

WHITE PAPER NO. 1 — BABY HAIR RESEARCH &
EDUCATION SERIES

SCALP-FIRST HAIR CARE

*Understanding Pediatric Scalp Health Across Texture Types,
Multicultural Families, and Texture-Diverse Households*

By Dr. Bre Hayward, EdD

Founder, Baby Hair® | A Phase Theory Beauty Company

Published June 2026

www.PhaseTheoryBeauty.com | BabyHair.com

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PUBLICATION INFORMATION

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A Letter from the Founder

Dear Parent, Caregiver, and Beauty Professional,

As a healthcare executive, researcher, mother, and founder, I noticed something that troubled me: families were making hair care decisions for their children based on conflicting, incomplete, and often culturally disconnected information.

What began as a personal journey — navigating the care of my own child's hair and the children in my community — evolved into a professional mission. I saw parents struggling. I saw children experiencing painful detangling sessions that left lasting anxiety. I saw scalp concerns dismissed as cosmetic inconveniences rather than addressed as health priorities.

With a background in healthcare administration, education, and research, I recognized that what families needed was not just better products. They needed better education.

Baby Hair® was founded on a simple but powerful premise: healthy hair begins with a healthy scalp. The Scalp-First framework is not a marketing slogan. It is a philosophy rooted in science, supported by practice, and driven by a commitment to every child who deserves to feel comfortable, confident, and celebrated in their own hair.

This white paper is the first in our Baby Hair Research & Education Series. It is my hope that it serves as a meaningful resource for families navigating the beautiful complexity of texture diversity — and that it contributes to a growing conversation about inclusive, evidence-informed pediatric hair care.

With purpose,

Dr. Bre Hayward, EdD

Founder, Baby Hair® | Phase Theory Beauty Company

Why Baby Hair Exists

I didn't start Baby Hair® because I saw a gap in the market. I started it because I saw a gap in care.

For over a decade, I've worked inside complex healthcare systems — translating payer requirements, coding rules, quality measures, and operational data into something a care team can actually use. That's the work. You take something technical and you make it usable, because if you don't, it doesn't matter how correct it is. Nobody can act on it.

I'm also an educator. My doctorate is in educational leadership, not dermatology — and I've come to believe that's exactly the right credential for this work, because the biggest problem in pediatric hair care was never a lack of products. It was a lack of translation.

And I'm a mother who learned quickly that most hair care advice assumes every child in the house has the same texture, the same needs, and the same routine. Real families don't work that way.

My career has focused on helping families navigate complex systems and translating technical information into practical guidance — the same philosophy that serves as the foundation for Baby Hair®.

Baby Hair® sits at the intersection of those three things: someone who translates complicated systems for a living, someone trained to make information usable, and a parent who lived the exact problem this brand exists to solve.

This white paper is the clearest expression of that. Every section that follows is built on real research — dermatology, cosmetic science, child development. But none of it stays in the lab. It gets translated into something you can use the next time you're standing over a sink with a wide-tooth comb and a child who's had enough.

The goal isn't to help parents become hair experts. The goal is to help them feel confident caring for the child standing in front of them.

That's the job. That's why Baby Hair® exists.

EXECUTIVE SUMMARY

Hair care conversations in American households focus overwhelmingly on styling, appearance, and product selection. Lost in that conversation is the foundation upon which healthy hair depends: the scalp.

This white paper is written by Dr. Bre Hayward, EdD — a healthcare executive, educator, researcher, mother, and founder — and it reflects all four of those vantage points at once. It presents a scalp-first framework for pediatric hair care, grounded in real dermatology, cosmetic science, and child development research, and translated into something a parent can actually use on a Tuesday morning before school.

For multicultural, blended, adoptive, and interracial families — a rapidly growing population segment — managing the beautiful complexity of texture diversity within a single household is the norm, not the exception. Most hair care advice was never built for that household. This paper was.

We built Baby Hair® around a household, not a texture — the household that doesn't get talked about enough: multiple children, multiple textures, one parent trying to figure out why the same product works beautifully on one child and does nothing for another. This paper centers that household as its primary audience, not an afterthought.

At the center of this paper is the C.H.O.P.R.™ Scalp-First Framework (Cleanse, Hydrate, Observe, Protect, Repeat) — a five-step framework designed to give parents one repeatable model instead of an endless list of texture-specific rules. The five steps stay the same for every child in a household; what changes is how each step is carried out, based on that child's individual porosity and texture. And because every child has a scalp, the framework applies to every texture type, not only coily or curly hair.

This white paper examines the science of scalp health, explores the challenges of texture-diverse households, and provides practical guidance for establishing routines that support long-term scalp wellness, reduce detangling trauma, and build children's confidence.

33.8M+

multiracial Americans
reported in the 2020 U.S. Census

17%

of U.S. children
live in a blended family as of 2023

18%

of traction alopecia cases
begin between ages 6 and 7

Key Findings

- Healthy hair growth begins with a healthy scalp — not with styling products.
- Multicultural and blended families manage fundamentally different hair texture needs within one household.
- Most pediatric scalp conditions are highly manageable, or fully reversible, when caught early.
- Hair-esteem is measurably linked to mental health outcomes in children and adolescents.
- The C.H.O.P.R.™ Scalp-First Framework provides a practical, repeatable five-step routine for any texture type.
- Scalp health education remains significantly underserved in pediatric care and parenting resources.

P A R T I

Understanding the Scalp

The biology, porosity science, and household reality behind every Baby Hair® recommendation.

THE SCIENCE OF THE SCALP

In virtually every conversation about children's hair — in beauty aisles, parenting forums, pediatric offices, and school hallways — the scalp is treated as background. The hair shaft is the subject: its curl pattern, its length, its moisture, its style. The scalp is where you put the products.

This is a fundamental misunderstanding of hair biology, and it has consequences.

The hair shaft — the strand that emerges from the surface of the skin and is visible to the eye — is composed primarily of a structural protein called keratin. It is, by biological definition, non-living tissue. It cannot repair itself. It cannot respond to treatment. It has no blood supply, no nerve endings, and no ability to grow. What the hair shaft can do is reflect the health of the environment from which it came.

That environment is the scalp. And the scalp is very much alive.

Anatomy of the Scalp: A Primer

The scalp covers the top and sides of the skull, and it contains some of the highest concentrations of hair follicles, oil glands, sweat glands, nerve endings, and blood vessels found anywhere on the body.

The functional unit behind all of this is called the pilosebaceous unit — the hair follicle, its sebaceous (oil) gland, and the small muscle that connects them. The follicle originates at the surface of the skin and extends down into the deeper layer of the dermis.

The sebaceous gland's job is to produce sebum: a mix of oils that lubricates the hair shaft and scalp surface, maintains the skin's natural pH, and provides antimicrobial protection. Over-cleanse with harsh detergents and sebum production gets disrupted. Under-cleanse, and sebum accumulates with environmental debris to form the buildup that impedes follicle function and moisture absorption.

At the base of each follicle sits the dermal papilla — a small, highly vascularized cluster of cells that acts as the command center for hair growth. Its health is tied directly to scalp circulation, nutrition, and inflammation in the surrounding tissue. Chronic tension, product buildup blocking follicular openings, and inflammatory conditions can all compromise it — and with it, healthy hair production.

The Hair Growth Cycle

Hair does not grow continuously. Each follicle cycles independently through distinct phases, and scalp health determines how well that cycle operates.

Hair follicles cycle through three phases: anagen, catagen, and telogen. Anagen, the growth phase, lasts two to six years, and at any given time roughly 85 to 90 percent of follicles are in it. Healthy hair grows at about half an inch per month.

During anagen, the cells that build the hair shaft are actively dividing. Severe insult to this process — inflammation, toxin exposure, physical trauma — can damage the shaft and, in serious cases, the follicle itself. This is why chronic scalp inflammation, excessive styling tension, and harsh chemical exposure are not just cosmetic concerns. They're biological threats to the growth phase itself.

Catagen is a brief transition: growth stops, the follicle shrinks, and the hair detaches from the dermal papilla. Less than 1 percent of follicles are in this phase at any time.

Telogen is the resting phase before a hair sheds, lasting three to five months. Significant illness, nutritional deficiency, or chronic stress can push hairs into telogen early — a process called telogen effluvium. What a parent sees as sudden hair loss is often the result of something that happened to the body weeks or months earlier.

The practical implication: if a child's hair seems to stop growing or sheds excessively, the answer is rarely a topical product. It's worth asking what the scalp — and the body — went through upstream.

The Scalp's Microbiome

Like the gut and the rest of the skin, the scalp hosts a community of bacteria, fungi, and other microbes — the scalp microbiome. In a healthy state, these communities exist in balance, supporting the skin's barrier and keeping pathogenic organisms in check.

This balance starts forming early. The microbiome has clinical relevance to conditions common in pediatric dermatology, including seborrheic dermatitis, alopecia areata, atopic dermatitis, and psoriasis.

Disrupt that balance — through over-cleansing, alcohol-heavy products, or harsh surfactants — and specific organisms can overgrow. Cradle cap, for example, is associated with an overgrowth of *Malassezia* yeast in an environment of excess sebum. The fix is rarely aggressive scrubbing or antifungal shampoo. It's restoring the scalp's natural balance through gentle, consistent care.

Why Children's Scalps Require Special Consideration

Children's scalps aren't just smaller versions of adult scalps. They differ in ways that matter clinically.

Pediatric skin maintains its balance through barrier function, microbiome diversity, and immune regulation that are still developing — which is exactly why children face unique dermatologic risks adults don't.

The scalp's outermost protective layer is thinner and more permeable in children, especially infants and toddlers. Products applied to a child's scalp are absorbed more readily than the same products on an adult. Fragrance compounds, harsh preservatives, and chemical surfactants an adult scalp might tolerate can cause irritation or sensitization in a child.

Before we go further, it's important to understand that everything in this section applies to every child, regardless of texture.

Scalp-first care isn't a coily-hair concept or a curly-hair concept. The sebaceous glands, the dermal papilla, the growth cycle, the microbiome — every child has all of it, whether their hair is straight, wavy, curly, or coily. A parent with a straight-haired child who skips scalp care because “that's a textured hair thing” is making the same mistake as a parent who over-washes a coily-haired child because nobody told them sebum distribution works differently on a curved strand. Different textures need different techniques. They don't need different principles.

This is part of why we built Baby Hair® around a household, not a texture. The household I had in mind has more than one texture in it — which means the science in this paper has to hold up for all of them, not just the one getting the most attention in a given product aisle.

DR. BRE'S PERSPECTIVE

In my house, we don't say “your hair is dry.” We say “let's check on your scalp.” That one shift in language changed how my own child relates to wash day, because it's not a correction, it's a check-in. If you only take one thing from this section, take this: talk about the scalp like it's a living, breathing part of your child's body. Because it is.

The Consequence of Ignoring Scalp Biology

When scalp health is compromised — through inadequate cleansing, harsh ingredients, chronic tension, or neglect — the consequences move through the entire hair system:

- Blocked follicles reduce the efficiency of hair growth and can create the appearance of slow growth or no growth
- Disrupted sebum production leaves the hair shaft without its natural protective coating, increasing brittleness and breakage
- Chronic inflammation can shorten the anagen (growth) phase, leading to increased shedding and thinner regrowth over time
- Microbial imbalance can trigger or worsen conditions like seborrheic dermatitis, dandruff, or scalp sensitivity
- Tension and traction from tight hairstyles can damage follicles — a condition known as traction alopecia — which, if sustained over time, can result in permanent hair loss at the hairline and temples

Parents often interpret these outcomes as evidence that their child's hair “doesn't grow” or “is weak.” In most cases, what is being observed is a scalp under chronic stress responding as any living tissue under chronic stress does: by underperforming.

