

When Your Baby Has Positional Plagiocephaly

What is positional plagiocephaly?

Positional plagiocephaly is when a baby has a head shape that isn't typical. There's a flattened area on one side of the back of the head (Figure 1).



Figure 1

Plagiocephaly is caused by outside pressure on the skull. It can happen quickly and develops most often in the first 6 to 8 weeks after a baby is born.

What causes plagiocephaly?

Most often, positional plagiocephaly is caused by sleeping on the back and always turning the head to the same side. Plagiocephaly might also develop because of tight and/or weak neck muscles.

Positional plagiocephaly can develop before birth if the baby sits low in the pelvis or if there's less room in the uterus than normal (e.g., twins or triplets).

There are more babies with plagiocephaly because of positioning in:

- baby swings
- infant carrier car seats
- overhead baby gyms
- the *Back to Sleep* campaign, which recommends your baby sleep on their back to prevent SIDS (sudden infant death syndrome)

Will plagiocephaly affect other parts of my baby's head or face?

If your baby has plagiocephaly, you might notice these changes on the same side of the head that's flattened:

- the ear might look like it's shifted forward
- the forehead might stand out more
- your baby's face might not look the same on both sides—the cheek might look fuller and the eye might look wider

How to Treat Plagiocephaly with Positioning

With plagiocephaly, it's very important to position your baby off the flattened area as much as possible. Position your baby often, every day, on the non-flat side to create "counter pressure" which helps correct the flat spot as the skull grows.

When your baby is awake, put them on a firm floor (e.g., tile, linoleum, hardwood) for at least 6 times each day for 10 minutes with a very thin receiving blanket under them. Your baby should be resting on the bulge or bump part of the head, not the ear. Put a rolled towel behind baby's back and a small rolled towel in front of their tummy for support in this position. While your baby is in this position, try to make it fun by playing, reading, or singing.

Lay your baby on the right side left side.

Sleep Positioning

Put your baby on their back in a crib to sleep until they're 12 months old to lower the risk of SIDS. Make sure your baby's head is at the end of the crib, looking away from the flattened side, towards the door or into the room.

Put crib bar toys in a place where your baby has to look away from the flattened side to see them.

When your baby is sleeping, turn their head using your hands to the non-flat side. You don't need to wake up at night to do this.

Once your baby learns to roll on their own while sleeping, you don't need to change the position of the head.

When your baby has plagiocephaly, **don't**:

- use hanging mobiles because they'll make your baby look up and once they are asleep, gravity will pull their head down so it rests on the flat side
- use positioning devices or towel rolls while your baby is sleeping because they may increase the risk of SIDS
- let your baby sleep in a car seat, bouncy or vibrating chair, swing, or MamaRoo® device unless your doctor tells you to

Positioning for Play

Put your baby on their tummy (tummy time) for a few minutes often during the day. Slowly increase your baby's tummy time.

Try to limit the time your baby spends in a car seat, bouncy or vibrating chair, swing, and MamaRoo® device to 1 to 2 hours a day.

Always try to position your baby's seat so any stimulation (e.g., siblings) is on the side you want your baby to turn towards. Do this when your baby is in a:

- play seat
- high chair
- jumper
- bouncy seat or swing (if your healthcare provider says it's okay to use one)
- standing entertainment centre

Positioning During the Day

When in the car, have passengers sit on the side opposite of the flat area of the head. Put window stickers, colourful blankets, or mirrors in a place that your baby has to turn away from the flat side of the head to see them.

If bottle feeding, hold your baby on the side of the head that isn't flattened. The arm you use will depend on whether your baby wants to turn and look at you or around the room. If breastfeeding, continue to alternate sides when you feed baby. In a highchair, feed your baby from the side of the head that isn't flattened.

For diaper changes or bathing, stand on the side opposite of the flattened area.

Use a baby-wearing device (e.g., Snuggli™, Baby Bjorn™, Ergo™) when you're out instead of a stroller because it encourages your baby to move and look around.

When Your Baby has Brachycephaly

What is brachycephaly?

Brachycephaly is when a baby has a head shape that isn't typical. There's a flattened area in the middle of the back of the head. The head will look wide (see Figure 1) and/or tall (see Figure 2).



Figure 1

What causes brachycephaly?

Brachycephaly is caused by outside pressure on the skull. Most often it's caused by sleeping on the back and looking straight up towards the ceiling and not turning the head.



Figure 2

Brachycephaly can develop before birth if the baby sits low in the pelvis or if there's less room in the uterus than normal (e.g., twins or triplets).

There are more babies with brachycephaly because of positioning in:

- baby swings
- infant carrier car seats
- overhead baby gyms
- the *Back to Sleep* campaign, which recommends your baby sleep on their back to prevent SIDS (sudden infant death syndrome)

Will brachycephaly affect other parts of my baby's head or face?

If your baby has brachycephaly, depending on the amount of flattening, you may notice these changes:

- your child's ears may look like they're shifted up or down
- your child might have a bump above their ears
- the head might look wider than normal
- the head might be higher at the back, which makes the head look tall
- your baby's face might not look the same on both sides—the cheek might look fuller and the eye might look wider on one side

How to Treat Brachycephaly with Positioning

With brachycephaly, it's very important to position your baby off the flattened area as much as possible. Position your baby often, every day, by alternating sides. This will help create pressure, which helps to correct the flat spot as the skull grows.

When your baby is awake, put them on their side at least 6 times each day for 10 minutes. Change sides each time. Lay your baby on a firm floor (e.g., tile, linoleum, hardwood) with a very thin receiving blanket under them. Your baby should be resting on the bulge or bump part of the head, not the ear. Put a rolled towel behind their back and a small rolled towel in front of their tummy for support in this position. While your baby is in this position, try to make it fun by playing, reading, or singing.

Sleep Positioning

Put your baby on their back in a crib to sleep until they're 12 months old to lower the risk of SIDS. One night put your baby's head facing to the left, and the next night facing to the right.

Once your baby learns to roll on their own while sleeping, you don't need to change the position of the head. But, whenever you lay your baby down for a nap or bedtime, lay them on their back.

When your baby has brachycephaly, **don't**:

- use hanging mobiles because they'll make your baby look up and once your baby falls asleep, gravity will pull their head down so it rests on the flat side
- use positioning devices or towel rolls while your baby is sleeping because they may increase the risk of SIDS
- let your baby sleep in a car seat, bouncy or vibrating chair, swing, or MamaRoo® device unless your doctor tells you to

Positioning for Play

Put your baby on their tummy (tummy time) for a few minutes often during the day. Slowly increase your baby's tummy time.

Try to limit the time your baby spends in a car seat, bouncy or vibrating chair, swing, and MamaRoo® device to 1 to 2 hours a day.

Always try to position your baby's seat so any stimulation (e.g., siblings) is on the side you want your baby to turn towards. Do this when your baby is in a:

- play seat
- bouncy seat or swing (if your healthcare provider says it's okay to use one)
- high chair
- standing entertainment centre
- jumper

Positioning During the Day

When in the car, have passengers sit on the side opposite of the flat area on the head. Put window stickers, colourful blankets, or mirrors in a place that your baby has to turn away from the flat side of the head to see them.

If bottle feeding, alternate how you hold your baby for each feed (e.g., hold your baby so they're looking to the left for one feed and then looking to the right for the next feed). If breastfeeding, try different positions so you change the way your baby is looking for each feed. In a highchair, feed your baby from the left side one time and the right side the next.

For diaper changes or bathing, lay your baby on the left side one time and the right side the next.