

Contaminants in baby wipes beyond the metal panel

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Abstract

Preservatives, fragrance allergens, phthalates, PFAS, and microfibers have each been measured in wet wipes, but the record is uneven, much of it comes from adjacent products rather than infant wipes, and no study has measured how much of any of these crosses infant skin, so a concentration in a wipe is not yet a dose.

1 | Scope

The question this review can answer is narrow and worth stating plainly: what has actually been measured in wet wipes, and what can those measurements, and only those measurements, tell a parent or a journalist. It is not a market survey and not a risk assessment. It reviews a held corpus of primary documents and reports what they measured, in their own units, with their own stated limits.

Three distinctions run through everything that follows. The first separates an intentionally added ingredient, such as a declared preservative, from an unintended residue, such as a phthalate plasticizer. The second separates a declared ingredient on a label from a laboratory detection in a sample; a label establishes what a maker said it added, not how much is present, and a detection establishes a concentration in a specimen, not a dose to a child. The third separates the material of the wipe, its fibers, from particles released by the wipe, which are a different measurement again.

The record is geographically uneven and spread across more than a decade of sampling. Direct chemistry on wipes marketed for infants is thin; several of the strongest chemical studies examine adult or household matrices, and several of the strongest clinical reports concern older children or adults. Those boundaries are marked wherever they apply, because the most common error in this literature is to read an adjacent-matrix or adult finding as if it were an infant-wipe finding.

Preservatives and formaldehyde

The most complete direct-wipe chemistry comes from a 2015 Galician study of 20 commercial products, 13 marketed as baby wipes and 7 as wet toilet papers, each weighed and extracted whole and analyzed by GC-MS. Parabens there are expressed as acid, and concentrations refer to weighed whole-wipe material, not to expressed lotion or dry fiber. Phenoxyethanol was present in every one of the 20 products; the highest baby-wipe cell is reported in the data table as 8368 µg/g, a value that conflicts with the same paper's abstract figure of 800 µg/g and is therefore carried as moderate confidence with the conflict attached. Methylparaben reached 3017 µg/g as acid in one baby wipe, with ethylparaben at 704 and butylparaben at 600 µg/g as acid in the same sample, and propylparaben at 486 µg/g as acid in another. A set of branched-paraben identifications from the same tables is held, because the paper's text and its table disagree on which isomers were found; those values are retained for audit only and are not settled evidence.

A 2018 Korean survey of 62 commercial wet tissues analyzed the expressed liquid, explicitly excluding the nonwoven substrate, so its numbers are lotion-basis, not whole-wipe. It reported one sample in which methylchloroisothiazolinone at 5 ppm and methylisothiazolinone at 140 ppm co-occurred, cetylpyridinium chloride at 7 to 13 ppm in five products, sodium benzoate at 200 to 3500 ppm in 46 products, and methylparaben at 9 ppm in a single product, with propylparaben not detected. Its formaldehyde result, 0.069 to 1.796 µg/g in 59 of 62 products, is held because the abstract and body of the paper disagree on the lower bound, and its formaldehyde detection limits are printed in mg/L rather than on a product-mass basis. The expressed-liquid pH ranged 4.0 to 8.2.

A 2021 Korean study of 105 wet wipes intended for external skin use, which should not be described as 105 baby wipes, is the clearest example of basis discipline in the corpus: it reports whole-wipe concentrations in mg/g separately from expressed-lotion concentrations in mg/L and warns against merging them. On the whole-wipe basis it detected iodopropynyl butylcarbamate at 0.003 to 0.055 mg/g in 22 percent of products, cetylpyridinium chloride at 0.003 to 0.64 mg/g in 30 percent, benzoic acid at 0.29 to 1.28 mg/g in 11 percent, phenoxyethanol at 0.02 to 3.65 mg/g in 8.6 percent, and caprylyl glycol at 0.27 to 0.39 mg/g in 2.9 percent, with the isothiazolinones, benzisothiazolinone, and the parabens not detected in either whole wipes or lotions. Its probabilistic exposure model is held separately and is discussed under dose below.

