

Plagiocephaly

Plagiocephaly is a condition characterised by changes in skull shape and symmetry as a result of repeated external pressure to an infant's skull, usually resulting in the posterior skull being flattened.

Signs and symptoms

The following are the most prominent signs and symptoms:

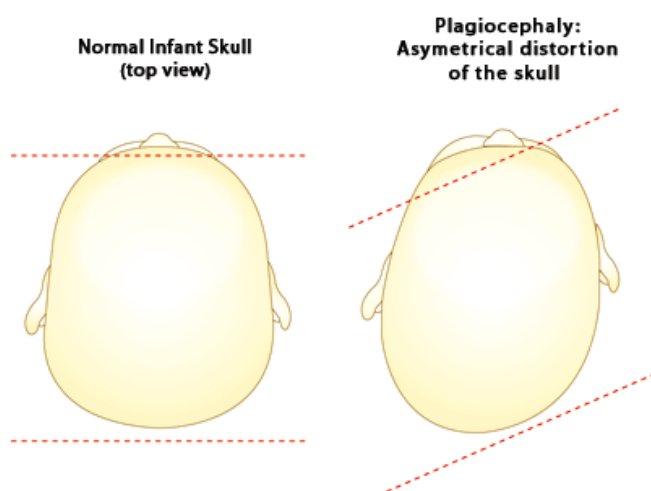
- Flattening of the back of the skull
- A prominent forehead and fuller cheek on the affected side
- A parallelogram shaped head
- Ear on the affected side placed more anterior

Risk Factors

- Assisted delivery
- First-born child
- Male gender
- Over-exposure to lying on their back
- Torticollis – shortening of neck muscles
- Prematurity
- In utero constraint

Causes

- Sleeping on their back
- Torticollis
- Prematurity – softer bones
- Restricted intrauterine environment

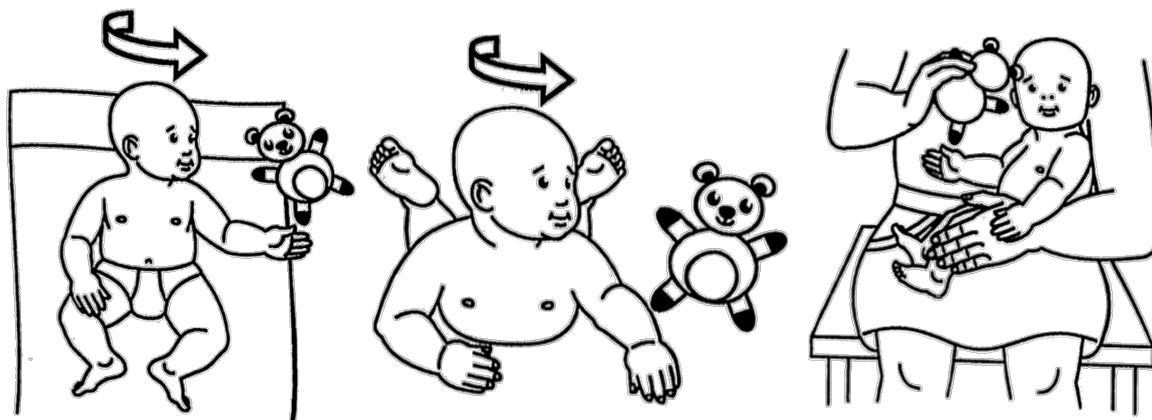


Treatment

Treatment includes an early referral to a physiotherapist to commence an all day positioning therapy programme and helmet therapy in more severe cases.

Positioning Therapy

Positioning therapy involves repositioning the infant so that they do not rest on the flattened spot by alternating positions from the back to the sides.



Tummy Time

Your baby needs to spend time on their tummy every day while they are awake and to strengthen the muscles in their neck, shoulders and back. The aim of this is to reduce the pressure on the back of the skull. Tummy time can begin with a newborn baby, however should always be supervised. By 3 months of age, a baby's neck muscles are strong enough to hold up their head for a longer time. Place your baby on their tummy several times throughout the day for 5-10 minutes, aiming slowly build up to 30 minutes total over the day.



Helmet Therapy

In moderate to severe cases of deformational plagiocephaly, and/or where a trial of repositioning has failed, a cranial remodeling helmet may be recommended. The helmet speeds up the skull moulding process that would otherwise happen naturally. The helmet is custom made to fit the infant's head by an experienced orthotist. The average duration of helmet therapy is usually 2-6 months, depending on the age of the infant and the severity of the deformational plagiocephaly. Your physiotherapist will determine whether your child requires a referral to an orthotist.

Transportation

A rear facing car seat with low harness slots and a crotch strap that fits close to the infant's body is the best option for transportation. Once the harness is snug and secure, use **rolled towels or light blankets** to pad around the baby's head and sides to keep the head and body straight.



Tips for securing your baby in the infant-only car seat:

- Make sure the baby's back and bottom are flat against the car seat back
- The harness should be threaded through the slots on the car seat at or below the baby's shoulders
- Tighten the harness snugly so it will not allow any slack
- The retainer clip is at the baby's armpit level to hold the straps in place
- The seat is rear facing and reclined no more than 45 degrees

SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden unexpected death of a baby from no cause. The current recommendations for preventing SIDS are:

Dos:

- Place your baby on their back to sleep from birth
- Sleep your baby with their face and head uncovered at all times
- Dress your baby in clothing appropriate for the weather
- Encourage tummy time when you baby is awake and being supervised by an adult

Don'ts:

- Never sleep your baby on their tummy or side in any environment, even when resting on an adult's chest
- Never leave your baby surrounded by loose bedding, toys or clothing
- Don't sleep your baby on a tri-pillow (boomerang pillow), bean bag or hammock
- Don't expose your baby to cigarette smoke

