Early Prevention of Occipital Plagiocephaly – Head Flattening
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The “Back to Sleep’ campaign has been significant in reducing the incidence of sudden infant death syndrome (SIDS). Most parents are now aware that the safest sleeping position for their baby is on the back. Implementation of the back sleeping guidelines and prolonged supine infant positioning has increased the occurrence of positional occipital plagiocephaly or head flattening. Parents need to be aware of the potential for head flattening and how to prevent it. Fortunately, occipital flattening is preventable by following a few simple guidelines.

Why does it happen?

Head flattening occurs when babies spend long periods of time laying on a flat surface with their head in the same position. Infant’s soft cranial bones are very susceptible to pressure. Babies sometimes tend to turn their head to the same side resulting in skull flattening in that area. Occipital flattening is usually noticeable at between 2 and 4 months of age. This flattening of the head can also result in asymmetry of the ears and facial features. Positional flattening is not damaging to the brain and will not affect your baby’s growth or development.

How to prevent it?

Babies should have supervised “tummy time” when awake. This is an important prevention strategy. “Tummy time” prevents occipital flattening, improves head control, develops upper body strength and encourages important developmental milestones such as prone-to-supine rolling. Early treatment will help to prevent occipital flattening and avoid further progression if flattening is noticed.

Prevention strategies for parents:

• Continue to place your baby on his or her back to sleep to reduce the risk of SIDS.
• Provide supervised “tummy time” and side-lying play when your baby is awake. Start as soon as the umbilical cord has fallen off.
• Change your baby’s direction in the cot on a daily basis. On even days place the baby’s feet at the head of the cot and odd days switch the baby’s feet to the foot of the cot. Babies prefer to look in towards the room instead of the wall. By changing your baby’s direction in the cot each night it promotes symmetrical head movement.
• Change your baby’s head position frequently especially if a consistent head-turning preference has been noted.
• Place a mobile or interesting toy on the side of the cot to encourage your baby to turn to the least favoured direction.

• Avoid supine positioning as much as possible when the baby is awake.

• Reduce time spent in car seats, infant seats and prams.

• Change positions when feeding, carrying and holding your baby.

• Once your baby has good head control, place him or her in an upright baby carrier.

• Provide assisted support when your baby is sitting on the floor or consider an Exersaucer.

• An Exersaucer is a device with a cloth seat that can rotate within a circular activity tray; unlike a baby walker it is stationary.

• Do seek guidance from your family physician or paediatrician if you notice a significant head turning preference or limited neck mobility.

• If you are following these strategies and your baby still develops flat areas consult your family physician or paediatrician.

References:
Back to Sleep: Reducing the risk of SIDS
http://www.caringforkids.cps.ca/babies/BackToSleep.htm
http://www.caringforkids.cps.ca/babies/Flatheads.htm
The SIDS Foundation: http://www.sidscanada.org
http://www.plagiocephaly.org