A 2020 Brazilian study of 50 baby wipes, analyzed on a stated wet-weight basis, found methylparaben in every product, with a geometric mean of 4914 ng/g, a median of 3709 ng/g, and a range of 7.6 to 332,237 ng/g. Ethylparaben, propylparaben, and butylparaben had geometric means of 16.9, 44.1, and 2.5 ng/g and detection frequencies of 66, 94, and 70 percent; benzylparaben was not detected; the sum of parabens had a geometric mean of 5348 ng/g, a figure that conflicts with the abstract's 5344 and is carried with that note. The paper's compliance assertion and its estimated daily intake are held, because the stated noncompliance arithmetic is incompatible in scale with the printed concentrations, and the dose figures are modeled rather than measured.

Two sources are held in full. A 2023 Riyadh study of eight leave-on baby wet wipes reported methylisothiazolinone means from 0.1247 to 2.9090 ppm and methylchloroisothiazolinone means from 0.8295 to 3.1652 ppm, but its positive-count statements conflict between prose and table, several means fall below its own validated working range, and the product-versus-extract basis of the ppm figures is unclear; all of its concentration rows are held. A 2026 Chinese consumer-quality monitoring report, which is not a peer-reviewed study and whose own authors question the infant classification of two sampled items, reported formaldehyde in four anonymized samples at 42.8, 32.8, 71.8, and 7.7 mg/kg, methylisothiazolinone at 50.73 mg/kg in one sample and a censored

result below 0.60 mg/kg with methylchloroisothiazolinone at 2.12 mg/kg in another, eleven phenoxyethanol cells in µg/g, methanol at 626.42 mg/kg in one sample, and ethanol at 52 and 268 µg/g with one censored entry below 33 µg/g. Its paraben and phthalate panels are reported as panel-level nondetections, which cannot be read as analyte-specific absence, and its narrative and annex disagree on the number of formaldehyde exceedances. No detection limits are recoverable from it.

A separate 2013 analysis of a single household wipe, an adjacent rather than infant matrix, measured methylchloroisothiazolinone at 34 ppm and methylisothiazolinone at 26 ppm, a total of 60 ppm, in a product whose supplier had denied isothiazolinone content. It is a documented label-discordance example, not a frequency estimate.

The held consolidation of the EU Cosmetics Regulation is context only. It requires a "releases formaldehyde" warning above a total released level of 0.001 percent, that is 10 ppm, restricts certain parabens in leave-on products for the nappy area of children under three, and permits the methylchloroisothiazolinone and methylisothiazolinone mixture and methylisothiazolinone only in rinse-off products. A releaser-warning threshold is neither a contamination limit nor a safety threshold, and no current-law verification was performed.

Fragrance allergens and musks

Direct quantitative fragrance data again come mainly from the 2015 multi-analyte study, which reported nineteen targeted fragrance allergens across its samples: benzyl alcohol at 2446 µg/g in one baby wipe, limonene at 180 µg/g and linalool at 76.0 µg/g in another, hexylcinnamal at 60.1 µg/g, and the polycyclic musk galaxolide at 10.8 µg/g in a baby wipe and 21.4 µg/g in a wet toilet paper. One of its baby wipes was identified as fragrance-free and carried no fragrance cells, an exception that should be preserved against the abstract's blanket claim that all samples contained fragrance allergens.

Everything else in this class is label evidence, which establishes declared composition and nothing more. A 2016 survey of 63 baby-wipe ingredient lists found fragrance declared in 21, botanical extracts in 60, methylisothiazolinone in 4, methylchloroisothiazolinone in 1, and parabens in 6. A 2021 São Paulo label survey of 42 products counted phenoxyethanol in 29, sodium benzoate in 16, methylparaben in 12, and methylisothiazolinone in 9. A 2019 North American survey of best-selling lists, analyzed at denominators of 31 and 39 after deduplication, found no list naming methylisothiazolinone, with phenoxyethanol in 14 and 20 and sodium benzoate in 20 and 23. A 2026 Istanbul in-store survey isolated a 25-product wet-wipe subgroup, 14 of them pediatric, and reported a mean of 1.4 declared fragrance ingredients, 0.9 declared preservatives, and an investigator-assigned allergen-load score of 3.4, which is a label score and not a concentration. A declared-ingredient count is not a concentration, an absorbed dose, or a clinical reaction rate, and fragrance-free labeling cannot prove the absence of every sensitizer.

Phthalates

Direct baby-wipe phthalate measurements are confined to the 2015 multi-analyte study, which reported diethyl phthalate at 55.5 µg/g in one baby wipe, dibutyl phthalate at 0.176 µg/g, di(2-ethylhexyl) phthalate at 0.161 µg/g, and dicyclohexyl phthalate at 0.108 µg/g in named samples, with a higher diethyl phthalate value of 412 µg/g appearing in a wet toilet paper rather than a baby wipe. Five phthalate analytes were found across 18 of the 20 products, with diethyl phthalate in 80 percent.

