

The Practical Guide to Preventing and Treating Baby Flat Head

By babyflathead.co.uk

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from babyflathead.co.uk

What is Baby Flat Head and What Causes It?

Babies' heads are soft and pliable when they are born to make delivery possible and, as the brain doubles in size in the first three years of life, their skull continues to be mouldable after they are born to give the rapidly growing brain room to grow. Babies spend a significant amount of time on their back during this time. As a result their skull can become flattened and deformed where it rests against the mattress, pram, baby swing, baby bouncer or other surface. This condition is called positional plagiocephaly, commonly known as baby flat head syndrome.

Put simply, if a baby repeatedly lies with her head resting in the same position, the head cannot round out in that area and will be moulded out of shape because of the weight of the head being constantly on it. If the back or side of the head becomes flattened, there is often compensatory growth on the other side which causes the head, and often the face, to become distorted. The two main types of baby flat head are **plagiocephaly** which is when the head is flattened on one side causing the head to look asymmetrical and distorted and often the opposite cheek and forehead to bulge out and the ears to be pushed out of alignment; and **brachycephaly** which is when the whole of the back of the head becomes flattened, causing the head to widen and often the front of the skull to bulge out. For the remainder of this document we shall refer to both conditions jointly as plagiocephaly or baby flat head, which must be distinguished from a different condition called craniosynostosis.

What is Craniosynostosis?

The skull is like a football formed of a number of plates of bone which fit together to form a sphere. Pressure from delivery compresses the head causing the plates to overlap. In between the plates of bone are narrow openings called sutures which enable the skull to get bigger as the

brain grows. The sutures normally close at around 16 to 18 months of age. Craniosynostosis is a rare type of birth defect caused by one or more of the sutures closing prematurely either before birth or shortly afterwards which means the skull can only grow in the direction of the open sutures, causing an abnormal headshape.

Surgery is usually required for craniosynostosis and it is therefore important that if you notice any abnormality of your baby's headshape, especially a ridge along your child's suture line, that you consult your doctor immediately to rule out craniosynostosis.

Baby Flat Head Becoming More Common

Baby Flat Head is becoming more and more common because, since the Back to Sleep Campaign in the 1990's, parents are now advised to place babies on their back to sleep. In addition, busy parents now make increasing use of devices such as baby bouncers, swings, activity mats, car seats and travel systems. This means babies have pressure exerted against the back of their heads during the day as well as all night. It has been estimated that about 13% of babies now have some form of positional plagiocephaly.

The medical profession are becoming more aware of plagiocephaly and starting to accept that it is not just a cosmetic issue and can lead to hearing, vision and jaw problems as well as practical problems of fitting glasses and sports helmets in later life. There have also been studies suggesting a link between plagiocephaly and developmental delays, although it is not yet clear whether plagiocephaly is the cause or effect of this. Does plagiocephaly make it more likely that a child will suffer from developmental delays or are developmental delays (which generally mean the child is less mobile) a contributory factor in a child developing plagiocephaly? More research is needed on this.

Early Intervention is Key

A baby's skull hardens and becomes less pliable as she grows and once the sutures are closed, at around 16 to 18 months of age, the headshape is fixed and cannot be altered except by surgery. Therefore the earlier action is taken to prevent or treat baby flat head the better the results will be. You can start preventative action from birth.

It is important that if you notice any flattening of your baby's head that you **speak to your doctor** about it straight away and we suggest that you implement the tips below. It is wise to follow these tips for all babies, even those not suffering from any flattening, as it will help preserve your child's head shape and greatly reduce the risk of your child developing positional plagiocephaly.

Once the child is over six months of age, the following techniques will be less successful (although should still be performed in order to help stop any existing flattening getting worse) and other forms of treatment may be required. The younger your baby is, the easier it will be to correct any flattening. Early intervention is key to treating baby flat head.

If your child is under four months of age or the flattening is mild, then repositioning and the other techniques set out below will often be enough to reverse any flattening. However, depending on the age of your baby and the severity of the flattening, your doctor may advise you to seek advice from an Orthotist to discuss the option of helmet therapy which has proven to be an extremely successful way of treating plagiocephaly. The optimum age for starting helmet therapy is four to six months old so that therapy is started when the skull is still soft and growing rapidly, and therefore capable of being more easily moulded. This gives the best chance of a normal headshape being achieved. However treatment can be successful or at least improve the

flattening as late as 12 months (sometimes up to 14 months depending on the individual child) but the results are unlikely to be as good than if therapy had started at a younger age.