A scalp-first approach addresses the cause, not the symptom.

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HAIR POROSITY — THE MISSING VARIABLE

Walk into any pediatrician's office, parenting class, or school orientation and ask what parents know about their child's hair porosity. In the overwhelming majority of cases, the answer will be: nothing. They have never heard the word used in the context of their child's hair. They have been told about curl type, about moisturizing, about protective styles. No one has explained the variable that determines whether any of that actually works.

Porosity is that variable.

Hair porosity describes the extent to which hair absorbs and retains water, products, and treatments based on the integrity of the cuticle. Porosity can be influenced by both genetics and hair grooming practices to varying degrees. Individuals with textured hair — hair that is naturally wavy, curly, or coily — are more likely to have more porous hair than individuals with straight hair, and moisture and breakage are the top concerns among this demographic.

For families navigating multiple hair textures in one household, understanding porosity is not optional knowledge. It is foundational. Two children in the same family, using the same products, following the same routine, can experience completely different outcomes — not because one child's hair is “difficult,” but because their porosity levels require fundamentally different approaches.

The Structure Behind Porosity: The Hair Cuticle

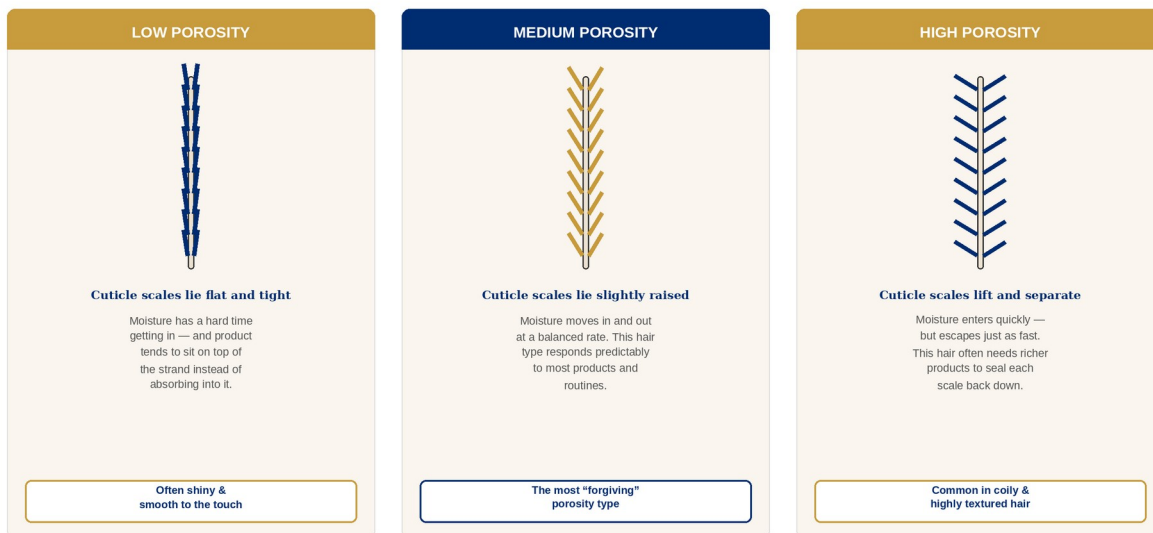
To understand porosity, it helps to understand the hair shaft. Each strand has three layers: the innermost medulla, the cortex (which provides strength and pigment), and the outermost cuticle — overlapping keratin scales arranged like roof tiles. How tightly those tiles lie determines porosity: flat tiles mean low porosity, where moisture struggles to get in. Raised tiles mean high porosity, where moisture gets in and escapes quickly.

What holds the cuticle flat is an intercellular lipid cement made of ceramides, fatty acids, and cholesterol. When it's intact, the cuticle regulates moisture well. When it's compromised — by heat, chemical processing, mechanical damage, or simply the geometry of a tight curl — the cuticle lifts, gaps form, and the hair loses its ability to hold moisture.

The Three Porosity Types — And What They Mean in Practice

UNDERSTANDING HAIR POROSITY

How the hair cuticle determines moisture absorption and retention



Porosity can vary across sections of the same head of hair and may change with heat, chemical processing, or environmental exposure.

Low Porosity:

Low porosity hair exhibits tightly sealed cuticles that inhibit the entry of moisture, making it prone to dryness and product buildup. It often appears shiny, feels smooth to the touch, and is resistant to moisture absorption. It may take longer to dry after washing and may be prone to product buildup. The solution is not more product — it is a change in approach: steam to relax the cuticle, humectants such as glycerin and honey, and lightweight oils that seal in moisture without coating the strand.

High Porosity:

High porosity hair has raised or damaged cuticles with gaps and spaces that allow moisture to enter quickly — but also to escape just as fast. This hair generally tolerates, and often needs, richer products that help fill in gaps in the cuticle and lock in hydration. Without proper moisture and sealing, styles can fall flat or frizz more easily. Research confirms that both chemical and physical processes induce significant changes in water permeability, surface topography, and mechanical properties of textured hair fibers.

Medium/Normal Porosity:

Medium porosity hair sits between these extremes, with cuticles that are slightly raised and allow a balanced exchange of moisture. This hair type tends to respond predictably to a wide range of products and is the most forgiving in terms of routine variation.

Why Curl Pattern and Porosity Are Related — But Not the Same

One of the most important distinctions for parents to understand is that curl pattern and porosity are related, but they are not interchangeable. A child can have Type 3 curls with low porosity, or Type 4 coils with medium porosity. Knowing the curl type tells a parent what the hair looks like. Knowing the porosity tells them how the hair behaves.

Textured or tightly coiled hair tends to grow from flatter, more elliptical follicles, while wavy or loosely curled hair stems from oval-shaped follicles. In contrast, straight hair typically grows from round follicles, resulting in a smoother, sleeker strand. The cross-section of tightly coiled hair tends to be more elliptical than circular; on coiled hair, the angles of the curl cause the cuticle shingles to lift rather than lay flat.

This structural reality means coily and kinky hair types are inherently more likely to have raised cuticles — and therefore higher baseline porosity — not because of damage, but because of geometry.

This has a second important consequence: the more curved or elliptical the follicle, the harder it is for sebum to travel down the hair shaft. Coily textures are the driest of all hair types because tight curls make natural oil distribution nearly impossible. This is why children with highly textured hair can have oily-feeling scalps and bone-dry ends simultaneously — and why scalp-first care must account for both the scalp environment and the hair’s structural ability to benefit from what the scalp produces.

How to Identify a Child's Porosity Level

Precise porosity testing requires laboratory tools not available to the average parent. However, several reliable observational methods can provide useful guidance:

- The Water Behavior Test: Apply water to a clean, product-free section of dry hair. Low porosity hair causes water to bead on the surface before slowly absorbing; high porosity hair absorbs almost immediately; medium porosity absorbs within a few seconds without beading.
- The Feel Test: Run fingers from the end of a strand toward the root. Low porosity hair feels smooth in both directions. High porosity hair feels rough or bumpy moving toward the root, as the raised cuticle scales catch.
- The Product Response Test: Hair that is consistently dry despite regular product use, or hair that requires very little product to feel moisturized, is communicating its porosity clearly — if the parent knows how to read the signal.

Important Note: Porosity can vary across different sections of the same head of hair, and can change over time due to heat use, environmental exposure, and the child's developmental stage. It is not a fixed diagnosis but a useful framework.

Porosity in Multicultural Households: The Compounding Challenge

In texture-diverse households, porosity adds another layer of complexity. Two siblings with different curl patterns will almost certainly have different porosity levels, requiring products with different molecular weights, ingredient profiles, and application techniques.

A lightweight glycerin-based leave-in that works beautifully for a child with Type 2 waves and low porosity may do almost nothing for a sibling with Type 4 coils and high porosity who needs a heavier cream or butter to seal the cuticle. Parents who apply the same product to both children and see one child thrive while the other struggles often conclude that one child’s hair is “difficult” or “broken.” In reality, the hair is doing exactly what its structure dictates.

Porosity Level	Product Weight	Key Ingredients	Application Approach
Low	Lightweight; water-based	Glycerin, aloe vera, light humectants	Warm water rinse to open cuticle before conditioning
Medium	Moderate; balanced formulas	Shea butter, coconut oil, balanced proteins	Standard conditioner application; regular deep conditioning
High	Rich; heavier creams, butters	Heavy emollients, protein-moisture balance, sealing oils	LOC or LCO method to layer and seal moisture

LOC = Liquid, Oil, Cream. LCO = Liquid, Cream, Oil. Both methods layer products to maximize moisture retention in high-porosity hair.

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ONE HOUSEHOLD, MULTIPLE TEXTURES

The American family does not look like it did a generation ago, and the hair care industry has been slow to notice.

In 2020, the U.S. Census Bureau reported that over 33.8 million Americans were multiracial — a population that has grown sharply as interracial marriage and partnership have become more common and more accepted. One-in-seven U.S. infants were multiracial or multiethnic in 2015, nearly triple the share in 1980. By 2020, 11% of all married couples in the U.S. were interracial or interethnic, up from just 3% in 1967 — the year the Supreme Court's *Loving v. Virginia* decision struck down the last laws banning interracial marriage in the United States.

Blended families tell a parallel story. As of 2023, 17% of U.S. children live in a blended family — one that includes a stepparent, stepsiblings, or half siblings. Add adoptive families, foster families, and households formed through assisted reproduction with donor support, and a clear picture emerges: a substantial and growing share of American children are being raised in homes where hair texture is not assumed to match between parent and child, or between siblings.

This is not a niche scenario. It is, increasingly, the American household.

What “Texture Diversity Within One Home” Actually Looks Like

The Transracial Adoptive or Foster Family:

A white parent adopts or fosters a Black or biracial child and, for the first time in their life, is responsible for hair texture they have no personal experience with. For many in this position, hair care is described as a “non-negotiable” — taking care of a child's hair directly impacts that child's physical appearance and their confidence in their own body, and hair that is not well cared for can be read by others as a sign that parents are not connected to their child's culture.

This is not a small stylistic concern. Hair is deeply entrenched in culture and history, and for many Black families, hair connects people to one another and is a significant part of identity. When a parent does not share their child's texture, they cannot rely on lived experience or generational knowledge. Professional guidance becomes essential — workshops, classes, and stylists who can teach specific techniques and recommend personalized routines for the child's particular texture.

The Interracial or Multiracial Biological Family:

In households where parents of different racial backgrounds raise their biological children together, siblings can present with markedly different hair textures from one another — and from either parent individually. Mixed-race children are an increasingly visible and significant part of the American population, and their parents are often navigating texture variation within a single household for which neither parent has a complete personal frame of reference.

The Blended/Stepfamily Household:

When two families merge through remarriage or repartnering, children who have never shared a home — and who may have entirely different hair textures and established (or unestablished) routines — are suddenly navigating shared bathrooms, shared products, and shared expectations about hair care.

In every one of these scenarios, the underlying challenge is the same: product, routine, and technique knowledge that was never designed to transfer across texture types is being asked to do exactly that — inside one home, with one set of products, on one wash-day schedule.

The Knowledge Gap Is Real — And It Is Not the Parents' Fault

It is tempting to frame this as a parenting failure. The research suggests otherwise.

A narrative review of the dermatology literature found persistent gaps in dermatologic training related to skin of color, with limited training in textured hair specifically and a shortage of race-concordant providers — a gap that compromises both patient trust and the quality of medical education. While the European hair type has been the focus of extensive scientific research, Afro-textured hair care faces challenges created by genuinely insufficient research into its underlying properties.

