



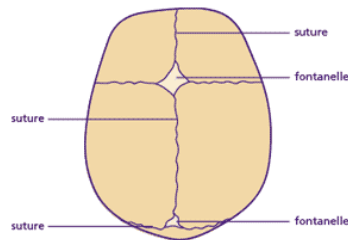
The
Rotunda Hospital
DUBLIN

PARENT FACT SHEET

POSITIONAL PLAGIOCEPHALY

POSITIONAL PLAGIOCEPHALY (Flat head syndrome)

When babies are born, their skull is made up of several plates of bones. Unlike in adults, these plates are not fused at birth and instead are separated by suture lines. This allows for the normal moulding of the head as it passes through the birth canal and leaves room for baby's brain to grow over the first few years of life.



Top view of an infant's skull showing the bony plates separated by suture lines and the two fontanelles (soft spots).

In the 1990's, doctors started recommending that all babies be put to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS) or cot death. Since the start of this campaign, the incidence of SIDS has dropped by almost 40%. During this time however there has been a related increase in the number of children who have developed positional plagiocephaly (or positional flat head syndrome).

What is positional plagiocephaly?

This is when the back or side of a baby's head becomes flattened due to constant pressure on that area. It occurs when a baby spends most of his time lying on his back or in a position where the back of his head rests against a flat surface. This does not cause any pressure on his brain, but his skull may become flattened. The consequence is primarily cosmetic. The flattening occurs either evenly across the back of the head, or off to one side. This is because some babies lie with their head straight while others prefer it turned.

- Positional plagiocephaly can also occur in babies with shortened or tightened neck muscles on one side. This prevents baby's head from turning freely and is known as congenital torticollis.
- Positional plagiocephaly can develop before a baby is even born if pressure is placed on his skull by the mother's pelvis or from a twin.
- Premature infants are more prone to developing positional plagiocephaly because their skulls are softer and more pliant, and because they tend to spend a greater amount of time on their backs.

How is positional plagiocephaly detected?

- Typically parents notice that their baby's head is flattened at the back or on one side.
- The ear may be pushed slightly forward on the flattened side and there may be bulging of the child's forehead on the same side.
- Generally, your doctor can diagnose this simply by examining your child. Occasionally, an x-ray may be ordered if there is any doubt.



How is positional plagiocephaly detected?

Most babies' heads will even out over a few months, as they become more active. The flattening is usually corrected by one year of age. More severe cases may continue to improve slowly over months to years. Although a degree of flattening can remain, since hair usually covers the back of the head it is often not noticeable.

You can help your baby avoid positional plagiocephaly and lessen its severity by altering his resting head position and keeping him upright when he is awake. Try these tips:

SLEEPING

- Change the position of his cot or alternate which end you put him to sleep each night so that his head turns away from the flattened side.
- If there is something catching your baby's attention, such as a light, place it on the other side so that he is tempted to turn his head.
- If your baby sucks his thumb, try covering the one he prefers to encourage him to turn to the other side.
- Reposition your baby's head away from the flattened side after he has gone to sleep.
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***** Remember to always put your baby to sleep on his back. The decreased risk of SIDS or cot death far outweighs the cosmetic problem of positional plagiocephaly. *****

PLAYTIME

- When your baby is awake and you are supervising him, place him on his tummy to play. He may protest at first if he is not used to being on his tummy but will soon enjoy it. This decreases the time his head spends against a flat surface and allows it to even out as it grows. It also lets him exercise his neck, back, shoulders, arms and hips - helping him get ready for crawling.

FEEDING & READING

- Alternate which side you hold your baby when you feed or read to him.
- Encourage him to turn his head away from the flattened side.

TRAVEL

- Try carrying him in your arms or in a front carrier when out and about rather than in a stroller or walker.

***** However, always make sure your baby is properly restrained in an appropriate car safety seat whenever he is travelling in a car. *****

Other treatment

- If the cause of the positional plagiocephaly is due to torticollis, the doctor may refer you to a physiotherapist. There you may be taught stretching techniques to help loosen and elongate the neck muscles on the affected side.
- Very rarely, your doctor may refer your baby to a specialist for further treatment.

PLEASE DISCUSS ANY CONCERNS YOU HAVE WITH YOUR CHILD'S DOCTOR OR NURSE