Two further phthalate studies are adjacent matrices and are reported separately for that reason. A 2025 Guangzhou study measured the skin-contact inner layer of diapers used by 66 children aged 0.1 to 4.0 years and reported median concentrations in ng/g of 252 for diethyl phthalate, 333 for diisobutyl phthalate, 948

for di-n-butyl phthalate, and 1670 for di(2-ethylhexyl) phthalate, with a summed median of 3420 ng/g at 100 percent detection. A 2019 six-country study of sanitary pads and diapers reported, in parts per billion on excised-sample weight, dibutyl phthalate at 52.1 to 7820.4 and di(2-ethylhexyl) phthalate at 5.5 to 197.4 in pads, and dibutyl phthalate at 13.4 to 1609.7 and di(2-ethylhexyl) phthalate at 12.6 to 62.8 in diapers, with benzyl butyl phthalate not detected; its original table bodies are missing from the held rendering, so only its prose values are available. Neither diaper study is a baby-wipe measurement. The Chinese monitoring report's phthalate panel is a panel-level nondetection and does not establish analyte-specific absence.

PFAS

The only direct baby-wipe PFAS document is a 2026 consumer-laboratory report, not peer reviewed, which tested 30 individual PFAS and reported no detections at a stated capability of 2.3 nanograms per sample, an absolute per-sample mass. Its tested-product denominator is unresolved, with the source itself printing both 18 and 19 products in different places, so the finding is held, and it may be described only as reported nondetection across its panel. It cannot be rendered as "PFAS-free," the per-sample capability cannot be converted to a concentration, and the source itself acknowledges that trace or unmeasured compounds could remain.

Two peer-reviewed PFAS studies are adjacent matrices. A 2025 study of 59 reusable feminine-hygiene products reported targeted extractable PFAS, summed across 42 analytes, at a median of 380 ng/g with a range of 21.4 to 2200 ng/g in a purposively selected high-fluorine subset, alongside total-fluorine screening values reaching 77,000 ppm in some layers; its fluorine cutoffs classify manufacturing practice and are not analytical or safety limits. A 2023 study of 91 personal-hygiene products reported mean summed PFAS, across 21 detected analytes, of 5.46 ng/g in pads, 0.39 in panty liners, below the quantitation limit in tampons, 4.72 in menstrual cups, 14.95 in diaper top layers, and 0.16 in a bactericidal liquid, with mean perfluorooctanoic acid of 11.68 ng/g in diaper top layers. A targeted-PFAS sum must be kept distinct from total fluorine, and an absolute mass per sample must be kept distinct from a mass-normalized concentration.

Microfibers and microplastics

Three kinds of measurement must be kept apart here: what the substrate is made of, what it sheds in a laboratory, and what is found in the environment. A 2022 laboratory-release study of 15 commercial nonwovens, which were not a baby-wipe market sample, measured waterborne release spanning, for example, 44 plus or minus 3 mg/g and 424,000 fibers per gram in one product and 1 plus or minus 1 mg/g and 33,000 fibers per gram in another, with airborne counts reported separately; its single highest gravimetric value is held because the authors attribute it to retained lotion rather than fiber, and the shedding is not plastic-specific, since cellulosic and synthetic fibers were both counted. A 2025 study of 12 UK-market wipe types identified cellulose-based fibers in the flushable and biodegradable products and synthetic plus cellulosic fibers in conventional products, and reported approximate fiber dimensions, but it offered qualitative composition rather than released-particle burden, and one of its own conclusion sentences conflicts with its detailed tables and is held. A 2020 study of 17 purchased products, 11 of them wipes, identified polyethylene terephthalate, polypropylene, and cellulose among them and reported that two of four flushable products contained polyethylene terephthalate; its environmental component found, for example, 1441 plus or minus 631.2 total microplastics per kilogram and 1323 plus or minus 651.8 white fibers per kilogram of intertidal sediment on one sampling occasion. Environmental abundance is a separate question from release during use, which is separate again from transfer to infant skin, for which the corpus holds no direct measurement.