In plainer terms: the knowledge gap parents experience reflects a knowledge gap in the broader scientific and medical literature. Parents are not failing to learn something that has been well established and easy to find. They are navigating a field where, until quite recently, the research itself was thin.

This limited research has historically contributed to misdiagnoses and restricted treatment options, leaving many patients with textured hair feeling a sense of disconnect from clinical care. For instance, the limited movement of natural scalp oils along tightly coiled strands often leads to dryness and flaking that is easily mistaken for dandruff — a misdiagnosis that leads directly to the wrong product, the wrong routine, and a frustrated parent who believes they are doing something wrong when, in fact, they were given the wrong information.

This matters enormously for how we frame the conversation with parents. The goal of this white paper, and of the Baby Hair® educational mission generally, is not to make parents feel they should have already known this. It is to close a gap that the broader research and clinical community is only now beginning to close itself.

Why “One-Size-Fits-All” Routines Fail Texture-Diverse Households

A single shampoo, a single conditioner, a single wash-day schedule applied uniformly across a texture-diverse household will, by definition, serve some family members better than others. This is a direct consequence of the biology covered earlier in this paper: different follicle shapes, different porosity levels, and different sebum distribution patterns require different inputs.

A practical illustration: a wash frequency of twice weekly may be appropriate for a child with fine, straight Type 1 hair, whose scalp produces sebum that travels efficiently down a round hair shaft. The same frequency applied to a sibling with Type 4 coils — whose elliptical follicle structure makes natural oil distribution far more difficult — may leave that child's hair and scalp persistently dry, regardless of how much conditioner is added afterward.

A Practical Framework for Texture-Diverse Households

Rather than asking parents to develop separate routines from scratch for each child, we recommend a structured approach built on three steps:

Step 1: Identify Each Child's Profile Independently.

Using the porosity assessment methods described earlier and basic curl pattern observation, identify each child's texture profile as its own data point — not as a variation on a sibling's profile or the parent's own hair experience.

Step 2: Build a Shared Framework, Individualized Execution.

The C.H.O.P.R.™ framework (Cleanse, Hydrate, Observe, Protect, Repeat), detailed later in this paper, is designed precisely for this purpose. Every child in the household follows the same five-step structure. What changes between children is the product weight, the ingredient selection, and the frequency — not the underlying framework itself.

Step 3: Build Cultural Competency Alongside Technical Competency.

Especially in transracial adoptive, foster, and blended family contexts, technical knowledge of product and technique is necessary but not sufficient. A child's hair is part of their identity, and helping them love, care for, and celebrate their natural hair shows that their heritage and culture are valued. Parents are

encouraged to seek out community resources, stylists, and educational content created by and for people who share their child's texture and cultural background.

The Household That Doesn't Get Talked About Enough

Most hair care brands are built around a texture. Curly girl brands. Coily hair brands. Fine hair brands. That makes sense if every child in your home has the same hair. Most don't.

DR. BRE'S PERSPECTIVE

I built Baby Hair® for the household that doesn't get talked about enough — the one with three kids and three different textures and one very tired parent standing in the shower trying to figure out why the same conditioner worked beautifully on one child and did nothing for the other. If that's your house, I want you to know: you're not doing it wrong. You're managing more complexity than most hair care advice was ever built to handle. This paper was.

If that's your house, I want you to know — you're not doing it wrong. You're managing more complexity than most hair care advice was ever built to handle.

This isn't a small audience. It's blended families combining kids from different relationships. It's interracial families raising siblings with different textures from each other and from either parent. It's foster and adoptive families learning a texture they have no personal history with, often on a timeline measured in days, not years. It's any household where “just use what worked for my hair” was never going to be good advice.

Every one of these families has been treated as a footnote by an industry built around a single texture, marketed to a single demographic. We built this paper, and this brand, around the household instead — because that's who's actually standing at the sink.

We built Baby Hair® around a household, not a texture.

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P A R T I I

Understanding Texture Diversity

Clinical concerns, identity, detangling, and ingredients — through the lens of real, texture-diverse families.

COMMON PEDIATRIC SCALP CONCERNS

Parents frequently bring children to pediatric appointments citing “hair problems” — slow growth, excessive shedding, persistent flaking, or unexplained breakage. The research is clear on an important point: most of what gets labeled a hair problem is, at its root, a scalp problem.

This section examines the five conditions most commonly mistaken for one another, or mistaken for something they are not, in pediatric hair and scalp care. Each is presented with its clinical definition, how it typically appears, why it occurs, and when professional care is warranted. This is educational content, not a substitute for diagnosis by a qualified pediatrician or dermatologist.

DR. BRE'S PERSPECTIVE

I want to say this plainly, because I know how it feels to read a list like the one below and start worrying: most of what's in this section is manageable, ordinary, and not a reflection of anything you did wrong as a parent. I included the clinical detail because I think you deserve to understand what's actually happening on your child's scalp — not so you can diagnose it yourself, but so you know when something is worth a phone call and when it's worth just adjusting the routine.

Condition 1: Seborrheic Dermatitis (Cradle Cap)

What it is.

Seborrheic dermatitis appears in infants between three weeks and twelve months of age, in about 10 percent of infants under one month. It peaks around three months, affecting roughly 70 percent of babies, then decreases steadily to about 7 percent by ages one to two.

How it appears.

Yellowish, greasy scales on the scalp, usually painless and non-itchy. In infants with skin of color, it may instead show up as hypopigmented, scaly patches rather than the yellow scales more familiar in lighter skin — a presentation that's sometimes overlooked.

Why it occurs.

Maternal hormones passed to the infant stimulate the baby's sebaceous glands, and a yeast called *Malassezia* tends to grow in higher concentrations on affected scalps. This is not poor hygiene. It's a hormonally-driven process that resolves on its own.

What helps.

Daily washing with a mild, tear-free shampoo loosens the scales. A topical emollient massaged in before washing, followed by gentle brushing with a soft brush, helps further. Don't pick or scrape at the scales — that can irritate the skin or open the door to infection.

When to seek care.

Call the pediatrician if the rash worsens or shows signs of infection — redness, drainage, or warmth. For persistent cases, a doctor may recommend a low-potency topical steroid.

Condition 2: Traction Alopecia

What it is.

Hair loss caused by sustained mechanical tension on the follicle — a physical injury, not a disease. It shows up first along the hairline and temples as reduced density and broken hairs, and can progress to permanent scarring if the tension continues.

Why parents need to know this matters for children specifically.

This begins young. In a study of African American schoolchildren, 17.1% of girls showed signs of traction alopecia compared with 0% of boys, with prevalence climbing from 8.6% at ages 6–7 to 21.7% by ages 17–21. A separate clinical study found cases tied to braids or ponytails exclusively in girls, with a mean age of just 5.92 years.

This isn't something that appears suddenly in adulthood — it starts in childhood, often years before it's visually obvious, and is frequently misdiagnosed along the way. In one study, 37.5% of patients had first been misdiagnosed and treated for alopecia areata elsewhere.

What contributes to risk.

Dermatologists note higher prevalence in Black children specifically, tied to styling practices passed down through family and culture — though the same injury can happen to any child in tight ponytails, buns, braids, or extensions.

What helps.

Loosen braids at the hairline. Avoid wearing braided styles longer than two to three months. Choose thicker braids or locs over very fine ones. Rotate styles to give hair recovery time, and remove any style that causes pain immediately.

The encouraging clinical reality.

Early-stage traction alopecia is reversible once the tension is removed. Only chronic, prolonged cases become permanent. That means early recognition by a parent — not a dermatologist months later — is often the single biggest factor in whether this resolves completely.

Condition 3: Tinea Capitis (Scalp Ringworm)

What it is.

A fungal infection of the scalp's hair follicles, affecting primarily prepubertal children. It's contagious and can have lasting consequences if it goes unrecognized.

How it appears.

Swollen red patches, dry scaly rashes, itchiness, and hair loss. Hair shafts may break right at the scalp (a "black dot" pattern) or just above it. Scaling often progresses from patchy to widespread — and gets mistaken for dandruff. Children, importantly, do not get ordinary dandruff the way adults do.

Why this is important for parents to distinguish from other scalp conditions.

This is the single most important distinction in this section. Sebum interferes with fungal penetration of the hair shaft, which is exactly why tinea capitis is, with rare exception, a childhood condition that disappears once adult sebum production kicks in at puberty. A flaking, scaling scalp in a prepubertal child deserves a different level of scrutiny than the same presentation in a teen or adult — it should never be waved off as ordinary dandruff.

Why it's contagious in a way other scalp conditions are not.

Check your child's scalp routinely for redness, scaling, itching, or hair loss. This condition spreads easily and is often brought home by school-age children, especially each fall. Some children carry the fungus with no visible symptoms at all, silently spreading it — which is why one child's diagnosis often means screening siblings and close contacts too.

What helps.

Topical antifungals and medicated shampoos can't penetrate deeply enough to resolve this. It requires oral antifungal medication from a physician — the one condition here that home routine adjustments alone won't fix.

When to seek care.

Any round, scaly patch combined with hair breakage or loss in a prepubertal child warrants prompt evaluation. This does not resolve on its own.

Condition 4: Product Buildup and Scalp Congestion***What it is.***

An accumulation of styling products, natural sebum, and environmental debris on the scalp and hair shaft that is not effectively removed during normal washing. Unlike the previous three conditions, this is not a distinct medical diagnosis — it is a cumulative, preventable condition arising directly from cleansing practices.

How it appears.

Dull, weighed-down strands; a waxy or filmy residue on the scalp itself; reduced effectiveness of subsequent products (moisturizers and oils appear to “stop working”); and, over time, follicular congestion that can interfere with healthy hair emergence from the scalp.

What helps.

A periodic clarifying or chelating shampoo to fully remove buildup, followed by a return to the standard moisturizing routine. Regularly assessing scalp condition rather than relying solely on a fixed wash schedule helps catch this condition before it becomes entrenched.

Condition 5: Generalized Dryness and Flaking (Non-Infectious)***What it is.***

Ordinary dry-scalp flaking unrelated to infection or inflammatory skin disease — the condition parents most often (and most often incorrectly) self-diagnose as either “dandruff” or “ringworm.”

How it differs from Conditions 1 and 3.

This is the category that requires the most careful differentiation. Seborrheic dermatitis and dandruff fall into the same broad category of conditions causing dry, flaky skin in the oil-producing areas of the body, though dandruff is limited to the scalp alone while seborrheic dermatitis can affect other areas including the face, ears, and eyebrows. Importantly, true dandruff as adults experience it does not typically occur in prepubertal children, which means persistent flaking in a young child deserves a closer look rather than an assumption of ordinary dandruff.

Why it occurs.

Low natural sebum distribution to the hair shaft (especially in coily and highly textured hair), insufficient moisture replenishment between wash days, and harsh or stripping cleansers are the most common contributors to non-infectious dryness and flaking in children.

What helps.

Gentle, sulfate-free cleansing; consistent moisture replenishment between wash days; and product selection matched to porosity level.

Quick-Reference Differential Table

Condition	Key Visual Clue	Age Pattern	Contagious?
Seborrheic Dermatitis	Yellow/white greasy scales; non-itchy	3 weeks–12 months	No
Traction Alopecia	Thinning at hairline/temples; broken hairs	Can begin as young as 5–6 years	No
Tinea Capitis	Round scaly patches with hair breakage	Primarily ages 3–14	Yes
Product Buildup	Dull, waxy, heavy strands	Any age	No
Non-Infectious Dryness	Fine, white flaking; itchy	Any age	No

When to Consult a Pediatrician or Dermatologist

Most scalp concerns in children respond well to improved home care routines. However, parents should seek professional evaluation if they observe: persistent redness or swelling, circular patches of hair loss (which may indicate tinea capitis), severe or worsening flaking that does not respond to gentle care, signs of infection including warmth, discharge, or crusting, or significant scalp pain or sensitivity.

