



# PLAGIOCEPHALY

“Benign Deformational Plagiocephaly”

“My baby has a wonky head!” That does not sound very nice, but that is exactly what plagiocephaly is. The cranium or skull is not round and symmetrical, but flat on one side involving the parietal and occipital bones. In moderate to severe cases there will be “frontal bossing”, which means deformity of the frontal and facial bones too. When looking at baby’s head from above, one can imagine gently twisting a balloon to create a parallelogram.

Infants can be born with this condition, especially if they have been resting the head against mum’s bony pelvis or against a twin. It is much more commonly seen sometime after birth at 6-10 weeks of age after sleeping with the head to the same side all the time.

Plagiocephaly can develop because of the heavy head resting on the soft flat and pliable bones at the back of the head.

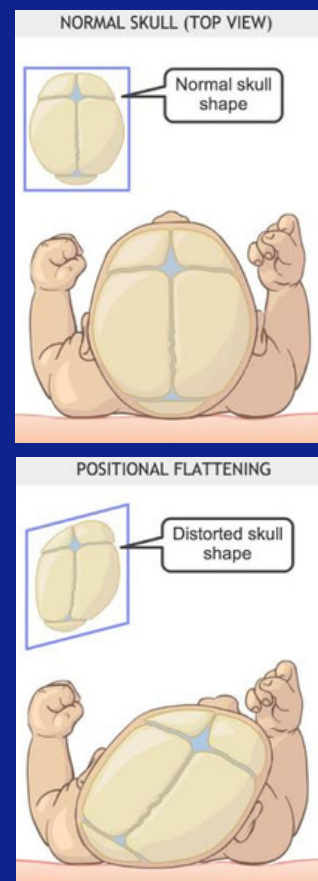
## Will this change by itself?

Rarely without help. Sometimes home strategies are sufficient, but deformity to the head shape is permanent once the cranial sutures have hardened and the fontanelles have closed. The window of opportunity to affect the head shape is well before the first birthday.

## Is plagiocephaly just cosmetic?

Plagiocephaly has the potential to affect the central nervous system; the brain and the spine. Studies comparing children with plagiocephaly to their siblings without plagiocephaly found them to have a higher statistical likelihood to have learning difficulties upon starting primary school.

**The lack of head symmetry may suggest problems later on for baby’s gross motor skills and posture**





### What can you do at home?

Stimulate baby to the opposite side of where she/ he turns. You can 'top tail' baby in the cot or turn the cot around. Try swapping between left and right arm when holding the baby. Have siblings play on non preferred side.

Tummy, tummy and more tummy time! Chest to chest, across your lap, across the arm and progressively more by themselves on the playmat/ floor. Strong neck extensors are vital for motor development and good posture for life.

### Look out for:

- Assymetry- sleeping with head to the same side
- Can't turn to one side when feeding
- Visible head deformity
- Twin births
- Familial link, older sibling had plagiocephaly too
- Tummy time particularly difficult and baby upset
- Has not rolled over yet
- Body curves to one side
- Complicated birth history
- Stimulating to non favoured side is not productive

### Lack of progress at home or worsening of misshape

See a paediatric healthcare professional with experience in plagiocephaly management now. It is important to rule out a rare condition called: Craniosynostosis, which requires referral for surgical intervention.

For conservative treatment to work, the sooner treatment starts the better the outcome. Careful examination will clarify why baby consistency looks to one side only and resolution requires better cervical range of motion.



There's a misconception that babies with plagiocephaly require craniopathy. While some do, it is our experience of more than 30 years of working with plagiocephaly, that the majority of cases have tension in the spine, pelvis or shoulder girdle. Once that is resolved, baby can cooperate much more comfortably with stimulation and exercises at home.

Progression and changes in symmetry to the head is slow. However, we experience improvements in range of movement and comfort soon after treatment has started.

Book your baby in for a checkup or feel free to give us a call for a chat on **9743 1336**