Other measured attributes

Package-air volatile organic compounds were measured in the 2019 pad-and-diaper study by direct injection of 750 µL of headspace, a packaging-air measurement and not a body exposure, at a stated limit of 0.001 ppb per compound; the highest reported toluene in a pad package was 5.471 ppb, with lower values in diaper packages. The Chinese monitoring report's methanol and ethanol values appear above. Expressed-liquid pH was 4.0 to 8.2 in the 2018 Korean survey, and one product in a 2016 Korean official report carried a total bacterial count of 400,000 colony-forming units per gram with fungi not detected, which is a microbial-quality observation and not a chemical concentration. The direct United States baby-wipe volatile-organic-compound record remains a gap, discussed below.

A selected direct-measurement table

The following records are direct measurements on a single, compatible basis, chosen so that no row requires a conversion or a cross-matrix comparison to be read. Held and adjacent-matrix values are excluded from this table and are discussed in the prose above with their qualifications. Values are whole-wipe unless the matrix column says otherwise.

ANALYTE	PRODUCT / MATRIX	PRINTED VALUE	BASIS	N / DETECTION	SOURCE	LIMITATION
Phenoxyethanol	Baby wipe (named sample)	8368 µg/g (max)	Whole wipe	20 products; present in all	Celeiro 2015	Abstract prints 800 µg/g; conflict retained
Methylparaben (as acid)	Baby wipe	3017 µg/g	Whole wipe	NR	Celeiro 2015	Expressed as acid; not lotion basis
Methylparaben	Baby wipes	GM 4914; median 3709; 7.6 to 332,237 ng/g	Wet weight	50; detection 100%	Rocha 2020	Compliance and intake claims held
Sodium benzoate	Wet tissue (expressed liquid)	200 to 3500 ppm	Lotion	62; in 46	Bae 2018	Lotion basis excludes substrate
Benzoic acid	Wet wipe (external-skin use)	0.29 to 1.28 mg/g	Whole wipe	105; in 11%	Pack 2021	Not all baby wipes; model excluded
Methylisothiaz- olinone + methylchlorois- othiazolinone	Wet tissue (expressed liquid)	MIT 140 ppm; MCIT 5 ppm	Lotion	one sample	Bae 2018	Single co-occurring sample
Diethyl phthalate	Baby wipe	55.5 µg/g	Whole wipe	18/20 had phthalates; DEP in 80%	Celeiro 2015	Named-sample value, not a limit
Di(2-ethylhexyl) phthalate	Baby wipe	0.161 µg/g	Whole wipe	NR	Celeiro 2015	Named-sample value

Benzyl alcohol	Baby wipe	2446 µg/g	Whole wipe	NR	Celeiro 2015	Fragrance-free sample excepted
Galaxolide (musk)	Baby wipe	10.8 µg/g	Whole wipe	NR	Celeiro 2015	Musk panel-count wording conflict noted
30-PFAS panel	Baby wipes	No detections	2.3 ng/sample capability	denominator 18 vs 19 (held)	Consumer Reports 2026	Not peer reviewed; not "PFAS-free"
Microfiber release (water)	Commercial nonwoven	1 to 44 mg/g; 33,000 to 424,000 per g	Laboratory release	15 products	Kwon 2022	Not plastic-specific; not a baby-wipe sample; one maximum held

No row in this table may be added to another, summed across classes, or converted to a per-wipe amount or a dose.

3 | Infant-skin relevance

The clinical record is real, specific, and frequently misread. The strongest pediatric evidence is a United States case series of six children aged 3 to 8, all already out of diapers, who presented with perianal, buttock, and sometimes facial dermatitis, all tested positive to the methylchloroisothiazolinone and methylisothiazolinone mixture, had methylisothiazolinone listed in the wipes they used, and resolved on avoidance. A single case of a nine-year-old boy with recalcitrant perianal eruption and a positive patch test followed the same pattern. An Australian referral series tested 653 patients to methylisothiazolinone, found 43 positive and 23 clinically relevant, and specifically identified seven parents with relevant hand dermatitis attributed to methylisothiazolinone-containing baby wipes. A surveillance letter from the same network reported relevant methylisothiazolinone reactions rising from 15 of 428 in 2011 to 40 of 353 through part of 2013, which are counts of all relevant reactions and not a wipe-specific numerator, and which should not be pooled with the referral series as if the populations were independent. A large North American database of 9037 patch-tested patients identified 79 with a wipe-coded allergen source, of whom 76 were adults and none were infants, with methylisothiazolinone relevant in 36 of 61 tested, 59.0 percent of that subgroup rather than of all wipes or all patients. Further adult series and single cases, including one hexamidine case and one household-wipe case with its own chemical confirmation, round out the picture.