The Core Clinical Takeaway

Four of the five most common pediatric scalp concerns are entirely manageable at home with informed, consistent care. Only tinea capitis requires medical treatment to resolve. Yet without an understanding of how to distinguish between them, parents are left guessing — often reaching for the wrong product, in the wrong condition, for months at a time.

This is the precise gap a scalp-first education framework is designed to close.

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HAIR CARE, IDENTITY & CULTURAL CONNECTION

It would be possible to write an entire white paper on pediatric scalp health that never once mentioned identity, culture, or discrimination. It would also be incomplete to the point of being misleading.

For many children — and disproportionately for Black children and children with highly textured hair — hair is not a neutral grooming topic. It is identity, history, family connection, and, in too many documented cases, a site of harm. A scalp-first framework that ignores this dimension is solving half the problem.

This section addresses what the research actually shows: that hair care is psychologically significant for children in ways that directly affect their wellbeing, and that the routines and language used at home have measurable downstream effects.

DR. BRE'S PERSPECTIVE

I think about this section differently than any other in this paper, because it's not really about hair. It's about what we're teaching a child to believe about themselves every single time we touch their head. As a healthcare leader, I know data. As a mother, I know that no statistic captures the look on a child's face when they finally feel like their hair "did what they wanted it to do." Both things are true at once. Both things matter.

What the Research Shows About Hair and Self-Esteem

A 2022 study of 105 Black and African American girls aged 10 to 15 found that hair functions as an extension of identity and self-presentation. Being told that one's natural hair expression is wrong, or having to compress that expression into narrow standards of what is considered appropriate, can produce shame and contribute to internal struggles including depression or low self-esteem.

Strikingly, when girls in the study were asked to define "good hair," the most common descriptors were "long," "flowy," "wavy," "soft," and "straight" — a set of characteristics that maps closely onto Eurocentric beauty norms rather than the girls' own natural texture. This finding illustrates how early and how deeply external standards can shape a child's internal relationship with their own hair, well before adolescence.

Separate research found that even though 90% of Black girls in the study believed their hair is beautiful, the microaggressions and discrimination they experience around their hair still measurably impacts their self-esteem. This is an important nuance: a child can hold a fundamentally positive view of their own hair and still experience real psychological harm from how others respond to it.

The clinical stakes are not abstract. Research examining the relationship between hair-esteem and mental health in Black teen girls found that hair-esteem was significantly associated with both depression and anxiety. Put plainly: how a child feels about their hair is measurably connected to their mental health.

There is, however, an encouraging counterpoint embedded in the same body of research. Strong ethnic identity can serve as a protective factor, fostering resilience and self-esteem — while difficulties with identity formation can increase vulnerability to mental health challenges. This is precisely where intentional, affirming hair care practice at home becomes more than a grooming routine. It becomes a contributor to a child's psychological foundation.

Hair Discrimination Is a Documented, Legally Recognized Harm

This is not a matter of perception or sensitivity alone. It is increasingly a matter of law.

A well-known account from Dove's hair discrimination research describes a teenage girl repeatedly disciplined by her school for her braided hairstyle, ultimately threatened with expulsion unless she removed her braids. She later described the experience, recalling the fear and confusion of not understanding what she had done wrong, and how the situation made her feel as though something was fundamentally wrong with her.

This experience is, unfortunately, far from isolated. Research on school discipline shows that the impact of formal discipline tied to hairstyle falls disproportionately and unfairly on girls of color — a white boy with dreadlocks is far less likely to face formal school discipline than a Black girl wearing braids, locs, or twists.

In direct response to this pattern, a growing number of U.S. states have passed legislation explicitly protecting students and employees from hair-based discrimination. As of 2026, the CROWN Act — Creating a Respectful and Open World for Natural Hair — has been enacted in 27 states, prohibiting discrimination based on hair texture and protective styles in workplaces and K-12 schools. These laws explicitly define protected “protective hairstyles” to include locs, braids, twists, coils, Bantu knots, afros, and extensions — the very styling techniques discussed throughout this paper as legitimate, protective approaches to texture-specific hair care.

Notably, Illinois became the first state to explicitly extend hairstyle protections into childcare settings, juvenile detention facilities, and foster and adoptive family contexts in 2024 — a direct legislative acknowledgment that hair-based discrimination against children specifically, including children in the foster and adoptive systems this paper has discussed, is a distinct policy concern requiring its own protection.

For Baby Hair®, this context matters enormously. A scalp-first, texture-affirming approach to children's hair care is not operating in a cultural vacuum — it is operating in a moment where the legal and cultural understanding of hair as identity has never been more codified or more publicly recognized.

Hair Care as Cultural Transmission

Beyond the discrimination research, there is a quieter, equally important dimension: hair care as a vehicle for cultural knowledge passed between generations.

For many Black families, hair is deeply entrenched in culture and history, and connects people to one another — hair is described as a significant part of identity itself, not merely an accessory to it. Wash day, braiding sessions, and the specific techniques used to detangle, moisturize, and style hair have historically functioned as moments of intergenerational connection — grandmother to mother, mother to daughter, older sibling to younger sibling.

This transmission is disrupted in specific, identifiable family circumstances:

In transracial adoptive and foster families,

parents are often navigating hair care for the first time without generational knowledge to draw from, which has led some advocates to describe this gap explicitly as a burden placed on children whose hair becomes a source of anxiety for parents who did not grow up with it. One stylist working directly with this population has described the goal as disrupting the generational pattern of treating a child's natural hair as a burden rather than an asset.

In blended families,

a stepparent may be navigating a child's hair texture and cultural context for the first time, often without the relationship history that makes guidance feel natural rather than imposed.

In interracial biological families,

a parent may share a child's race but not their specific texture, or may be navigating a partner's cultural hair traditions that differ from their own upbringing.

In every one of these cases, the absence of generational transmission is not a parenting failure. It is a structural gap — and it is precisely the gap that accessible, credible education is positioned to close.

What This Means in Practice: Language and Framing Matter

The research suggests specific, practical guidance for how hair care conversations should be framed at home, particularly in households where the parent does not share the child's hair texture or lived cultural experience:

- Avoid language that frames hair as a problem to manage. Professionals working directly with transracial adoptive families caution specifically against framing practices — such as straightening or applying extensions too early — that implicitly teach a child their natural texture is unacceptable.
- Treat hair care time as connection time, not a chore to get through. The research is consistent: hair care sessions that are calm, unhurried, and framed as care rather than correction support both the physical health of the hair and the emotional experience of the child.
- Seek cultural mentorship, not just technical instruction. Hands-on classes and workshops designed specifically for parents in transracial families, professional stylists who can teach specific techniques, and organizations focused on cultural competency through hair care education all provide guidance that goes beyond product and technique alone.
- Affirm natural texture explicitly and often. Children absorb messages about their hair from how adults talk about it — including hesitation, frustration, or avoidance, even when unspoken. Explicit, genuine affirmation of a child's natural texture is not indulgent. The research above suggests it is protective.

A Note for Multicultural and Blended Families Specifically

Everything in this section applies with particular force to the families this paper centers: households managing more than one hair texture, more than one cultural context, or more than one family history under a single roof.

In these homes, hair care routines are not just a logistical challenge to solve efficiently — they are an opportunity, repeated weekly, to either affirm or unintentionally undermine each child's relationship with their own identity. A parent does not need to share a child's exact texture or cultural background to get this right. What the research suggests they need is informed technique, genuine curiosity, cultural humility, and consistency.

This is the spirit in which the C.H.O.P.R.™ Scalp-First Framework later in this paper is offered — not as a replacement for cultural connection, but as a structure flexible enough to support it.

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DETANGLING WITHOUT TRAUMA

Ask any parent of a child with curly, coily, or simply long hair to name the most stressful part of their hair care routine, and the answer is almost always immediate: detangling.

It is the moment tears are most likely. It is the moment children resist, pull away, or beg to stop. It is the moment many parents describe with genuine dread — not because they don't love their children's hair, but because they have learned, through repeated difficult sessions, to expect a fight.

This section examines why detangling is so often distressing, what the research on touch and pain in childhood actually tells us about why that distress matters, and what specific, evidence-informed techniques meaningfully reduce it.

Why the Scalp Is Especially Sensitive

Children have more sensitive scalps than adults. Babies' scalps are extremely sensitive, and while scalp sensitivity lessens somewhat as children grow, the head remains one of the most touch-sensitive areas of the body throughout childhood.

The head is particularly sensitive to touch, which can make hair washing, brushing, or cutting an uncomfortable and sometimes distressing experience, especially given that touch is one of the most basic and foundational sensory systems a child relies on to feel safe.

This baseline sensitivity means that even a “normal” amount of tension during detangling — tension an adult might not register at all on their own scalp — can register as genuinely uncomfortable or painful for a child. As a comb encounters even a slight tangle, it can pull at the hair root, causing real pain — not exaggerated discomfort, but a physiologically accurate pain response to mechanical tension on the follicle.

For some children, this sensitivity is significantly heightened. Tactile sensitivity is the most common reason children struggle with hair brushing, and the feeling of a brush or comb pulling through tangles can cause genuine pain, separate from the discomfort of the brush itself touching the scalp. In children with heightened tactile sensitivity, the nervous system processes touch sensations more intensely than expected — amplifying input that another child might barely notice into something genuinely distressing or even painful.

This matters for every family, not only families navigating a diagnosed sensory processing difference. It establishes an important baseline: a child's report of pain or discomfort during detangling should be taken at face value, not dismissed as overreaction.

What Repeated Negative Experiences Can Do

There is a well-established principle in developmental and family psychology: how a child experiences touch, repeatedly and over time, shapes their broader emotional landscape — not just their feelings about the specific activity involved.

Research on interpersonal touch during childhood has found that more positive childhood touch experiences are associated with lower levels of stress, anxiety, depression, and loneliness in adulthood, along with higher resilience and better relationship functioning. These effects have been found using both retrospective recall and real-time daily mood tracking.

This research was not conducted on hair care specifically — but its implication for hair care is direct and important. Repeated, predictable physical care routines that a child experiences as calm and safe contribute, over time, to a broader sense of physical safety and trust. Routines a child repeatedly experiences as painful, rushed, or distressing contribute to the opposite.

For families managing detangling sessions multiple times per week, year after year, this is not a minor consideration. It is one of the more frequent, repeated physical touch experiences in a child's early life —

which means getting it right, or getting it wrong, compounds over time far more than a single difficult haircut or a single bad bath night would.

Recognizing the Signs of Genuine Distress vs. Routine Resistance

Parents are sometimes unsure whether a child's reaction during detangling reflects ordinary, age-typical resistance to an unwanted task, or something closer to genuine sensory distress that deserves a different approach. Reacting negatively to grooming tasks such as hair brushing is a recognized indicator worth paying attention to. If a child consistently shows significant distress during hair care that interferes with daily routines, or if the family's quality of life is being meaningfully affected by hair care becoming “a constant battle,” consulting a pediatric occupational therapist for a formal evaluation is a reasonable and valuable step.

This does not mean every difficult hair day signals a clinical concern. It does mean that a pattern of consistent, significant distress — not occasional frustration, but reliable meltdowns, withdrawal, or physical resistance every session — deserves more than simply “pushing through.” Tactile input during hair care includes the sensation of hands on the scalp, the texture of a comb, water on the skin, and even the sound of clippers or running water — any of which can be the actual source of distress, rather than the child being uncooperative.

