Positional plagiocephaly

What is plagiocephaly?
Plagiocephaly is a term used to describe a baby’s uneven and/or asymmetrical head shape, which may also include the ears and face. It does not affect the development of the baby’s brain, but if it is not treated it may affect a baby’s physical appearance by causing uneven growth of their face and head.

What causes plagiocephaly?
It is common for a newborn baby's head to be slightly uneven. This may be due to the baby's position in the womb, or due to moulding during the birthing process. By 6 weeks of age a baby's head should have remoulded to a normal shape and the baby should be turning their head equally to the left and right. An uneven head shape may occur in the first 6 - 8 weeks after birth if the baby has constant pressure on one part of their head. This may occur if:
- the baby sleeps and plays in one position for long periods of time, usually on their back.
- the baby consistently turns their head to one side only when lying on their back.

A localised "flat spot" at the back and/or side of the head can develop very quickly in a young baby. Once a flattened area has developed, it is easy for the baby to continue to rest on this flat area, leading to further flattening and asymmetry.

Some babies are born with tight neck muscles, this is called torticollis. Torticollis prevents babies from being able to turn their head fully to one side and can lead to positional plagiocephaly. If you suspect your baby has torticollis, you should see your GP who may refer you to a physiotherapist. The physiotherapist may teach you some exercises for you to do with your baby, to relieve the tightness in your baby’s neck muscles.

Signs of positional plagiocephaly:
- Very flat on one area of the head (usually on one side of the back of the head).
- One side of the forehead is further forward than the other.
- One ear is further forward than the other.

How can I prevent it?
A baby’s head position needs to be varied during sleep, as well as during wake periods. This should be done from birth.
Sleeping

Babies should sleep on their back to reduce the risk of SIDS. However you can vary the position of their head to prevent a flat area developing.

- Alternate turning of the baby’s head to the left and right when you put them down to sleep.
- Put the baby to sleep at alternate ends of the cot or;
- Change the position of the cot in the room as babies tend to turn their head to look toward the centre of the room or doorway.

Playtime

When your baby is awake and supervised it is important for them to spend time in different positions. This gives them time off the back of their head and allows them to strengthen muscles needed for rolling, sitting and crawling.

- Tummy time should be started right from birth. Tummy time may be difficult to begin with but babies get stronger with practice and it will become easier for them. Start by placing your baby on their tummy several times a day for a few minutes when they are awake. Increase the time as they tolerate it better. If your baby dislikes tummy time, other options include lying your baby facing your face on your chest or placing a rolled towel under your baby’s chest.

- Playing on their side when awake.

- Place toys on different sides of your baby or talk to them from different sides.
- Vary the position you hold and carry the baby in e.g. using a sling, holding upright, carry over your arm on their tummy or side.

What should I do if my baby has positional plagiocephaly?

If your baby has reached 6 weeks of age and you have concerns about your baby’s head shape or you notice that your baby only turns their head to one side when lying on their back you should contact your GP, Child Health Nurse or local Paediatric Physiotherapist. This enables an accurate assessment and diagnosis of your baby's condition.

Remember:

- Back to sleep, tummy to play.
- Change the position of your baby's head when putting them down to sleep.
- The first six weeks is the most important.
- Talk to your GP or Child Health Nurse if you are concerned about your baby's head shape.

Acknowledgement of the source of this information must be made - it comes from the physiotherapists at the Royal Children's Hospital, Melbourne in conjunction with the Australian Physiotherapy Association with endorsement from "sids and kids"