Three points follow. First, several of the most-cited reports concern older children or adults, and relabeling them as infant studies would misstate the evidence. Second, irritation, sensitization, and clinically relevant allergic contact dermatitis are different states, and a detection in a product is not a diagnosis, an incidence, or a population risk rate. Third, patch-test concentrations, such as methylisothiazolinone at 200 or 500 ppm, are diagnostic reagents and are never wipe concentrations. A 2012 randomized trial of 280 healthy term newborns compared one alcohol-free, fragrance-free wipe formulation against cotton wool and water and found skin hydration equivalent within a prespecified margin, in arbitrary Corneometer units rather than any chemical measure; it is formulation-specific and short-term, and it is not an absorption study. Observational dermatitis-prevalence work and several infant skin-barrier reviews provide context on the developing barrier,

diaper occlusion, and damaged skin, but none adds a quantitative uptake or microbiome-harm measurement, and none should be made to.

4 | Concentration, contact, and dose

A concentration in a specimen is the first term in a long sequence, not the end of it. To reach a dose, one needs the amount transferred to skin during ordinary use, the amount retained in contact, and the fraction absorbed by the route in question; the corpus supplies none of these linking terms for a general infant. The missing inputs are specific: product-specific transfer per use, use frequency, contact time and area, route-specific absorption, and the child's age, body mass, and skin condition. Where the held studies estimate an intake, as the Korean preservative study, the Brazilian paraben study, the Guangzhou diaper study, and the hygiene-product PFAS study all do, those estimates are modeled from assumptions, are held here, and are kept out of the settled evidence narrative; a default assumption such as complete absorption in a screening calculation is not an observed uptake.

The vocabulary of absence also has to be kept exact. A nondetection, a value below the limit of quantification, a blank or untested cell, and a true zero are four different statements, and several sources carry dashes that mean "not tested" rather than "not found." Detection limits reported on an analytical solution basis, in mg/L or ng/mL, cannot be reattached to a product mass or converted without the validated preparation information, which in several studies sits in supplements that are not held. Local contact-allergy relevance, which the clinical record does support in specific cases, is a different endpoint from a modeled systemic dose and should not be merged with it.

5 | Co-occurrence and combined exposure

The one supportable statement about combined exposure is that several chemical classes have been measured together in the same identified specimens: the 2015 multi-analyte study found preservatives, parabens, fragrance allergens, musks, and phthalates co-occurring in individual named baby-wipe samples, and that is the clearest entry point for any discussion of co-occurrence. It is also the limit of what can be said. Separate products, sampled in different countries and years by different methods, do not define the mixture that reaches one child, and the corpus contains no tested wipe-specific infant mixture outcome. For that reason no across-class sum, hazard index, or combined dose is calculated here; the units, matrices, and endpoints are incompatible, and combining them would manufacture a number rather than measure one.

6 | Gaps and research priorities

Five high-priority primary sources are named in the corpus and remain unheld: a United States survey of volatile organic compounds in diapers and baby wipes; a personal-hygiene wet-wipe allergen label survey; a recent United Kingdom baby-wipe label survey; a direct formaldehyde-release assay on baby wipes by the chromotropic acid method; and a paraben study covering paper products including sanitary wipes. Six medium-priority items, including facial-wipe and diaper-adjacent surveys and a controlled microfiber-discharge experiment, remain unheld as well; review quotations of any of these do not substitute for the primary sources.

Before any numerical claim is finalized, the known source conflicts have to be resolved rather than papered over: the branched-paraben identities and the phenoxyethanol maximum in the 2015 study, the analyte, basis, and working-range problems in the 2023 Riyadh study, the conflicting summaries in the 2018 Korean survey, the units and modeled-dose inconsistencies in the 2020 Brazilian study, and the narrative-versus-annex discrepancies

in the Chinese monitoring report. Original table bodies and figures for the 2019 six-country study, and the analytical supplements for the diaper and hygiene PFAS studies, should be obtained through lawful access, and the consumer PFAS report's panel, sample count, sample mass, and validation should be clarified. The clearest research priorities are direct wipe-matrix PFAS evidence, modern and geographically diverse sampling, and realistic transfer and absorption data, each reported with its time, product category, and analytical coverage specified.