Evidence-Informed Strategies for Gentler Detangling

The following strategies are drawn from pediatric occupational therapy practice, sensory processing literature, and the foundational scalp biology covered earlier in this paper.

1. Always Detangle on Damp, Conditioned Hair

Dry hair has a tighter cuticle and significantly more friction between strands. Water and conditioner soften the hair shaft and provide the “slip” needed for a comb or fingers to move through tangles with minimal pulling on the follicle itself.

2. Use Tools Designed to Minimize Tension

Specialized detangling tools with soft, flexible bristles glide through tangles with significantly less pulling and breaking than standard brushes. Wide-tooth combs are particularly effective for gentle detangling. A detangling spray with a smooth glide formula can meaningfully reduce friction and discomfort before brushing even begins.

3. Work in Small Sections, From Ends to Roots

This is both a mechanical and a psychological strategy. Mechanically, it prevents the comb from accumulating tension across the entire tangle at once. Psychologically, it gives the child a sense of the task's scope — a manageable section, rather than an undefined, overwhelming whole.

4. Anchor at the Scalp

Holding a section of hair firmly near the scalp — rather than letting the full tension of a tangle transfer directly to the root — while detangling below redirects mechanical force away from the follicle, directly reducing the “ouch” moment most children react to most strongly.

5. Build a Gradual Tolerance Routine for Highly Sensitive Children

For children with significant scalp sensitivity, a structured desensitization approach — starting with a small number of very gentle brush strokes and gradually increasing over several weeks — can measurably reduce sensitivity over time, with consistent positive reinforcement throughout the process. This is not a quick fix, but for families in a persistent struggle, it offers a path forward grounded in how sensory tolerance is actually built, rather than simply asking a child to “deal with it.”

6. Address the Full Sensory Experience, Not Just Touch

Choosing unscented or fragrance-free products and minimizing other sensory inputs — strong smells, loud sounds, harsh lighting — can reduce overall sensory load during hair care, even when touch is the primary concern. Reducing competing sensory stressors, such as the sound of clippers or scissors, can prevent a child's sensory system from being overwhelmed on multiple fronts at once.

7. Offer Real Choice and Control Where Possible

Letting a child choose which detangling tool to use, which section to start with, or when to take a brief pause restores a measure of agency to a process that can otherwise feel entirely done to a child rather than with them. This is a small adjustment with an outsized effect on a child's emotional experience of the routine.

When to Seek Additional Support

Most detangling distress responds well to the strategies above, applied consistently. Professional evaluation is worth considering when:

- Hair care distress is severe, consistent, and does not improve with gentler technique and tools over several weeks
- The distress pattern extends well beyond hair care into other grooming or self-care tasks (teeth brushing, nail trimming, clothing textures)
- Hair care has become a source of significant daily-life disruption for the family, not simply an unpleasant but manageable routine

A pediatric occupational therapist can provide formal assessment, identify whether a broader sensory processing difference is present, and rule out other contributing factors. This is not a step that reflects a parenting shortfall — it is a recognized, appropriate resource for exactly this kind of challenge.

Reframing Detangling as Connection, Not Confrontation

The research throughout this section points toward a consistent conclusion: detangling distress is not simply something to be endured or pushed through more efficiently. It is a genuine physical and emotional experience for the child, shaped by real sensory biology, and the way it is handled — calmly, predictably, with appropriate tools and genuine attentiveness to the child's actual experience — has effects that extend well beyond the few minutes of the routine itself.

This is precisely the spirit behind the “Hydrate” and “Protect” steps of the C.H.O.P.R.™ framework detailed later in this paper: not detangling as a battle to be won, but detangling as a routine designed, from the ground up, to minimize the very tension that makes it painful in the first place.

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INGREDIENTS PARENTS SHOULD UNDERSTAND

Most hair care content tells parents what an ingredient is supposed to do. This section tells parents what the actual published research shows it does — including where the evidence is strong, where it's promising but limited, and where it simply doesn't exist yet, regardless of how often a claim appears on product packaging.

This honesty matters specifically in pediatric contexts. Children's products are routinely marketed with the same bold claims used in the adult hair-growth and anti-aging markets, despite the fact that almost none of the underlying research was ever conducted in children. Parents deserve to know the difference between “this is well-studied” and “this is unproven but harmless” and “this claim has little support at all.”

DR. BRE'S PERSPECTIVE

I could sell you a much more exciting version of this section. I could tell you rosemary oil grows hair and biotin is a miracle and castor oil thickens everything it touches. I won't, because I'd be lying to you, and because the families I built this brand for deserve better than a good story. What I'll tell you instead is what's actually true — even when the truth is less dramatic than the marketing.

Glycerin

What it is.

Glycerin, or glycerol, is a compound the skin makes naturally — mostly as a byproduct of sebaceous oil breakdown — and transports to the outermost layer of skin to support normal hydration, elasticity, and repair.

What the evidence shows.

This is one of the most thoroughly researched humectants in cosmetic science. Controlled studies using gravimetric analysis, transepidermal water loss measurement, and differential scanning calorimetry have confirmed glycerin's moisture-retention capacity across multiple measurement methods. Clinical research confirms that glycerin enhances the skin barrier and increases hydration levels, and because tightly coiled hair makes it especially difficult for natural oils to travel down the hair shaft, humectants like glycerin play a particularly important role for highly textured hair types specifically.

Practical guidance.

Typical cosmetic concentrations range from roughly 0.5% to 62%, though very high concentrations above 40% can feel tacky in low-humidity conditions. Glycerin works best paired with an oil or cream to seal in the moisture it draws in — it is a humectant, not a moisturizer on its own.

Verdict: Strong evidence.

This is among the best-substantiated ingredients in this entire section.

Aloe Vera

What it is.

A plant-derived gel long used across cultures for skin and scalp conditioning.

What the evidence shows.

A peer-reviewed study assessing cosmetic formulations containing Aloe vera extract at different concentrations found that freeze-dried Aloe vera extract is an effective natural ingredient for improving skin hydration, likely through a humectant mechanism, and may be useful as a complement in the treatment of dry skin. Aloe vera gel contains natural sugars that act as mild humectants and support skin hydration — though it is worth noting this research was conducted on skin hydration broadly, with hair- and scalp-specific clinical trials in children remaining limited.

Verdict: Reasonable evidence, scalp-skin context.

Aloe vera's hydrating mechanism is scientifically plausible and supported by skin research; it is a sound, low-risk choice for gentle scalp hydration.

Coconut Oil

What it is.

A plant-derived oil rich in lauric acid, used for centuries in hair care across many cultures, particularly within South Asian and African hair traditions.

What the evidence shows — and this is genuinely strong, specific research.

A landmark study by Rele and Mohile established that coconut oil reduces protein loss in hair through protein loss and water retention measurements, with effects confirmed both in laboratory testing and in vivo salon-based testing. Benefits were observed across undamaged hair as well as hair damaged by bleaching or thermal treatment. The mechanism appears specific to coconut oil's molecular structure: introducing this hydrophobic component into the hair shaft reduces the cuticle's tendency to swell, which limits the lifting of the cuticle surface and reduces the cuticle damage that occurs during combing. Lauric acid's low molecular weight and straight linear chain structure allow it to penetrate the hair shaft more effectively than mineral or sunflower oil, which is the structural reason coconut oil outperforms other common oils in this specific application.

An important clinical caveat.

It is worth noting precisely what this research measured: hair fiber outcomes — the structural integrity of the strand itself — rather than clinical hair growth outcomes at the follicle. Reduced protein loss can help limit breakage, but breakage is a distinct phenomenon from hair growth, and this research should not be read as evidence that coconut oil stimulates new hair growth.

Practical guidance.

The research specifically supports coconut oil's use as a pre-wash treatment, since vigorous combing is a primary cause of hair damage and pre-wash oiling measurably decreases that damage. This validates a practice many families already use intuitively, and gives it a precise evidence-based rationale: apply before washing and detangling, not only as a post-wash finishing product.

Verdict: Strong, specific evidence — for breakage prevention, not growth.

Rosemary Extract / Rosemary Oil

What it is.

An aromatic herb extract increasingly included in scalp-focused hair products.

What the evidence shows — and where parents need important context.

A randomized comparative trial by Panahi and colleagues, published in SKINmed in 2015, compared rosemary oil directly against 2% minoxidil over six months. The study enrolled 100 participants with androgenetic alopecia — pattern hair loss, the genetic, hormonally-driven kind typically seen in adults — and found that both groups showed similar increases in hair count, with the rosemary group reporting significantly less scalp itching than the minoxidil group.

This is the single most important clarification in this entire ingredients section.

This trial enrolled men with androgenetic alopecia, ages 18 to 49 — an adult population with a specific, genetically-driven hair loss condition that does not occur in children. The trial is also methodologically modest in scope: single-center, 100 patients, six months, compared against the weaker 2% minoxidil formulation rather than the standard 5% strength used more commonly today.

There is no published clinical research evaluating rosemary oil for pediatric scalp health, pediatric hair growth, or any condition relevant to the children this paper addresses. Any marketing claim suggesting rosemary oil is “clinically proven” for children’s hair growth is extrapolating well beyond what the actual research supports.

Verdict: Promising evidence — but only in an adult population, for a condition unrelated to pediatric hair care.

Rosemary’s inclusion in gentle, well-formulated children’s scalp products is reasonable on safety grounds, but parents should understand this ingredient’s evidence base honestly rather than through the lens of viral marketing claims.

Biotin (Vitamin B7)**What it is.**

A water-soluble B vitamin often marketed as a hair-growth supplement.

What the evidence actually shows — and it is more nuanced than the marketing suggests.

A 2026 systematic review found that current evidence does not support routine biotin supplementation for hair loss in the absence of documented biotin deficiency, and clinically meaningful deficiency is uncommon in individuals consuming a balanced diet. A comprehensive literature review found that biotin has not been shown to be beneficial for normal, healthy hair or in individuals with no biotin deficiency, despite a popular and persistent cultural view of biotin as a hair-growth “wonder” supplement.

Where biotin genuinely does have pediatric relevance.

The strongest existing evidence supports biotin specifically in defined clinical scenarios: uncombable hair syndrome, short anagen syndrome, biotinidase and holocarboxylase deficiency, and situations of documented insufficient biotin intake — such as specialized infant formula, parenteral nutrition, or certain medications. Notably, of the case reports supporting biotin’s use, the majority involved pediatric patients, and all had an identifiable underlying medical condition explaining their hair concerns.

The practical takeaway for parents.

Biotin is genuinely useful — but for children with a specific, diagnosed underlying condition affecting hair growth, not as a general-purpose additive expected to improve ordinary healthy hair. A pediatrician or pediatric dermatologist, not a product label, should be the source of any biotin-related recommendation tied to an actual hair concern.

Verdict: Evidence is condition-specific, not general-purpose.

This is the ingredient most often oversold relative to its actual research base.

Castor Oil**What it is.**

A thick, viscous oil rich in ricinoleic acid, traditionally used across African and South Asian hair care practices.

What the evidence shows.

The use of castor oil in hair care is a deep-rooted cultural practice across many communities with skin of color, most often used to maintain hair moisture and luster, address scalp dryness, and improve manageability for styling — though many of these cultural practices have not been formally studied for clinical efficacy. A 2022 systematic review in the Journal of Drugs in Dermatology analyzed data across more than 1,000 patients and found only weak evidence supporting castor oil's effect on hair luster, with no confirmed connection to hair growth.

There is no robust clinical trial evidence that castor oil stimulates hair growth or reverses hair loss conditions, and dermatologists have noted that adverse effects can include contact dermatitis, folliculitis, and — with excessive or improper use — a condition called acute hair felting, particularly in those with curly or textured hair.

