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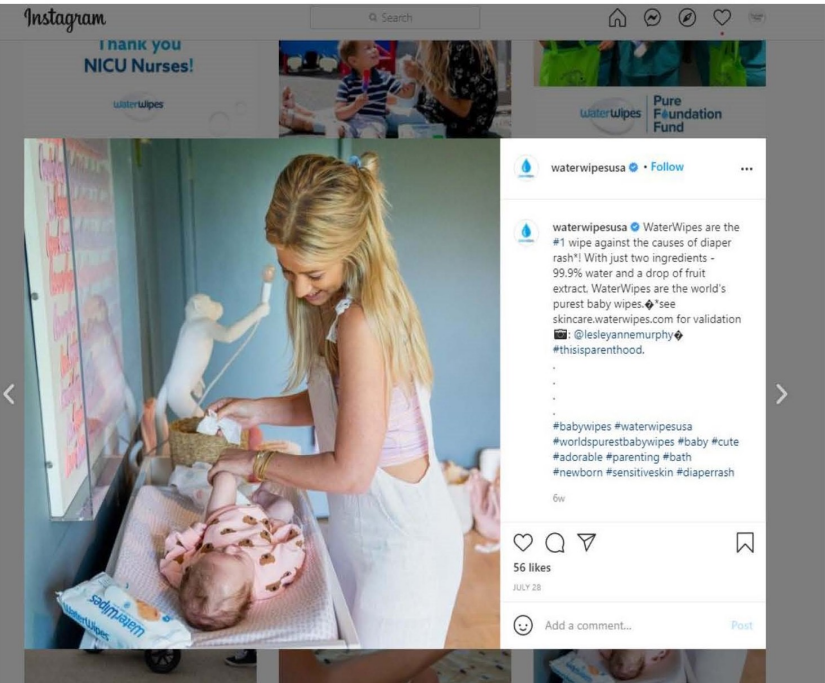
Water Wipes

National Advertising Division

NAD Case #7064

February 2022

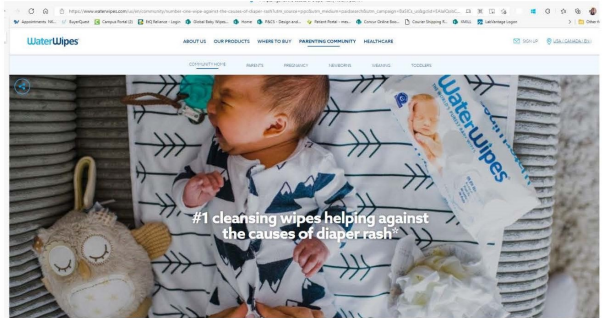
Relevant Media



National Association of Neonatal Nurses (NANN) Conference 2021 link to video:
[Baby Wipes Product R&E - Waterwipes - All Documents \(sharepoint.com\)](#)



We're proud to say that a recent clinical study put WaterWipes to the test against two leading brands and we came out on top as the #1 wipe against the causes of diaper rash. Not only did the babies taking part



*WaterWipes are a cosmetic product and do not treat, cure or prevent diaper rash. No.1 in a clinical test of three brands. Price AD et al., The BaSICS (Baby Skin Integrity Comparison Survey) study. 2020 <https://doi.org/10.1016/j.pedneo.2020.10.003>

◆ WaterWipes are clinically tested against the causes of diaper rash

WaterWipes, the world's purest baby wipes are not only purer than cotton wool and water but also clinically tested to be the no.1 cleansing wipes helping against the causes of nappy rash*

* WaterWipes are a cosmetic product and do not treat, cure or prevent diaper rash. No.1 in a clinical test of three brands. Price AD et al., The BaSICS (Baby Skin Integrity Comparison Survey) study. 2020 [Click here for study](#)

Summary

Kimberly-Clark Corporation challenged claims made by WaterWipes on its website and social media channels that their cleansing wipe product is the “#1” wipe against the causes of diaper rash and that it is “clinically proven as the #1 wipe against the causes of diaper rash.” WaterWipes relied on the results of its “Baby Skin Integrity Comparison Survey” to support its claims. A total of 698 mother-and-infant pairs completed the eight-week study under the supervision of professionals. The National Advertising Division (NAD) reviewed the study to assess whether it was sufficiently reliable to support the challenged claims.

NAD determined that the study did not provide adequate substantiation for the broad “#1” or “clinically proven”

claims and expressed several concerns with the study’s methodology, including that the study universe was too narrow to support the broad “#1” claims, that it failed to attempt to control for the use of skin creams and lotions to treat infants with diaper rash, and that it did not attempt to blind the branding and marketing on the packaging itself which could have biased the results. Broad superiority claims such as “#1” claims require strong support while a “clinically proven” claim requires reliable and well-controlled clinical testing on the advertised product.

NAD recommended that the challenged claims be discontinued.