7 | Methods and limits

This review draws on a held corpus of primary documents whose integrity was verified against a manifest, and on a ledger of selected evidence records graded for extraction confidence. Those grades are extraction and use flags, not safety grades: a high grade means a clear primary observation was transcribed unambiguously for its stated matrix and basis, a moderate grade means the record is usable only with explicit caveats, and a hold means an unresolved conflict prevents its use as a settled claim. The records span the contaminant classes above together with clinical, environmental-release, label-survey, and explicitly modeled rows, and the number of records is not a number of independent concentration assays, since rows from the same paper or sample are correlated. Several studies disclose manufacturer funding or author affiliations, which are noted where material. Extraction was selective rather than exhaustive, and missing supplements, absent table bodies, and unresolved contradictions are preserved rather than smoothed away.

What this review establishes is bounded: specific chemicals have been measured at specific concentrations in specific wipe samples, several classes have been found co-occurring in the same samples, and specific clinical cases of wipe-associated contact allergy have been documented, mostly in older children and adults. What it does not establish is equally important: it ranks no products, proposes no limit, verifies no current regulation, calculates no general infant dose or mixture risk, and demonstrates no infant skin or microbiome harm. The distance between what has been measured and what still needs evidence is the main finding.

8 | Sources reviewed

This synthesis is drawn from a held packet of primary documents; the quantitative claims above trace to the following, with digital object identifiers where the held source supplies one. Where a held source is a report or letter without a registered identifier, it is named by year, country, and matrix. A full per-claim ledger, including the held and adjacent-matrix records, backs this review.

- Preservatives and formaldehyde: direct multi-analyte wipe chemistry, 2015 (10.1016/j.chroma.2015.01.049); 2018 Korean expressed-liquid survey; 2021 Korean whole-wipe and lotion study; 2020 Brazilian baby-wipe paraben study; 2023 Riyadh isothiazolinone study (held); 2016 Korean official testing report; 2026 Chinese monitoring report (); 2013 household-wipe case with analysis (adjacent matrix).
- Fragrance allergens and musks: 2016 baby-wipe label survey (10.1097/DER.0000000000000177); 2021 São Paulo label survey (10.1016/j.abd.2020.09.011); 2019 North American label survey; 2026 Istanbul label survey (10.1111/cod.70207); 2022 feminine-hygiene label survey, adjacent matrix (10.1097/jw9.0000000000000060); 2025 pediatric allergy systematic review, context (10.1111/cod.14753).
- Phthalates: 2015 multi-analyte wipe chemistry (above); 2025 Guangzhou diaper inner-layer study, adjacent matrix (10.3390/toxics13030218); 2019 six-country pad and diaper study, adjacent matrix (10.1016/j.reprotox.-2019.01.005).

- PFAS: 2026 consumer-laboratory baby-wipe report (held denominator); 2025 reusable feminine-hygiene study, adjacent matrix (10.1021/acs.estlett.5c00553); 2023 personal-hygiene study, adjacent matrix (10.1021/acs.est.2c08912).
- Microfibers and microplastics: 2022 laboratory-release study (10.1007/s11356-022-20053-z); 2025 UK composition study (10.1016/j.jaap.2025.107200); 2020 product and environmental study (10.1016/j.watres.-2020.116021).
- Skin endpoints and context: 2012 newborn skin-hydration randomized trial (10.1186/1471-2431-12-59); 2020 diaper-dermatitis prevalence study (10.1111/pde.14047); clinical case series and patch-test databases on wipe-associated contact allergy, by year and country.
- Metals companion (not restated here): Heavy metals in baby wipes.

Keywords: baby wipes; wet wipes; preservatives; methylisothiazolinone; formaldehyde; parabens; fragrance allergens; phthalates; PFAS; microfibers; dermal exposure

STATUS AND LICENCE

Editorially reviewed in-house; no external peer review has been completed on this finding. Published as an institutional technical report with its review state tracked on the article page. © All rights reserved. Institute of Contaminant Standards / Heavy Metal Index.

DATA AVAILABILITY

Every source behind this finding is listed with its own source record at <https://heavymetalindex.com/synthesis/contaminants-in-baby-wipes-beyond-metals>

COMPETING INTERESTS

The Heavy Metal Index reports what the peer-reviewed and regulatory literature supports. It is operated separately from any certification program, does not evaluate or endorse brands, and does not use certification thresholds as evidence for the statements made here.

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