An important safety note specific to texture.

This last point deserves emphasis for exactly the population this paper centers: castor oil's risk of causing hair felting when used excessively is specifically elevated in curly and textured hair — meaning the population most likely to use castor oil heavily (often due to cultural tradition or marketing aimed specifically at textured-hair consumers) is also the population at modestly elevated risk from overuse.

Verdict: Weak evidence for the claims most commonly made; reasonable as a conditioning agent used sparingly.

This is the ingredient with the widest gap between cultural popularity, marketing claims, and actual research support — though its long history of safe traditional use for moisture and manageability remains a reasonable basis for continued, moderate use.

Summary Table: Evidence Strength at a Glance

Ingredient	Primary Marketed Claim	Evidence Strength	Key Caveat
Glycerin	Moisture retention	Strong	Pair with an oil/cream to seal moisture in
Aloe Vera	Hydration, soothing	Reasonable	Most research is skin-focused, not scalp/hair-specific
Coconut Oil	Reduces breakage	Strong (breakage only)	Does not stimulate new hair growth; use pre-wash
Rosemary	Hair growth	Promising — adults only	Studied only in adult men with genetic hair loss
Biotin	Hair growth	Condition-specific only	Effective only with diagnosed deficiency or condition
Castor Oil	Hair growth, thickness	Weak	No growth evidence; overuse risk in textured hair

What This Means for Choosing Children's Hair Products

Parents do not need to avoid ingredients with limited evidence — biotin, rosemary, and castor oil all carry reasonable safety profiles for topical use in children, even where growth claims outpace the science. What matters is calibrating expectations honestly: choosing these ingredients for the modest, supportable benefits they may offer (scalp comfort, manageability, conditioning), rather than expecting the dramatic outcomes implied by marketing claims that were never actually tested in children, or in some cases, never tested for the claim being made at all.

This is precisely the standard Baby Hair® holds itself to in formulation and education alike: real

evidence, honestly presented, even when the more dramatic marketing claim would likely sell better.

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P A R T I I I

The Scalp-First Framework™

Introducing C.H.O.P.R.™ — Baby Hair®'s proprietary, repeatable model for every texture, every household.

THE SCALP-FIRST FRAMEWORK™

Subtitle: Introducing C.H.O.P.R.™ — Cleanse, Hydrate, Observe, Protect, Repeat

I built C.H.O.P.R.™ because every parent I talked to needed the same thing: not more information, but less to remember.

Cleanse. Hydrate. Observe. Protect. Repeat.

That's the whole model. You can use it on a toddler with a halo of curls and a teenager with locs down their back. You can use it whether you've been doing your child's hair since birth or you're a foster parent three weeks into a placement, learning a texture you've never touched before. The five steps don't change. What changes is how you do each one — and that's what the rest of this section teaches you to figure out for your own household.

I designed C.H.O.P.R.™ to be practical. Families don't need another complicated system. They need something they can remember on a Tuesday morning before school.

We built Baby Hair® around a household, not a texture. That's exactly why this framework works whether you're managing one child's hair or four kids with four different textures under one roof.

From Research to Framework

Every section of this white paper builds toward a single, practical question: if a parent understood the science, the porosity research, the clinical realities, the psychological weight of hair care, and the honest evidence behind common ingredients — what would they actually do differently, every week, in their own bathroom?

That question is what C.H.O.P.R.™ exists to answer.

This is Baby Hair®'s proprietary five-step structure for pediatric hair care, and it's not a marketing acronym layered on top of generic advice. Each step is a direct translation of a specific body of research already established in this paper. A parent using C.H.O.P.R.™ is, whether they realize it or not, applying dermatology, cosmetic chemistry, and developmental psychology research correctly and consistently.

Why a Framework — Not Just a List of Tips

This paper established earlier the core challenge it exists to address: families managing more than one hair texture, more than one porosity level, and often more than one cultural context, under a single roof. A list of texture-specific tips doesn't solve that — it multiplies it, asking parents to mentally track an unlimited number of situational rules.

A framework solves it differently. The five steps of C.H.O.P.R.™ stay identical for every child in a household, regardless of texture, porosity, or age. What changes beneath each step — product weight, technique, frequency — is determined by that child's individual profile. One mental model, not an open-ended catalog of instructions to memorize.

C — Cleanse

The principle.

Remove buildup, sweat, environmental pollutants, and excess sebum from the scalp while preserving its natural moisture barrier and microbial balance.

The research behind it.

The scalp's sebaceous glands and microbiome exist in a delicate working balance — over-cleansing disrupts sebum production and microbial diversity, while under-cleansing allows debris accumulation that can trigger product buildup and scalp congestion. Porosity level should directly inform cleansing approach: low-porosity hair often benefits from warm water and clarifying cleanses to open the cuticle, while high-porosity hair requires gentler, more moisture-conscious cleansing to avoid compounding existing dryness.

What this looks like in practice.

- Cleansing frequency is determined by porosity and texture, not a fixed universal schedule — typically more frequent for finer, straighter textures and less frequent for coarser, drier textures
- Sulfate-free, pH-balanced cleansers are preferred to avoid stripping the scalp's protective barrier
- A periodic clarifying cleanse (roughly monthly, more or less depending on product use) prevents buildup from becoming entrenched

H — Hydrate

The principle.

Restore moisture to both the scalp and the hair shaft, using products and techniques matched to the child's specific porosity level.

The research behind it.

Low-porosity hair needs lightweight, water-based humectants like glycerin and aloe vera, applied to damp hair so the cuticle can absorb them. High-porosity hair needs richer emollients and sealing oils — coconut oil's evidence-backed role in reducing protein loss makes it a particularly strong choice here as a pre-wash treatment, while heavier butters and creams help compensate for a cuticle that loses moisture as quickly as it absorbs it.

What this looks like in practice.

- Hydration products are layered according to porosity (the LOC/LCO method for high-porosity hair)
- Hydration happens both at wash time and between washes, shifting as children move through different developmental stages
- Product weight is matched to porosity, not assumed from curl pattern alone

O — Observe

The principle.

Regularly and specifically inspect the scalp for early signs of dryness, irritation, flaking, unusual hair loss, or signs of infection — before they become entrenched or require medical intervention.

The research behind it.

Most pediatric scalp conditions are far more manageable, or fully reversible, when caught early. Traction alopecia follows a biphasic pattern — early, reversible disease versus chronic, permanent scarring. Tinea capitis spreads through asymptomatic carriers and worsens without treatment. Seborrheic dermatitis is harmless but worth monitoring for escalation. None of these outcomes depend on a parent having medical training — they depend on a parent simply looking, consistently, and knowing the differential signs of each condition.

What this looks like in practice.

- A brief scalp check built into every wash day — not a separate task, but a natural extension of the cleansing step
- Specific attention to the hairline and temples (the highest-risk zones for traction alopecia) when styles involve any tension
- Using a differential checklist to distinguish ordinary dryness from conditions that warrant a pediatrician visit

P — Protect

The principle.

Select styles, tools, and handling techniques that minimize follicular tension and mechanical damage, particularly during detangling and protective styling.

The research behind it.

Traction alopecia can begin as early as age five to six, and current clinical guidance recommends loosened tension at the hairline, time limits on tight protective styles, and immediate style changes if pain occurs. A child's scalp is genuinely more sensitive than an adult's, mechanical tension during detangling produces real, physiologically valid pain, and specific technique choices — detangling on damp hair, anchoring at the scalp, working in sections — measurably reduce that tension.

What this looks like in practice.

- Protective styles rotated and loosened at the hairline per clinical guidance
- Detangling technique drawn directly from evidence-informed strategies
- Style duration limits observed for braids, twists, and similarly tension-bearing styles

R — Repeat

The principle.

Consistency, not intensity, is what produces scalp and hair wellness over time.

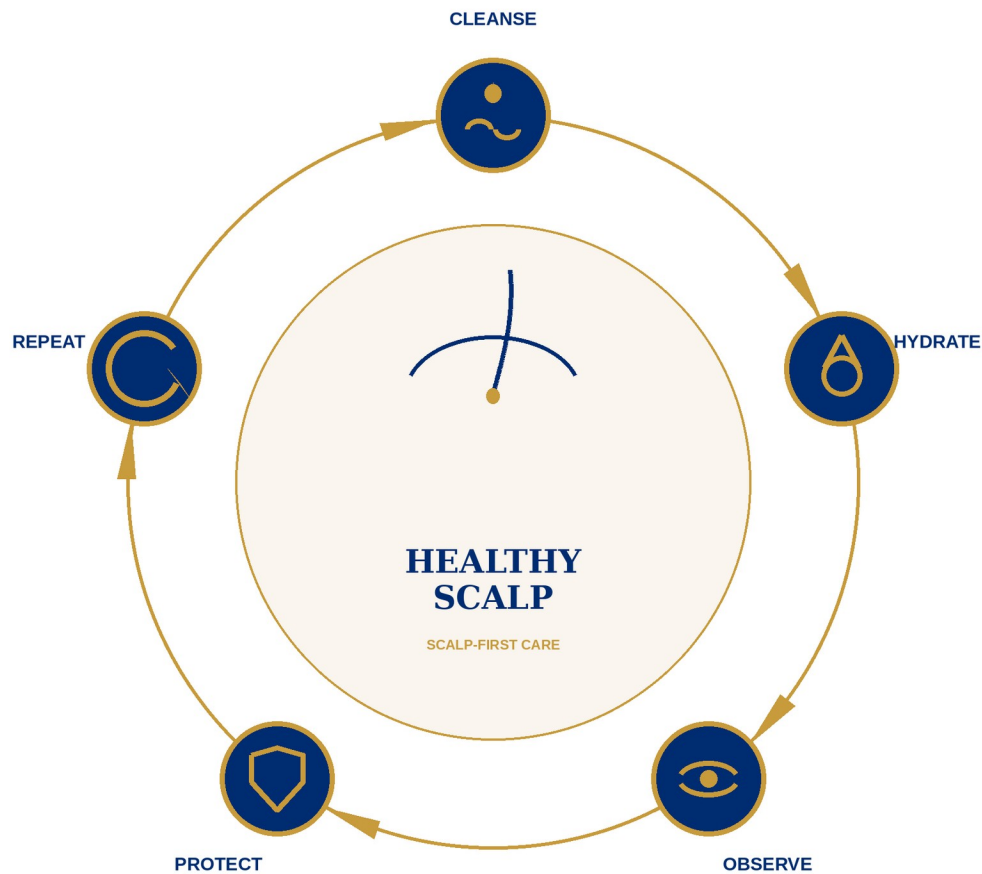
The research behind it.

This step is less a discrete action than a structural requirement underlying all four preceding steps. The hair growth cycle unfolds over months, not days — meaningful change at the follicle level requires sustained, not sporadic, care. The pattern of a child's hair care experience, repeated weekly over years, shapes their broader relationship with their own identity and body more than any single session does. A scalp-first approach is not a fix to apply during a flare-up; it is a standing practice.

What this looks like in practice.

- A defined, sustainable wash-day rhythm appropriate to the child's texture and the family's life
- Re-evaluating the C.H.O.P.R.™ approach periodically as a child's hair, scalp, and developmental stage change
- Treating consistency itself as the active ingredient — more impactful, over time, than any single product

C.H.O.P.R.™ at a Glance



C.H.O.P.R.™
THE BABY HAIR® SCALP-FIRST FRAMEWORK™

The framework detailed step by step:

Step	Action	Principle
C	Cleanse	Remove buildup, sweat, environmental pollutants, and excess sebum from the scalp while preserving its natural moisture barrier and microbial balance.
H	Hydrate	Restore moisture to both the scalp and the hair shaft, using products and techniques matched to the child's specific porosity level.
O	Observe	Regularly and specifically inspect the scalp for early signs of dryness, irritation, flaking, unusual hair loss, or signs of infection.

