

What about using bands or helmets to correct plagiocephaly?

A number of commercial firms now provide helmets to help remould the head. Although these devices speed up the remoulding, there is no firm evidence that this results in any long-term difference in the final shape of the head and face. A scientific trial may be carried out in the future to discover whether babies who are badly affected might benefit from using such devices. Unless a significant benefit is found it is unlikely that the NHS will fund such treatment.

The simple measures described in this leaflet are all that are necessary for most affected babies. In more severe cases, physiotherapists can provide additional help. If you are worried about your baby's head, you should speak to a health professional.

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Preventing positional plagiocephaly

Information for parents



Head shape

The bones of a baby's skull are soft. They are not joined together rigidly at birth, but gradually fuse together as the baby grows. This is most obvious at the soft spot at the top of the head, called the anterior fontanelle, which usually closes during the second year of life. This allows rapid growth of the brain over the first year or so but it also means that a baby's head can be easily moulded.

Many babies have some moulding of the head shape at birth because of the way they lay in the womb, or the way they passed through the birth canal. This usually remoulds to a normal shape in around six weeks. Some babies develop moulding of the head because of the position they lie in after birth. This can cause flattening at the back or side of the head. This in turn can make the face look slightly asymmetric or lop-sided.

The medical term for this is **positional plagiocephaly**. This leaflet has been prepared to help you to reduce your baby's risk of developing plagiocephaly.

What if my baby starts to develop plagiocephaly anyway?

If your baby has a favourite side, encourage turning in the other direction. For example:

- When changing, bathing or playing, position yourself on the side your baby doesn't like.
- When putting your baby down in the cot, place toys and interesting things on the less favoured side.
- If your baby's head is always turned to one side or if you have any concerns about the shape or position of your baby's head, you should mention this to your health visitor or family doctor (GP) so that they can check for torticollis and arrange physiotherapy, if necessary.



In these positions your baby will learn to lift the head and look around. This strengthens the neck muscles. If your baby doesn't like these positions, start with just a minute or so and increase the time each day. Make sure that you do not leave your baby unsupervised to fall asleep in these positions.

- Try to vary the way you carry and feed your baby. You should use both arms.
- Put your baby down to sleep with their feet against one end of the cot. The next night, put your baby down to sleep at the other end. If you do this, your baby does not always have to turn in the same direction to see you.
- If your baby's head tends to lean to one side in the car seat, use a cushioned head support.
- Limit the length of time your baby spends in a car seat, swing or bouncy chair. Do not leave your baby for too long in a car seat, unless unavoidable on a long journey.

What causes some babies to develop plagiocephaly?

Positional plagiocephaly is more common in premature babies as their skull bones are very soft. It is also common in babies who have tight neck muscles. This condition is called torticollis. However, most babies who develop plagiocephaly simply prefer to lie with their heads turned to a particular side.

In the past many babies were put down to sleep lying on their sides or tummies. We now know that sleeping on the back is safer. Since the "Back to Sleep" campaign, the number of cot deaths has fallen dramatically. However, over the same period plagiocephaly seems to have become more common. This may be because mothers are not only putting babies down to sleep on their backs, but also keeping them on their backs when they are awake or leaving them for long spells in car seats or bouncy chairs.

How common is it?

If you look closely, probably about half of all babies have some degree of plagiocephaly. However, most are very mildly affected and do not see a health professional about it. The appearance improves gradually.

Estimates suggest that about one baby in eight is affected badly enough that the parents seek medical advice. Boys and girls are equally affected and the condition happens in all racial groups.

Is it important?

Plagiocephaly is not painful. It does not put pressure on the brain or interfere in any way with brain growth or development. There is no proof of any long-term effects on health.

In some babies, plagiocephaly becomes noticeable enough to be a cosmetic problem. However, it usually improves to the extent that people would not notice it. The improvement begins once the baby is old enough to change position and continues throughout infancy. Even in more severe cases it is extremely unusual for any remaining flattening to be noticeable once the child is at school.

A very small number of babies, on average less than one a year in Ayrshire, have a different condition called craniosynostosis. This condition is where the skull bones have joined together too soon.



If you are worried about your baby's head shape, you should discuss this with your midwife, health visitor, family doctor (GP) or paediatrician. In most cases they will be able to diagnose plagiocephaly simply by looking at your baby's head and face. If there is any doubt, an x-ray or scan may be necessary to make sure that there is no craniosynostosis.

How can I prevent my baby developing plagiocephaly?

We strongly recommend that babies sleep on their backs. The benefit of reducing the risk of cot death outweighs any risks due to positional plagiocephaly.

When awake and supervised, babies need to experience all sorts of positions. Here are some suggestions to encourage neck movement:

- Build 'tummy time' into your baby's routine. This is playtime with the child lying on their tummy. You can lie your baby:
 - on your chest, looking at your face
 - on the floor with a small rolled towel under the arms
 - on a changing mat with arms over the end
 - over your legs when you are sitting on a settee or on the floor