

Positional Plagiocephaly

Information for carers



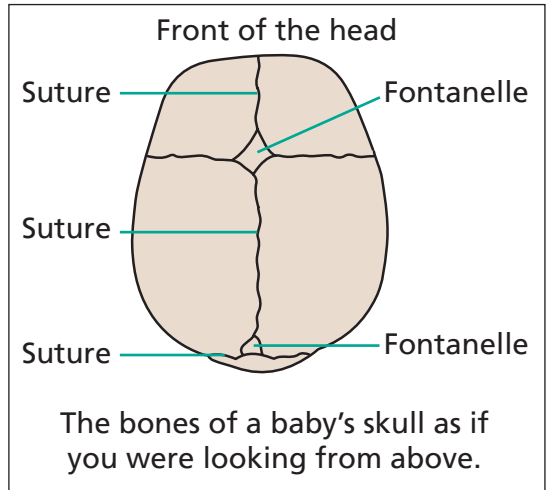
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What is Positional Plagiocephaly?

Plagiocephaly means 'oblique head'. It is a term used to describe changes in the shape of the skull.

This condition affects young babies because the bones making up their skull are soft. This means that any pressure applied to the head can cause the skull to change shape and become flatter.



What causes Positional Plagiocephaly?

Most commonly plagiocephaly occurs because your baby spends lots of time on their back. Because the back of the head is rested on surfaces, it is gently moulded to form a flattened shape.

This may be linked to the "Back to Sleep" campaign, which suggests that babies are put to sleep lying on their back to reduce the risk of cot death. Since the campaign started the number of cot deaths has dramatically fallen, however this has been associated with a rise in the number of babies developing plagiocephaly.

IT IS VERY IMPORTANT THAT YOU PUT YOUR BABY TO SLEEP ON THEIR BACK AT ALL TIMES.

Plagiocephally should not be confused with a very rare condition called Craniosynostosis. This is a different condition caused by early fusion of the bones in the skull for which surgical treatment is often required.

How common is it?

Plagiocephaly is very common. Some reports have suggested that it may occur in as many as half of all babies. It more commonly affects the right hand side of the back of the head, but in 10% can affect both sides.

Who is more likely to develop plagiocephaly?

Many factors for positional plagiocephaly have been identified. However it is important to remember that any baby can develop plagiocephaly.

Positional Plagiocephaly is slightly more common in:

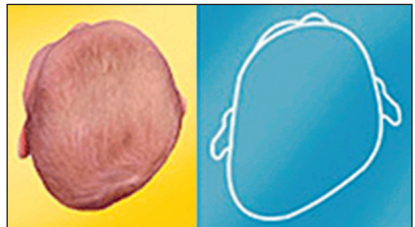
1. Boys
2. First-born children
3. Premature babies
4. Babies who sleep on their back, as recommended
5. Babies whose head position is not varied as they are put to sleep or fed
6. Babies with a condition called torticollis (this is when one of the muscles in the neck is tighter than the other side, pulling the head to one side)
7. Babies with developmental delay

Are there any symptoms?

Plagiocephaly causes no symptoms for the baby. The only sign is the change in the shape of the head. In most children, with time and hair growth the appearance usually improves dramatically by the time they are 1-2 years old, but in a minority the head shape may never be completely normal.

How is it diagnosed?

Generally plagiocephaly is diagnosed from an examination of the baby's head and from the history given. The most important point of diagnosis is to determine whether the head shape is due to positional plagiocephaly or the very rare but important condition craniosynostosis.



This image is taken as if you were looking down onto the child's head, it is clearly mis-shapen.

Further investigations such as an X-ray or CT scan are only rarely required.

What are the long-term risks?

Positional plagiocephaly nearly always causes no long-term problems.

Generally as your baby gets older and they begin to move around more and spend less time on their back, the normal head shape recovers. Any treatment applied is simply for cosmetic reasons.

How can Plagiocephaly be treated?

In most cases, plagiocephaly will get better with time as your baby starts to move around more.

The following steps will help the recovery of the head shape happen naturally.

What you can do to help

Sleeping

ALWAYS PUT YOUR BABY TO SLEEP ON THEIR BACK

- Once asleep reposition your baby's head away from the flattened side.
- If your baby sucks their thumb, try covering the preferred thumb. Sucking the other thumb will encourage them to turn to the other side.
- Arrange the cot so that the window light and interesting objects are on the opposite side to the way your baby naturally faces to encourage them to turn their head the other way.



Always put your child to sleep on their back.

Tummy time

- When your baby is awake, try and put them on their tummy as much as possible. If your baby is not used to it, they may not like it at first so you may need to encourage them by playing with them at ground level.
- Remember never leave you child alone or asleep whilst they are on their tummy.



Encourage "Tummy time".

Feeding

- Alternate the side that you feed your baby from.

Travel

- Try to minimise the time your baby spends in car seats.

Physiotherapy

In babies with certain neck muscle problems, or any baby with one-sided plagiocephaly, neck exercises may be useful. These exercises help stretch the muscles in the neck, reducing any preference to hold the neck to one side. If you or your doctor thinks these would be helpful, then you should see a physiotherapist who will teach you how to do them.

Helmet therapy

If the above interventions do not help, then another possible treatment is a special helmet. These helmets help protect the flattened areas to allow them to grow.

A problem with these helmets is that they have to be used for an average of four months and for at least 23 hours a day. They can also cause irritation to the skin and so need to be cleaned regularly.



These helmets are only available privately and can be very expensive. They are not available on the NHS as we do not feel there is any clinical evidence of benefit over the other measures discussed above.

An important note

ALWAYS PUT YOUR BABY TO SLEEP ON THEIR BACK EVEN IF THEY HAVE PLAGIOCEPHALY

It is important to remember that plagiocephaly is very common. In most babies, as they become more mobile the deformity will even out.

The “Back to Sleep” campaign has been very successful at reducing the number of cot deaths. Because this is so important, it is recommended that parents still put babies to sleep on their backs, even if they have plagiocephaly.

Contact details

If, having read this leaflet, you have further questions about your child’s head shape or the treatment recommended, please discuss them with the clinic doctor who sees you or your GP.

You may also find the following websites of interest:

NHS Choices:

www.nhs.uk/conditions/plagiocephaly-brachycephaly

Craniosynostosis and Positional Plagiocephaly Support (CAPPS):

www.cappskids.org



What did you think of your care?

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