There is still a tendency for doctors to advise parents not to worry and to assure them that any flattening of their baby's head will correct on its own, without any intervention, once babies start crawling and spending less time on their back. Whilst in many cases a flat spot will round out on its own, in some cases it will not, especially if the flattening is moderate or severe. We have seen many reports from parents who were told not to worry and to do nothing, who later regretted this when their child's head remained permanently flattened and distorted.

As early action is critical, if your baby's flattening is moderate or severe, or if your child is over five months old and the flattening has not improved after several weeks of implementing the tips below then it would be wise to make an appointment with an orthotic clinic who can properly assess your child to establish the severity of any flattening and discuss possible treatment options with you, which may be to simply continue with repositioning techniques.

Follow Our Top Ten Tips

to Help Prevent and Treat Baby Flat Head

To prevent and treat baby flat head syndrome it is important to take pressure off your child's head as much as possible to give the skull a chance to grow out evenly. The following **ten practical tips** will help reduce the risk of your baby developing a flat head, stop an already flattened area from becoming worse and (in many cases) improve an existing flattened area. It may be helpful to take photographs from above your baby's head every couple of weeks so that you can track any changes and see whether any flat spot is improving:

1. Tummy Time!

Make sure that you give your baby plenty of supervised tummy time from day one, you do not need to wait for the umbilical cord stump to fall off. Not only is tummy time good for your baby's head but it helps the development of her motor skills. Babies who do not spend time on their tummies have been found to suffer from developmental delays. You should aim to build up to 30 to 60 minutes each day. Short periods of tummy time throughout the day are better (and easier for both you and baby) than one long tearful marathon stint. Try to build it into your nappy changing routine so that baby has a few minutes on her tummy after each nappy change.

If your baby is not comfortable on her tummy, distract her by joining her on the floor, you can encourage and distract her by talking, singing, shaking a rattle, playing peek-a-boo or even doing some sit ups or press ups yourself. Or lie flat on your back and place baby on your chest to encourage her to lift her head to look up at you.

Until she can get up on her forearms independently you can prop her up with a rolled up towel under her chest and armpits to make her feel more comfortable. It's not much fun lying with your face in the carpet! Or you can purchase a Tummy Time Cushion which is good for raising your baby's face and chest from the floor. This will strengthen your baby's neck and back muscles whilst giving her a better view and leaving her arms free to play with the rattles and toys attached to the cushion or with toys placed in front of her, making tummy time more enjoyable.

2. Use a Flat Head Pillow

Pressure is exerted against your baby's head by every surface, even a soft padded pillow. Invest in a good **flat head pillow** and use it whenever your baby is sitting or lying down with her head resting against something. A flat head pillow is a special pillow which significantly reduces

the pressure being exerted against your baby's head (some reduce the pressure by as much as 50%) which helps stop an existing flat spot from getting worse and gives any flattened area a chance to round out.

As well as helping to reverse any existing flattening, a flat head pillow should ideally also be used as a preventative measure for babies under six months old, even if your child has not developed any flat spots, as a flat head pillow will help preserve your child's natural round head shape.

Use a flat head pillow in the pram, bouncy seat, swing, on the activity mat - whenever your baby is lying or sitting down. It is worth getting several then you will always have one to hand and you can leave one in the pram and have another for use around the house.

There are various different types of baby flat head pillow, some are more effective and safer than others. Some are made of polyester fibre which is not much different to a normal pillow and therefore still exert a significant amount of “kick back” against a baby’s head and also in our view poses a suffocation risk. Some are designed with a hole in the middle which your baby’s head rests in to relieve the pressure and to raise her head away from a hard surface. Others are made of memory foam which significantly reduces the pressure against your baby’s head by up to 50%. Visit babyflathead.co.uk for reviews and more information on the different types of pillow and to see the ones which we recommend.

3. Sleeping Position

At each nap time and each night alternate the end at which you place your baby's head in her cot or crib, to encourage her to rotate her head to a different side. Hang a mobile on the side you want your baby to look.

If your baby still has a tendency to always sleep with her head facing the same way, thereby flattening that side, you may want to try a sleep positioner to gently encourage her to face the other way when sleeping to take pressure off the flat spot. But be careful which sleep positioner you choose as some have been reported as being unsafe.

