



What Is Plagiocephaly?



The term plagiocephaly (pla-gee-o-se-fa-lee), is derived from Greek, plagio meaning oblique and cephalo meaning head. This flattening of an infant’s skull is most commonly “positional” from the soft skull taking the shape of what it is resting against. It can happen in utero or during the first few months of life when the soft spots are still open. The shape of the head does not impact brain development and is considered cosmetic. It is more common since the Back to Sleep campaign started in 1992, but even more common in recent years since carseats and baby equipment use is on the rise.


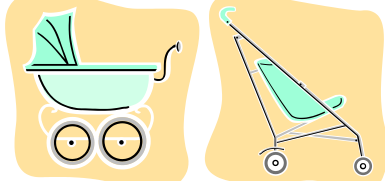


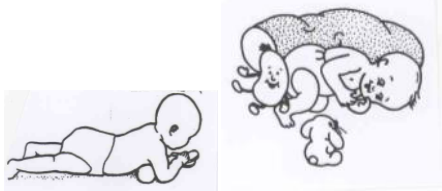
The two most common types are:



<p>Plagiocephaly:</p> <ul style="list-style-type: none"> • Flattening on one side of the back of the head • Ear may be forward • Forehead may bulge “bossing” 	
<p>Brachycephaly:</p> <ul style="list-style-type: none"> • Back of the head flat equally on both sides • Side of the head widened 	

What can be done?

- Avoid using the carseat in the house or stroller, use carseats only for car trips. The strapping holds the baby’s skull against a hard surface and prevents head movement.
- Tummy Time! Whenever your baby is awake and playing.
- Use positioning strategies as outlined below to decrease pressure on the flat side and increase pressure on the round side to even out the head shape as the skull grows. This is most effective in infants under 6 months of age and for infants with mild flattening.

<p>Sleep Positioning</p>	
<p>The Canadian Paediatric Society advises that infants must be placed on their <u>backs</u> on a firm mattress for sleeping to reduce the risk of SIDS. No pillows or products to maintain a sleeping position should be placed in the crib because of the risk of suffocation.</p>	
<p>Once he or she is soundly asleep, you can physically turn your baby’s head. You can also change the direction of the baby in the crib, or the placement of the crib in the room, so that he/she is encouraged to turn toward the less preferred side to see toys, or people entering the room.</p>	

<p>Equipment considerations:</p>	
<p>When properly strapped into a carseat your baby has limited head and neck movement, and is against a hard surface. Limit time spent in infant carseats to <u>car trips only</u>. Leave the carseat in the car and carry the baby in and out. Avoid using your carseat in your stroller or in the house.</p>	 <p>© University of Michigan</p>
<p>Adjust your stroller to be flat (pram style) for younger infants and upright for older babies who have good head control.</p>	
<p>Use a sling or baby carrier to carry your baby on your body. The fabric is soft and allows for more freedom of movement. Limit time spent in swings, bouncy seats, and other equipment that places pressure on the back of the head. If your baby tends to turn or tilt his/her head, use rolled towels or blankets to keep the baby's head straight.</p> <p>***Caution: Infants must have well established head control with no side head tilt before using upright positioning equipment such as exersaucers, or Bumbo chairs. Discuss with your therapist whether your child is ready or not.</p>	 
<p>Awake positioning:</p>	
<p>When awake, place the baby on tummy or side, not on back. You may need to place your hand or a rolled towel under his/her chest for extra support. Place visual distractions (attractive toy or your face) to encourage the baby to look to the less preferred side.</p>	

<p>Younger babies tolerate tummy time better on mom or dad's chest or lap. You can help to keep your baby's arms in front.</p>	
<p>Holding & Carrying: Carrying a smaller baby in a football hold under your arm encourages development of neck and back muscles.</p>	
<p>You can also carry your baby against your chest or over your shoulder with his/her head turned to the less preferred side.</p>	