clinicians received parental feedback following use of the shea butter, olive oil, and avocado oil–enriched baby cleansing bar. Parents rated the baby cleansing bar as good to excellent and reported that it moisturized the skin and improved dryness, alleviated itchiness, enhanced skin tone and left the skin feeling soft and smooth.

Cleansing property

Most respondents (66.8%) rated the cleansing property as "excellent", while others rated it as good (32.9%) and average (0.3%) (Figure 2). Most physicians (95.3%) recommend the shea butter, olive oil and avocado oil-enriched baby cleansing bar from day 1 in babies (Table 4).

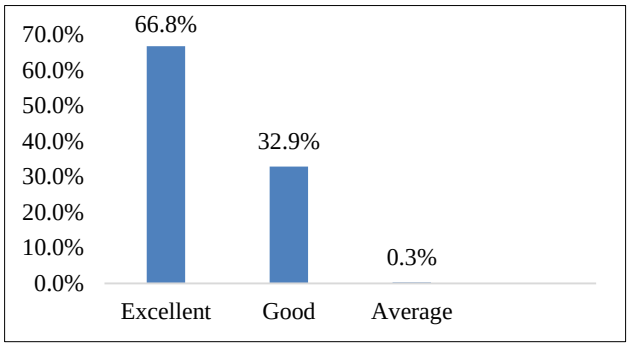

Figure 2: Respondents rating of the cleansing property of the shea butter, olive oil and avocado oil-enriched baby cleansing bar.

Table 4: Summary of physician recommendation of shea butter, olive oil and avocado oil-enriched baby cleansing bar (Cetaphil® Baby Mild Bar®).

Would you recommend Cetaphil® Baby Mild Bar® from day 1 of birth?	Count (%)
No	27 (4.7)
Yes	545 (95.3)

DISCUSSION

This survey provides valuable real-world insights into the clinical use of the shea butter, olive oil, and avocado oil–enriched baby cleansing syndet bar (Cetaphil® Baby Mild Bar®). The study population reflected a slightly higher proportion of boys than girls. Most children reported in this study were aged 1-4 years and less than 12 months. Notably, the cleansing bar was prescribed not only for children with normal skin but also for those with pre-existing dermatological conditions, including atopic dermatitis, dry skin, and sensitive skin, underscoring its broad applicability.

The findings demonstrate strong clinical confidence in the product's tolerability and safety. Nearly 90% of clinicians reported that the cleansing bar did not cause dryness, and most rated its cleansing properties as excellent or good. Clinician and parental feedback supported these results, highlighting improved moisturization, enhanced skin tone, reduced itchiness, and overall skin softness and smoothness. Importantly, more than 95% of physicians recommended the cleansing bar for use from the first day of life, further emphasizing its acceptability in neonatal care.

The present findings are consistent with results from a single-center, non-randomized trial in India that assessed the local skin tolerance of the shea butter, olive oil and avocado oil-enriched baby cleansing bar (Cetaphil® Baby Mild Bar®) using a primary irritation patch test conducted in accordance with I.S. 13424:2001 guidelines.[14] In this

study, 30 participants received patches containing either an 8% w/w solution of the shea butter, olive oil, and avocado oil–enriched cleansing bar or a 3% w/w sodium lauryl sulfate (SLS) solution. The patch was applied on the upper arm/back for 24 hours. The mean irritation score, including erythema, dryness, wrinkles, and edema, was 2.43 with the cleansing bar, which was significantly lower than that observed with SLS solution. This confirmed the non-irritant profile of the product in the Indian population.[14]

The strengths of the present study include participation of health care professionals from diverse regions across India, many of whom were already prescribing the product in their routine practice. An important observation was that clinicians recommended the product in both normal and dry skin types, highlighting its acceptability and tolerability profile. The limitation of this study was the relatively small sample size and reliance on clinician-reported data, which may be susceptible to subjective interpretation.