Sleep positioners which are flat with side bolsters, or have an inclined wedge with side bolsters have been reported to have caused infant deaths. Babies have died after rolling over and suffocating against the bolster sides of the positioner or after becoming trapped between the positioner and the side of the cot. Babies on an inclined positioner could scoot themselves up the positioner and end up with their head hanging over the high back which could cut off their air supply. Accordingly we do not recommend either of these types of positioners.

The positioner which **we recommend** does not have side bolsters or a wedge so does not have the safety concerns of other positioners. It is also suitable from newborn up to 36 months so, unlike other sleep positioners, your baby will not quickly outgrow it. It can also be used together with a flat head pillow and is a great way of ensuring that your baby actually stays on the flat head pillow during the night. Visit babyflathead.co.uk for more information.

4. Limit Use of Swings, Baby Rockers and Car Seats

Limit the time your baby spends in seating devices such as baby swings and baby rockers which exert pressure on the back of the head and, when they are in one, use a flat head pillow. Try to only place your baby in a car seat when she is a passenger in a car. It is tempting to leave a sleeping baby in a car seat and to carry the car seat into the house and also, when out and about, to attach the car seat to the travel system and use it as a pram attachment. However car seats, by their very nature, are designed to constrict your baby's

movement, and prolonged time in this position can create a flat spot on her head, as well as restricting her breathing and her development by being hunched in a car seat.

If prolonged use of a car seat or other seating device is unavoidable, regularly alter the position of your baby's head so that she is not resting on the same area of her head for prolonged periods of time and use a **baby flat head pillow** to relieve the pressure on her head. For a car seat you should only use a pillow and head support specially designed for use in a car seat so as not to push your baby's head forward, which could impair the performance of the car seat's head restraints in the event of a crash. In our view the most effective car seat flat head pillow is one made from memory foam (but most of them are not) which reduces pressure against your baby's skull by 50%. Further details are available on our website.

5. Hold and Carry Your Baby

Hold your baby on your shoulder as much as possible to relieve any pressure on the back of her head. When multi-tasking, alternate the arm on which you hold her or use a baby sling. Right sided plagiocephaly is apparently more common than left sided. One of the likely reasons for this is because most people are right handed and right handed mothers tend to hold their baby on their left arm with the right side of the baby's head resting in the crook of the mother's left arm as baby turns to look at mother, flattening that side of baby's head.

When carrying out tasks, carry your baby in a **baby sling**. Using a sling has many physical benefits for babies. As well as helping to prevent flat head syndrome (as the head is not lying on anything flat) it helps babies learn to control their own temperature and breathing as it is stimulated by the parent's body and it helps babies' digestion by enabling them to bring up wind. It also gives you bonding time with your baby whilst leaving your hands free to get on with some everyday tasks. An upright sling has the same effect as tummy time in developing a baby's core

strength. Using a sling avoids you having to balance your baby on your hip and spreads the weight. Ideally chose a sling which spreads the weight across both shoulders not just one.

When carrying your baby around the house, try using the “**football hold**”. Position her body under your armpit by your side, with your hand underneath her firmly supporting her belly and chest. She should be facing down towards the floor so that she has to use her neck muscles to look up and around the room. This will help strengthen her neck and back muscles and counts as tummy time. The “football hold” can be easier for men to do as they tend to have larger hands, so is a great way for dad to be involved in tummy time.

6. Sitting

There are lots of products available which support your child in a seated or standing position without her head resting against anything, thereby assisting in preventing and improving baby flat head. They are a great way of giving your child a different view of the world and also have the benefit of strengthening your child’s neck muscles and developing her motor skills which in turn further helps prevent and improve any flattened area as stronger muscles help your baby to alter her head position unaided. They also keep your baby safely confined and entertained if you need to put her down for a bit. They are great for short spells a couple of times a day of no more than say 15 to 30 minutes at a time, but please do not leave your child in such devices for prolonged periods of time. Visit babyflathead.co.uk to see the products which we recommend.

7. Alternate Feeding Sides

Alternate the side from which you feed your baby so that your baby is not continually positioned on the same side. This is more of an issue for bottle fed babies as breastfeeding mothers tend to naturally alternate between breasts at each feed. If your baby already has a flattened area,

feed your baby from the non-flattened side so that as she turns towards you, the flattened side is not resting against anything.