Step	Action	Principle
P	Protect	Select styles, tools, and handling techniques that minimize follicular tension and mechanical damage, particularly during detangling and protective styling.
R	Repeat	Consistency, not intensity, is what produces scalp and hair wellness over time.

Why This Is the Right Framework for Texture-Diverse Households

Return to the scenario at the heart of this paper: one household, multiple textures. Two siblings — one with low-porosity Type 2 waves, one with high-porosity Type 4 coils — can both follow C.H.O.P.R.™ as their shared structure. What a parent adjusts between them is exactly what the science in this paper says should be adjusted: cleansing frequency, hydration product weight, styling tension tolerance. What stays constant is the framework itself — meaning a parent never has to learn an entirely separate system for each child in their care.

This is, ultimately, the purpose of building a framework rather than simply compiling advice: it gives parents in the exact households this paper was written for — multicultural, blended, adoptive, foster, and texture-diverse families — one durable mental model that scales with however many different textures live under their roof.

A Note on This Framework's Origin

C.H.O.P.R.™ was developed by Dr. Bre Hayward specifically for Baby Hair® as a structure for translating the often-siloed research on scalp biology, hair porosity, pediatric dermatology, and child psychology into a single, repeatable, parent-facing practice. It is presented here, in this white paper, as original work — the first formal publication of this framework — and is intended to anchor both the Baby Hair® product philosophy and its broader educational mission going forward.

A note for educators and professionals:

C.H.O.P.R.™ is built to scale beyond the bathroom. I designed it to work as well in a parent workshop, a stylist training, or a caregiver education session as it does at a single bathroom sink, because a model that works for one family should work for a room full of them. If you're a pediatrician, a foster care agency, a school nurse, or a stylist who wants to bring this framework to the families you serve, this is designed for you too.

THE BABY HAIR® SCALP-FIRST ROUTINE

The five steps of C.H.O.P.R.™ are simple to describe and easy to forget under the time pressure of an actual school morning. This page translates the framework into the specific, practical actions a parent or caregiver can follow at the sink — not a separate system to learn, just the same five steps made concrete.

1. Cleanse

Wet the hair thoroughly, then apply a sulfate-free cleanser focused on the scalp rather than the full length of the hair. Massage gently with fingertips, not nails, working in sections if hair is textured or long. Rinse completely before moving to the next step.

2. Hydrate

Apply conditioner from mid-shaft to ends, avoiding heavy buildup directly at the scalp unless the scalp itself is dry. Choose product weight based on porosity: lighter, water-based formulas for low porosity; richer creams or oils for high porosity. Allow conditioner to sit briefly before rinsing or, for deep conditioning, leave on as directed.

3. Observe

Before styling, take a moment to look at the scalp itself — not just the hair. Check for flaking, redness, tenderness, or unusual shedding. This step takes under a minute and is how most scalp concerns get caught early, while they are still easy to manage at home.

4. Protect

Choose a style appropriate for the day ahead that minimizes tension at the hairline and edges. If braiding, twisting, or using clips and ties, check that nothing feels tight enough to cause discomfort. A style that protects hair from friction and breakage is doing its job without needing to be elaborate.

5. Repeat

Return to this same five-step sequence on the next wash day. Consistency, not intensity, is what builds healthy scalp habits over time. The routine does not need to be perfect every time — it needs to happen regularly.

This page is meant to be referenced, not memorized. Come back to it on wash day until the sequence becomes second nature.

PART IV

Putting Research Into Practice

Age-by-age guidance, a printable parent checklist, and what comes next for pediatric hair care.

BUILDING HEALTHY HAIR HABITS ACROSS AGE GROUPS

Subtitle: How C.H.O.P.R.™ Evolves With Your Child

Why Age-Specific Guidance Matters

Sebaceous gland activity is not constant across childhood — it follows a distinct hormonal arc. Sebaceous glands are highly active at birth due to maternal hormone exposure, then drop to almost no activity between roughly ages two and six, before rising again toward a peak during puberty. This single biological fact explains more about a child's changing hair and scalp needs across childhood than almost any other variable — including why a routine that worked beautifully for a toddler can suddenly seem ineffective for the same child at age nine.

The C.H.O.P.R.™ framework does not change as a child grows. What changes is how each step is executed — informed directly by where a child sits in this hormonal and developmental arc. This section walks through each major stage.

Infants & Toddlers (0–3 Years)

The biology at this stage.

Newborns experience elevated sebaceous gland activity carried over from maternal hormone exposure during pregnancy, which is precisely why cradle cap is overwhelmingly an infant phenomenon. This activity, and the cradle cap it can produce, typically improves between roughly 8 and 12 months of age as maternal hormones clear the infant's system. By the toddler years, sebaceous activity is already declining toward its early-childhood low point.

Cleanse.

Gentle, fragrance-free, tear-free cleansers are appropriate at this stage, given the heightened skin permeability discussed earlier in this paper. For infants experiencing cradle cap, washing the scalp once daily with a mild baby shampoo supports the natural resolution of the condition. Outside of active cradle cap, a gentler 2–3 times per week cleansing rhythm is typically sufficient.

Hydrate.

Dry, flaky skin is normal for many babies under three months old, since newborn skin is naturally drier and loses moisture more quickly than adult skin due to its thinner, more delicate structure. Light, fragrance-free moisturizers appropriate for infant skin can be used on the scalp as needed, distinct from any cradle-cap-specific treatment.

Observe.

This is the age range where seborrheic dermatitis guidance applies almost exclusively. Parents should know the visual difference between ordinary newborn dry skin and active cradle cap, and should know that true infantile cradle cap becomes extremely rare after age one or two — so a parent who notices similar scaling reappear at age five or eight should not assume it is “cradle cap again,” since that presentation in an older child more likely reflects a different condition requiring evaluation.

Protect.

At this stage, “protect” is almost entirely about gentle handling rather than styling. Minimal detangling is needed for most infants and toddlers; when present, finger-detangling rather than tools is typically sufficient and gentler.

Repeat.

The goal at this age is establishing wash time as a calm, low-stimulation sensory experience — not a specific product regimen.

Early Childhood (4–7 Years)**The biology at this stage.**

This is the period of lowest sebaceous gland activity in the entire human lifespan — meaning natural scalp oil production is genuinely minimal during these years, distinct from any product or routine choice a parent makes. This has a direct, practical implication: dryness during this age range is biologically expected to some degree, not necessarily a sign that something is being done incorrectly.

Cleanse.

Wash frequency should reflect texture and porosity more than age at this stage, since the low sebum baseline applies fairly uniformly across textures. Sulfate-free cleansers remain appropriate as skin barrier maturation continues.

Hydrate.

Given the biologically low sebum production at this age, consistent leave-in moisture between wash days becomes more important, not less. This is also the stage where introducing children to simple language about their own hair begins building the self-awareness that is protective for long-term identity and self-esteem.

Observe.

Sebaceous gland activity and its hormonal drivers can begin rising again as early as ages 7 to 10 — often before any visible physical signs of puberty appear. Toward the older end of this age band, parents may start to notice early signs of this shift (slightly increased oil at the scalp) well before any other developmental changes are visible.

Protect.

This is the age range where many families introduce a child's first sustained protective styles. Parents and guardians typically decide hairstyle choices for children at this age based on manageability and culture, making this an important window to apply loosened-tension, time-limited styling guidance directly, before tighter styling habits become entrenched.

Repeat.

Children at this age can begin participating actively in their own hair care — choosing a detangling tool, holding a section of hair, or applying a leave-in product themselves — building agency and positive association with the routine.

Elementary Years (8–11 Years)**The biology at this stage.**

This age range sits squarely within the window where adrenal androgen activity and sebaceous gland activity have been shown to rise, frequently preceding visible puberty by a meaningful margin. Parents may notice their child's scalp and hair behaving differently than it did just a year or two earlier — requiring less added moisture, or needing more frequent cleansing than before — without any obvious external explanation. This is normal physiology, not a routine failure.

Cleanse.

As natural oil production increases, cleansing frequency may need to increase correspondingly for some children, even if their texture or porosity hasn't changed.

Hydrate.

Hydration needs may modestly decrease as natural sebum production rises — though for high-porosity textures, the structural difficulty of oil traveling down a coiled shaft means this shift is often less pronounced than for straighter hair types.

Observe.

This is an ideal age to begin transferring some of the “Observe” responsibility directly to the child — teaching them to notice and articulate when their own scalp feels dry, itchy, or uncomfortable. This builds the self-advocacy skills that become increasingly important as children move toward greater independence in self-care.

Protect.

CROWN Act protections and hair discrimination research become directly relevant at this age, as children begin navigating school dress codes, peer commentary, and — in jurisdictions without CROWN Act protections — potential discrimination tied to protective styles. Parents may find it valuable to discuss the CROWN Act's protections directly with elementary-age children old enough to understand their rights regarding their own hair.

Repeat.

Encourage growing independence in daily maintenance (refreshing curls, applying leave-in product, basic detangling) while parents remain primarily responsible for full wash-day routines and any chemical or heat-styling decisions.

Tweens & Early Adolescence (12+ Years)**The biology at this stage.**

This is where the hormonal arc described throughout this section reaches its most dramatic phase. Rising androgen levels during puberty drive a genuine surge in sebum production, and sebaceous gland activity reaches its lifetime peak during the adolescent years. This is also, not coincidentally, the developmental window where tinea capitis becomes increasingly rare — rising sebum production at puberty has a protective effect against fungal penetration of the hair shaft, which is precisely why tinea capitis is largely confined to the prepubertal years.

Cleanse.

Increased sebum production typically requires more frequent cleansing than was needed in earlier childhood — a real biological shift, not a hygiene failing if a tween's hair seems to need washing sooner than it used to.

Hydrate.

Hydration needs shift to match the new oil baseline; over-moisturizing on top of naturally rising sebum can contribute to product buildup.

Observe.

This is the stage to discuss honestly with tweens what heat styling, chemical relaxers, and other intensive treatments do to hair structure, supporting informed decision-making rather than restriction alone.

Protect.

Tweens are old enough to be active partners in tension-aware styling decisions, and old enough to understand and explain CROWN Act protections — useful both for self-advocacy and for navigating any hair-related conflict at school.

Repeat.

This stage often coincides with developing identity and social pressure regarding appearance, making hair-esteem research especially relevant. Continued affirmation of natural texture, paired with growing independence, supports the protective identity factors that research shows matter most during early adolescence.

Summary: The Hormonal Arc Behind Every Age Stage

Age Range	Sebaceous Gland Activity	Primary C.H.O.P.R.™ Adjustment
0–3 (Infant/Toddler)	High at birth, declining	Gentle cleansing; cradle cap monitoring
4–7 (Early Childhood)	Lowest point of lifespan	Increased leave-in moisture; gentle style introduction
8–11 (Elementary)	Beginning to rise (often pre-visible puberty)	Adjust cleanse frequency; build self-observation skills
12+ (Tween/Adolescent)	Peak activity	More frequent cleansing; identity-affirming styling autonomy

The Throughline

What this age-by-age progression makes clear is that a child's hair and scalp needs change for real, measurable biological reasons — not because a product stopped working or a parent did something wrong. Understanding the hormonal arc behind these shifts allows the C.H.O.P.R.™ framework to flex appropriately at every stage, while giving parents confidence that the changes they're observing are expected, not alarming.

