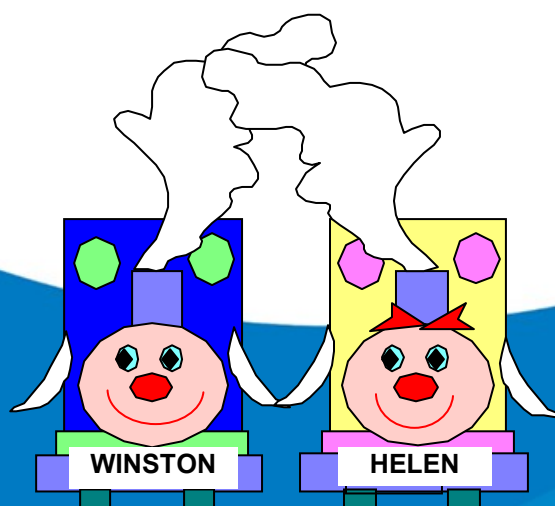


Plagiocephaly

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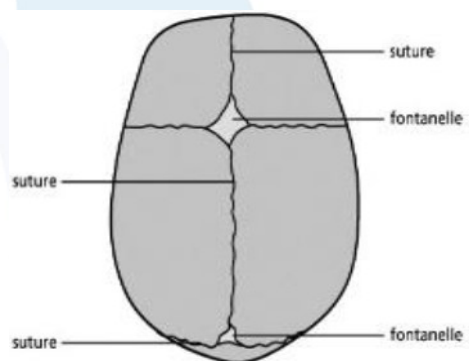
What is Plagiocephaly?

Plagiocephaly is a disorder that affects the skull, making the back or side of a baby's head appear flattened. It is sometimes called deformational plagiocephaly. Positional plagiocephaly is much more common now. Some reports estimate that positional plagiocephaly affects around half of all babies under a year old but to varying degrees. It does not seem more common in one race than another and affects males and females equally. It seems to affect premature babies more often than those born at term. This is probably because the skull plates become stronger in the last few weeks of pregnancy.

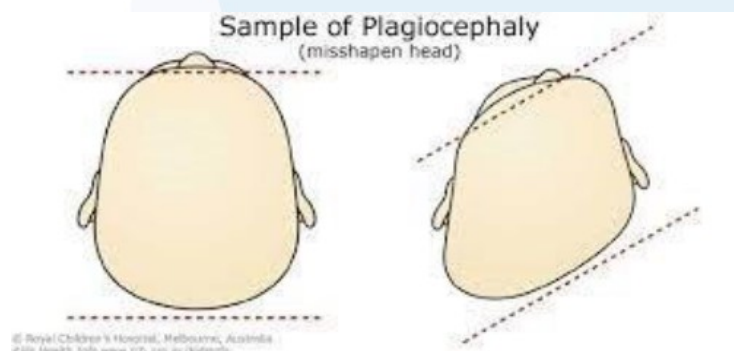
What causes plagiocephaly?

Positional plagiocephaly is produced by pressure from the outside on part of the skull. It can occur while the baby is still developing in the womb but in recent years, flattening occurring after the baby is born has become much more frequent. The skull is made up of several 'plates' of bone which, when we are born, are not tightly joined together. As we grow older, they gradually fuse – or stick – together. When we are young, they are soft enough to be moulded, and this means their shape can be altered by pressure on it to give part – usually the back – of a baby's head a flattened look.

Looking down on a normal skull of a newborn child



Example of plagiocephaly



Although you may hear plagiocephaly referred to as a type of **craniosynostosis** (a condition where the skull plates fuse too early), the skull plates are not fused, but moulded into a different shape - a condition that does not require the surgical treatment needed for craniosynostosis.

The main cause of pressure is the baby's sleeping position. Since the 'back to sleep' campaign, doctors have recommended that all babies sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS or 'cot death').

A result of this is that babies now spend much of their early lives lying on their backs, while sleeping, while being carried about or while in car seats, for instance, and this is a time when the baby's skull is softest and most easily moulded into a different shape.

The mattresses they lie on are also firmer than before and it is the combination of these factors that has led to an increase in the number of babies with positional plagiocephaly. However, doctors still recommend that babies sleep on their backs as the benefit of reducing SIDS far outweighs any dangers due to positional plagiocephaly.

If a baby lies flat on their back, any positional moulding is likely to be evenly spread across the back of the head. Some babies have a tendency to turn their heads in one direction more easily than the other for the first few months of life. If these babies develop positional plagiocephaly it will affect the side of the back of the head that they always lie on. In severe cases, moulding of one side of the back of the head can produce unevenness at the front, although this is usually mild.

What are the usual signs and symptoms of Plagiocephaly?

There are no symptoms associated with plagiocephaly other than the flattened appearance of the back of the head - either evenly across the back or more on one side. It does not cause any pressure on the baby's brain and development will not be affected by it in later life.

Usual form of treatment

Treatment is entirely cosmetic. Nevertheless, if you are worried about any aspect of a baby's health you should always discuss concerns with your doctor. In mild cases, babies will not need any active treatment. There are several ways of encouraging natural improvement in the shape of the head as follows:

Early recognition of the plagiocephaly: the younger the child is when it is recognised, the better the chances of improving it.

'Tummy time': we are not suggesting that a baby should sleep on their tummy while still young, but the more time babies spend on their tummies, the better the chance of stopping the plagiocephaly getting worse - and allowing natural correction to begin. So play with them on their tummy. Babies like to learn to lift their heads and look around them.

Sleeping pattern: adjust a baby's sleeping pattern so that everything exciting is in the direction that encourages them to turn their head the wrong way – for example, alter the position of any toys or mobiles. A rolled up towel under the mattress can help the child sleep with less pressure on the flattest part of the head. Check how they are lying in the car seat or buggy too.

Physiotherapy: for those children with difficulty turning the head in one direction, physiotherapy can be very helpful. The sooner the head turns as easily one way as the other, the sooner natural correction of head shape can begin.

Helmets and bands: the use of helmets remains controversial. If all the actions listed above are taken a helmet should not be needed. If your doctor feels this form of management is needed they will discuss the benefits further during your usual review.

Is there a support group?

There is no support group specifically for positional plagiocephaly, but Headlines may be able to offer support and advice. Call them on 01454 850 557 or visit their website at: www.headlines.org.uk

References:

Great Ormond Street Hospital (2017) Positional Plagiocephaly: Information for families.

<https://www.gosh.nhs.uk/>

<https://www.nhs.uk/conditions/plagiocephaly-brachycephaly/>

https://alderhey.nhs.uk/application/files/6515/7962/0174/Positional_Plagiocephaly_PiAG_032.pdf

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard. The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F 0151 430 1616

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