8. Alternate Sides for Nappy Changes

At each nappy change alternate the way you lay your baby so her head is at a different end each time. Right handed people tend to place babies on the nappy changing unit with baby's head to the left, which means baby turns her head to the right to look at the carer, which encourages flattening on that side. Vice versa for left handed people.

Use a **flat head pillow** under baby's head at every nappy change, especially when out and about and using hard plastic nappy changing units. Visit babyflathead.co.uk for help and advice on choosing a good flat head pillow.

9. Swimming and Softplay

Babies with unusually large heads in comparison to their body size or with poor muscle tone are at increased risk of baby flat head as they find it more difficult to control their head movement and have a tendency to keep their head in the same position for long periods of time.

Do activities with your baby which help strengthen her neck muscles as well as keeping her off the back of her head. Swimming and softplay are great ways to do this, as well as being fun activities for you to enjoy with your child. You don't need to wait for your baby to have immunisations before she can start swimming, babies can go in the pool from just a couple of weeks old. Specialised swimming courses are available for babies, which are a great way to get them familiar with the water in a small relaxed group, rather than a busy public swimming pool.

10. Massage Your Baby

Regular gentle massage can help relax your baby's muscles thereby improving her range of neck movement enabling her to reposition her head unaided and reducing the risk of her developing a flattened area on her head. Use very light pressure, about the same as you would use to rub your eyelids. Try to do the following exercises and stretches several times through the day, they can be done quickly and easily at times when your baby is sitting on your lap.

1. Using your fingertips, gently stroke baby's forehead, run a finger gently along the bridge of her nose up and over her forehead but not as far as the soft spot. Gently stroke along her eyebrows, nose, cheeks and around her mouth and ears.
2. With your fingertips very gently stroke the front of her neck in downward movements towards her chest. Using the palm of your hand and with slow movements gently massage the back of the neck down to the top of her shoulders.
3. Turn your baby's head so that she is looking along her shoulder, gently ease her head down so that her chin touches her shoulder. Repeat to the other side so that her neck muscles develop evenly on both sides. NEVER force your baby to turn her head or it could result in injury.
4. With baby facing forward, gently tilt baby's head until her left ear touches her left shoulder, DO NOT force your baby's head. Repeat to the other side.

Torticollis

If your baby has a condition called torticollis then you will need to seek professional advice. Torticollis is a condition in which a baby's neck muscles are tight, weak, or a combination of both. Torticollis is a common cause of baby flat head.

There are two different types of torticollis. Torticollis can be caused by damage to the neck muscles whilst in the womb or during delivery. When the damaged neck muscle heals, it tightens. This type of torticollis (known as congenital muscular torticollis or CMT) is usually noticed when the baby is two to three weeks old, once the damaged muscle has healed. The other type of torticollis is known as Acquired Torticollis and is where the neck tightness and/or weakness is secondary to something else, such as an abnormality of the neck or spine, poor head control, muscle imbalance or from the baby positioning herself to try to alleviate reflux discomfort.

Signs of torticollis are that baby tends to tilt her head to one side and will not be able to readily turn her head from one side to the other, creating a tendency to keep her head in the same position which can lead to flattening on the preferred side. Babies with torticollis often have poor head control and delayed gross motor skills.

If you notice that your baby tends to tilt her head to one side or has difficulty turning her head each way, or you notice any flattening of your baby's head, talk to your doctor straight away. Your doctor may refer you to a pediatric physical therapist who can assist you in carrying out appropriate flexibility and strengthening exercises on your baby. It is important that babies with torticollis receive physical therapy to avoid permanent long term effects and possible surgery.

Summary

Baby flat head is becoming increasingly common because babies spend more time on their backs than ever before, due to babies now being placed on their backs to sleep and the increased use by busy parents of car seats and devices such as travel systems, baby swings and rockers.

Prevention is always better than cure so it is wise to follow the above tips for all young babies, even those not suffering from any flattening, as it will greatly reduce the risk of your child developing positional plagiocephaly. If your child already has a flat spot then the tips may help reduce the flattening and stop it from getting any worse, but it is important that if you have noticed any flattening that you speak as soon as possible to your doctor and get any necessary referrals, especially if your child is also suffering from torticollis.

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