

## Pink or blue? Unpacking the packaging of iPLEDGE



*To the Editor:* Pink is for girls and blue is for boys. At least, that is the trope. The use of color as a signifier of gender has been a demonstrable part of our culture for decades. The convention of associating pink with girls and blue with boys has been longstanding, with its peak in the 1940s.<sup>1</sup> It has been theorized that tendency toward pink or blue may be related to evolutionary preference.<sup>2</sup> Today, one has only to pass through a children's section of a department store to take in how ingrained these color associations are.

Of late, however, the social commentary on gendered products and gender stereotyping has been less favorable. Going "beyond pink and blue" to help eliminate rigid gender roles has been gaining popularity, and some brands are slowly moving toward gender-neutral products.<sup>3,4</sup>

What does all of this matter when we think about isotretinoin, a vitamin A derivative that has been used to treat acne quite successfully for over 30 years? The prescribing of isotretinoin cannot be effected without the regulatory system known as iPLEDGE. Put in place to inform patients and, ideally, prevent serious complications of fetal exposure, the system requires a booklet that includes product information and consent forms and an online registry. Registration with the iPLEDGE program is based on sex assigned at birth rather than reproductive potential. Although the online portion looks much the same, the booklets have undergone a redesign. The usual yellow and green booklets have given way to dull pink and powdery blue folders—pink for females with potential to conceive and blue for males, as well as for females who are unable to conceive.

In our current environment, this seems an odd choice. When a patient seeks the care of a physician, they do so for diagnosis, appropriate testing, treatment, and counseling. In the case of isotretinoin, the ability or inability to conceive, rather than gender, is what determines patient counseling and laboratory monitoring. With the redesign of the iPLEDGE packaging, we hand women who cannot conceive a historically masculine-colored folder and in doing so, we potentially pass wordless judgement on their identities, or more granularly, their femininity. This same issue can be extended to transgender patients<sup>5</sup>—transgender men have to register as females

if they still have their reproductive organs, which could potentially worsen their gender dysphoria.

The original green-yellow iPLEDGE system was intuitive for providers—yellow meant caution, because the patient had the potential to conceive, and green meant go, because the patient was unable to conceive. Thus, the switch to the blue-pink system feels unnecessary at best.

As people, none of us are without or own backgrounds, viewpoints, and biases. As doctors, we are taught to acknowledge these and learn from others to practice empathetic and humanistic medicine. The iPLEDGE redesign may represent a small undoing of the effort that we put forth to create therapeutic relationships with our patients. Further, it has the potential to be emotionally damaging to the patient and may be a potential barrier to care.

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Funding sources: None.

Conflicts of interest: None disclosed.

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<https://doi.org/10.1016/j.jaad.2018.12.057>