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THE SCALP-FIRST PARENT CHECKLIST™

Subtitle: Putting C.H.O.P.R.™ Into Practice, One Week at a Time

How to Use This Checklist

The checklists below translate the C.H.O.P.R.™ framework into a concrete, repeatable rhythm — organized not by the five framework steps individually, but by when in a family's week each action naturally happens.

Frequency suggestions are starting points, not fixed rules — adjust based on your child's porosity level, age-related sebum production, and individual response.

This page is designed to be printed and used at the sink.

Print this section on its own, check each box as you go, and keep it somewhere visible — taped inside a cabinet door or laminated by the tub. Every item is tagged to its C.H.O.P.R.™ step, so the connection between the framework and the daily routine stays visible even at a glance.

Weekly Wash Day Routine

☐	Pre-cleanse: Apply oil (coconut oil for high-porosity textures) or conditioner before shampooing to reduce combing damage	PROTECT
☐	Cleanse: Massage scalp gently with fingertips — not nails — using a sulfate-free cleanser matched to porosity	CLEANSE
☐	Condition: Apply conditioner generously; allow it to sit before rinsing to maximize cuticle absorption	HYDRATE
☐	Detangle: Section hair and work from ends to roots on damp, conditioned hair, anchoring at the scalp	PROTECT
☐	Observe: Check scalp for dryness, irritation, flaking, or any signs of concern	OBSERVE
☐	Moisturize: Apply leave-in product weighted to porosity level	HYDRATE
☐	Style: Choose a low-tension, age-appropriate style, loosened at the hairline	PROTECT

Between Wash Days

☐	Refresh: Apply water or a water-based moisturizer to rehydrate dry strands	HYDRATE
☐	Scalp check: Lightly part hair and inspect for any new or changing concerns	OBSERVE
☐	Edges: Apply edge control sparingly; avoid daily heavy product buildup	CLEANSE
☐	Style adjustment: Re-braid, re-twist, or re-set as needed to minimize repeated manipulation	PROTECT
☐	Listen: Ask your child directly how their scalp feels — their report matters and should be taken seriously	OBSERVE

Monthly Scalp Assessment

☐	Product review: Confirm current products still match your child's porosity and the season	HYDRATE
☐	Tension check: Assess whether protective styles have created any tenderness, thinning, or discomfort at the hairline	PROTECT
☐	Growth & density check: Note any changes worth tracking	OBSERVE
☐	Clarifying cleanse: Use a clarifying or chelating shampoo if buildup has been accumulating	CLEANSE
☐	Framework review: Revisit whether your child's C.H.O.P.R.™ routine still matches their age and stage	REPEAT

Annual / As-Needed Professional Check-In

- ☐ Schedule a pediatric well-visit conversation about scalp health if any condition persists beyond expected timelines
- ☐ Revisit the C.H.O.P.R.™ framework fully as your child moves into a new developmental stage
- ☐ Reassess porosity periodically, as porosity can shift with heat use, environmental exposure, or growth

This checklist is designed to be printed, laminated, or kept on the bathroom wall — a quick, tangible anchor for the full framework detailed throughout this paper.

THE FUTURE OF PEDIATRIC HAIR CARE

Subtitle: Where the Market, the Science, and the Culture Are Converging

A Category at an Inflection Point

For decades, hair care for textured and curly hair existed largely at the margins of the broader beauty industry — under-researched, under-formulated, and treated as a niche concern for a single demographic. That landscape has shifted decisively, and the shift is measurable, not anecdotal.

An estimated 60–70% of the world's population has some degree of texture in their hair, yet textured hair care has historically been treated as a specialty category rather than a majority need. The market is now correcting for that mismatch, and the correction is accelerating.

The Market Data

Google search volume for textured hair topics grew 40.5% in 2023 alone, with continued growth of roughly 20% projected for the following year — a clear signal of accelerating consumer interest and information-seeking in this category specifically. Black consumers in the U.S. spent \$8 billion on beauty products in the

year ending February 2023, a 10% increase over the prior year, growing faster than the overall U.S. beauty market despite inflationary pressure.

The broader hair care industry is experiencing substantial growth in parallel. The global hair care market was valued at \$113.93 billion in 2025 and is projected to grow to \$216.94 billion by 2034 — and critically, rising awareness of scalp health specifically has driven increased interest in scalp care products such as exfoliating treatments, oils, and serums targeting conditions like dandruff and thinning, exactly the scalp-first positioning this paper has argued for throughout.

Industry research firms are tracking the same shift from a different angle. Mintel's 2025 analysis of the U.S. textured haircare market found that brands are shifting from ethnicity-based messaging toward a texture-first approach, prioritizing performance and personalized care across all curl types and lifestyles — reflecting a broader recognition that textured hair consumers are not unique to a single racial group.

Trust Has Become the Deciding Factor

Perhaps the most important finding for a brand built on a founder's healthcare leadership, research, and education background: roughly one in three beauty buyers cite brand trust as the single most important purchase factor — and trust matters even more for textured hair shoppers specifically. Mintel's research found that authenticity and quality remain non-negotiable even as mainstream acceptance of textured hair has grown, with founder-led brands and a demonstrated commitment to cultural integrity standing out as key differentiators.

This is a direct validation of the white paper strategy underlying this entire publication. In a market where trust is the deciding factor and founder credibility is explicitly named as a differentiator, a healthcare executive and researcher publishing peer-informed, citation-backed education is not a marketing tactic distinct from product strategy — it is product strategy.

Five Converging Trends Reshaping the Category

1. Scalp Health as the New Frontier

The hair care industry is undergoing a “skinification of hair” trend, in which consumers increasingly seek skincare-grade benefits — including formulations that support scalp microbiome health through prebiotic and postbiotic ingredient complexes. What was, until recently, treated as a downstream concern behind styling and color is now being treated with the same scientific rigor previously reserved for facial skincare. Major industry players are explicitly repositioning around this shift — in February 2025, a leading professional hair care company launched a dedicated scalp longevity treatment, reflecting a strategic move from damage repair toward preventive scalp care as the foundation of long-term hair health.

2. Demographic Change Is Reshaping the Addressable Market

Growth in multicultural populations across North America and Europe is directly expanding the addressable market for texture-focused hair care products, validating the demographic analysis presented earlier in this paper from a pure market-sizing perspective, independent of the cultural and identity arguments made there.

3. Personalization Over Demographic Targeting

The market's defining shift is away from ethnicity-based marketing and toward a texture-first model that serves consumers based on their actual hair type — Types 2A through 4C — rather than assumptions tied to racial or ethnic identity. This validates the porosity-and-texture-first framework central to this paper over a one-size-fits-one-demographic approach.

4. Regulatory Standards Are Rising

The FDA's Modernization of Cosmetics Regulation Act, effective from July 2024, now requires manufacturers to substantiate product safety claims, register facilities, and report adverse events — raising the barrier to entry for brands lacking comprehensive safety and efficacy data. Brands built on

genuine clinical rigor and an evidence-honest approach to ingredient claims are positioned to meet this rising bar more naturally than brands built primarily on marketing language.

5. Founder Authenticity as Structural Advantage

Across nearly every data point cited in this section, one thread repeats: trust, authenticity, and founder credibility are explicitly named as the decision factors that increasingly separate winning brands from the rest of an increasingly crowded, increasingly scrutinized market.

What This Means for Baby Hair®

Baby Hair® sits at the precise convergence point of all five trends above: a scalp-first philosophy grounded in genuine healthcare leadership and research background, built for a texture-diverse household rather than a single demographic, formulated with evidence-honest ingredient claims, and led by a founder whose credentials are independently verifiable rather than asserted.

The market is moving toward exactly the model this white paper has described. Baby Hair® is not attempting to create a new category from nothing — it is positioned to lead a category the data shows is already in motion.

Citation Block for This Section

Voyant Beauty. (2024). Understanding the Textured Hair Care Market: Growth & Trends.

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A Movement, Not a Moment

Every scalp-first principle in this paper points to the same conclusion: the way we care for children's hair is changing, and it's changing because families are demanding something better — better science, better representation, better honesty about what actually works.

I don't think Baby Hair® is just a brand riding that change. I think we're one of the families pushing it forward.

Families shouldn't need a cosmetology license, a dermatology degree, and a social media algorithm to figure out how to care for their child's hair. They deserve trustworthy information, practical tools, and products designed to support healthy scalp habits from the start.

This white paper is the first publication in what I intend to be an ongoing body of work — research, education, and advocacy built specifically for the households that have been underserved the longest: multicultural families, blended families, interracial families, and the foster and adoptive parents stepping into a texture they're learning for the very first time. Not as an afterthought. As the primary audience this brand was built around.

Future publications in this series will continue building on the foundation established here: a framework, a philosophy, and a standard of evidence I intend to hold every publication to.

Healthy hair starts with a healthy scalp. Confident kids start with informed parents. And a better hair care industry starts with brands willing to do the homework.

We built Baby Hair® around a household, not a texture.

That's the work. That's the movement. And this is just the beginning.

— **Dr. Bre Hayward, EdD**

Founder, Baby Hair® | Phase Theory Beauty Company

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A note on sourcing: Several citations in this paper draw on secondary summaries of primary research (e.g., consumer-facing dermatology and cosmetic science sites that cite original peer-reviewed studies). Where possible, the primary source is named directly. Before final publication, we recommend a verification pass to confirm direct access to original journal articles where feasible, and to update any citation whose underlying study has since been updated, retracted, or superseded.

ABOUT THE AUTHOR

Dr. Bre Hayward, EdD

Founder, Baby Hair® | Founder, Phase Theory Beauty Company

Dr. Bre Hayward is a healthcare executive, certified medical coder, educator, researcher, and entrepreneur whose career has been defined by a commitment to systems that serve people well.

As a Senior Director of Revenue Cycle and a recognized leader in healthcare administration, Dr. Hayward brings a rigorous, evidence-informed lens to everything she builds — including Baby Hair®.

Dr. Hayward holds an EdD in Educational Leadership along with an MBA, and has earned recognition from the Houston Business Journal, Amazon, and Target for her entrepreneurial contributions to the beauty and wellness space.

Through Phase Theory Beauty Company, Dr. Hayward advocates for inclusive, evidence-informed beauty education and scalp-first care practices for children and families of all textures and backgrounds.

Roles & Credentials

- Healthcare Executive — Senior Director, Revenue Cycle
- Educator — Doctor of Education (EdD), Educational Leadership
- Researcher — Author, Baby Hair Research & Education Series
- Founder, Baby Hair® | Founder, Phase Theory Beauty Company
- Master of Business Administration (MBA)
- Certified Medical Coder (CPC)

Baby Hair®

Scalp-First Haircare

A Phase Theory Beauty Company

www.BabyHair.com

Connect with Dr. Bre Hayward

Website: www.PhaseTheoryBeauty.com | www.BabyHair.com

Media Inquiries: press@phasetheorybeauty.com

Speaking Engagements: speaking@phasetheorybeauty.com

ABOUT BABY HAIR®

Baby Hair® is a scalp-first hair care brand dedicated to supporting healthy hair and scalp routines for children and families. Founded by Dr. Bre Hayward, EdD, Baby Hair® was built on the belief that every child deserves products developed with their scalp health — not just their styling needs — in mind.

Baby Hair® is a Phase Theory Beauty Company. The brand's product line is available through national retail partners including Amazon and Target, and through PhaseTheoryBeauty.com.

The Baby Hair Research & Education Series is an ongoing publication initiative designed to provide families, educators, pediatric professionals, and beauty industry leaders with evidence-informed resources on pediatric scalp health, texture diversity, and inclusive hair care practices.

Connect with Baby Hair®

Website: www.PhaseTheoryBeauty.com

Instagram: @babyhairofficial

LinkedIn: Phase Theory Beauty Company



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