CONCLUSION

The present study highlights that the shea butter, olive oil, and avocado oil–enriched baby cleansing syndet bar (Cetaphil® Baby Mild Bar®) with pH 5.5 is well accepted by physicians across India, with the majority recommending its use from the day one in babies. It was well tolerated, gentle and effective in infants and young children, including those with dry, sensitive or pre-existing skin conditions, such as atopic dermatitis. It provided effective gentle cleansing without inducing dryness and was associated with favorable clinician and parental feedback on moisturization, skin softness, and overall baby skin health. While the smaller sample size represents a limitation, the findings underscore the product's tolerability across both normal and dry skin types. Larger, multicenter evaluations would help strengthen these observations and establish its role as a preferred cleansing bar for babies.

ACKNOWLEDGEMENTS

Authors would like to thank Eien Biosciences, Mumbai, India, for supporting Galderma India Pvt. Ltd. for statistical analysis, manuscript writing and Medicca Press, Mumbai, India for providing editorial support.

Funding: This study was funded by Galderma India Pvt. Ltd.
Conflict of interest: Dyotona Sen and Sanjay Choudhary are employees of Galderma India
Ethical approval: Not required

REFERENCES

1. Lumbers M. Caring for and cleansing a baby's skin. Br J Nurs. 2018;27(3):148-51.
2. Nikolovski J, Stamatas GN, Kollias N, Wiegand BC. Barrier function and water-holding and transport properties of infant stratum corneum are different from adult and continue to develop through the first year of life. J Invest Dermatol. 2008;128(7):1728-36.
3. Hughes K. Neonatal skin care: advocating good practice in skin protection. Br J Midwifery. 2011;19(12):773-5.
4. Priestley GC, McVittie E, Aldridge RD. Changes in skin pH after the use of baby wipes. Pediatr Dermatol. 1996;13(1):14-7.
5. Hale R. Newborn skincare and the modern nappy. Br J Midwifery. 2007;15(12):785-8.
6. Furber C, Bedwell C, Campbell M, Cork M, Jones C, Rowland L, et al. The challenges and realties of diaper area cleansing for parents. J Obstet Gynecol Neonatal Nurs. 2012;41(6):E13-25.
7. Ehretsmann C, Schaefer P, Adam R. Cutaneous tolerance of baby wipes by infants with atopic dermatitis, and comparison of the mildness of baby wipe and water in infant skin. J Eur Acad Dermatol Venereol. 2001;15:16-21.
8. Blume-Peytavi U, Hauser M, Stamatas GN, Pathirana D, Garcia Bartels N. Skin care practices for newborns and infants: review of the clinical evidence for best practices. Pediatr Dermatol. 2012;29(1):1-14.
9. Lund CH, Kuller J, Lane AT, Lott JW, Raines DA, Thomas KK. Neonatal skin care: evaluation of the AWHONN/NANN research-based practice project on knowledge and skin care practices. Association of Women's Health, Obstetric and Neonatal Nurses/National Association of Neonatal Nurses. J Obstet Gynecol Neonatal Nurs. 2001;30(1):30-40.
10. Gupta AK, Skinner AR. Management of diaper dermatitis. Int J Dermatol. 2004;43(11):830-4.
11. Blume-Peytavi U, Lavender T, Jenerowicz D, Ryumina I, Stalder J, Torrelo A, et al. Recommendations from a European Roundtable Meeting on Best Practice Healthy Infant Skin Care. Pediatr Dermatol. 2016;33(3):311-21.
12. Mijaljica D, Spada F, Harrison IP. Skin Cleansing without or with Compromise: Soaps and Syndets. Molecules. 2022;27(6):2010.
13. Pawar M, Nikam T, Nikam R, Sharma Y, Bachav P, Patil D. A Comparative Study of Soap and Syndet Bars: Formulation, Benefits and Efficacy in Skin Care. Pharm Res. 2024;8(3):000320.
14. Primary Irritation Patch Test Study as per IS 13424:2001 Guidelines, Study Number: CL/026/0619/STU (Unpublished data).

Cite this article as: Shenoy M, Gupta NR, Sen D, Choudhary S. Evaluation of shea butter, olive oil and avocado oil enriched baby cleansing bar: real-world evidence from clinical practice across India. Int J Contemp Pediatr 2025;12:1958-61.