

**Other leaflets available from
Headlines-Craniofacial Support
Please contact Group Administrator
Gil Ruff on 01454 850557
for details of how to obtain copies**

- 1 What causes Craniosynostosis? - a general discussion with a focus on genetic aspects (syndromes)
- 2 Apert Syndrome
- 3 Non-syndromic Craniosynostosis
- 4 Craniofacial Surgery
- 5 The Surgical Treatment of Hand Anomalies associated with Craniofacial conditions
- 6 Crouzon Syndrome
- 7 Pfeiffer Syndrome
- 8 Saethre-Chotzen Syndrome
- 9 no longer issued
- 10 no longer issued
- 11 Glossary of Terms associated with Craniosynostosis
- 12 Coping with Facial Disfigurement
- 13 The Genetic Background to Craniosynostosis
- 14 Breathing Problems in Craniofacial Syndromes
- 15 Muenke Syndrome
- 16 Eye Aspects of Craniofacial Conditions
- 17 Positional Plagiocephaly (Occipital or Deformational Plagiocephaly)

Reg Name Headlines—The Craniofacial Support Group
Reg Address 128 Beesmoor Road, Frampton Cotterell
BRISTOL BS36 2JP
Reg Charity No 1058461

Ref: HL17, February 2007

17

Headlines

Craniofacial Support



Positional Plagiocephaly

(Occipital or Deformational Plagiocephaly)

**© Headlines - The Craniofacial Support Group
February 2007**

Reg Charity No 1058461
www.headlines.org.uk

The addresses of the four Supra-Regional Craniofacial Units set up by the National Specialist Commissioning Advisory Group (NSCAG) which is part of the NHS, are:

Alder Hey Children's Hospital
Eaton Road, West Derby
LIVERPOOL, L12 2AP
Phone: +44(0)151 252 5025

Birmingham Children's Hospital
Steelhouse Lane,
BIRMINGHAM, B4 6NH, UK.
Phone: +44(0)121 333 8147

Great Ormond Street Hospital for Children
Great Ormond Street,
LONDON, WC1N 3JH
Phone: +44 (0)207 813 8444

Oxford Children's Hospital
LG1 West Wing
John Radcliffe Hospital
Oxford OX3 9DU
Phone: +44 (0)1865 231085

The NSCAG Craniofacial website is
www.doh.gov.uk/nscag/service1.htm#2

Helmets and bands - the use of these remains controversial and they are not used by the four Supra-Regional Craniofacial Units in the UK. If all the actions listed above are taken, does a helmet add anything? The answer is that we do not know for sure. They often have to be worn for several months, for 23 hours out of 24. This can cause problems during hot weather.

What should you do if you are still worried?

Get your GP or Paediatrician to refer you to one of the four Supra-Regional Craniofacial Units. There is no cost to your Primary Care Trust for this as they are directly funded by the Department of Health (via the National Specialist Commissioning Advisory Group)

Acknowledgement / Disclaimer

This note has been prepared from information obtained from the Supra-Regional Craniofacial Units. It is for **information purposes only** and should **NOT** be used for **diagnostic** or **treatment purposes**. For correct diagnosis and treatment your child should be examined by an appropriate medical practitioner.

Headlines

Headlines main objective is to support families where a member has Craniosynostosis. However, we are happy to offer information and advice, where possible.

Please contact:

Gil Ruff (Group Administrator)

Headlines

128 Beesmoor Road

Frampton Cotterell

BRISTOL

BS36 2JP

Email: info@headlines.org.uk

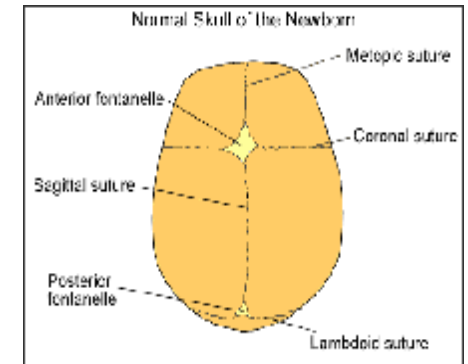
Phone: 01454 850557

What is Positional Plagiocephaly?

This is a disorder that affects the shape of the skull, making the back or side of your baby's head appear flattened. It is sometimes called 'Deformational Plagiocephaly' or 'Occipital Plagiocephaly'.

The word plagiocephaly means asymmetrical head.

plagios (greek) – oblique, and
kephalikos (greek) – head
occipital, derived from:
ob (latin) – in the back of
caput (latin) – head



The skull is made up of several 'plates' of bone which, when we are born, are normally not tightly joined together (ie separated by the sutures). As we grow older, they gradually fuse – or stick - together. .

In the majority of cases this 'flattening' is not caused by Craniosynostosis (premature fusion of one or more sutures of the skull) but by external pressure on the skull. This can occur while the baby is still developing in the womb (particularly in the case of twins, triplets etc or premature babies) but in recent years also by babies sleeping on their backs ('back to sleep campaign').

Babies, in their first 6 or 7 months, spend much of their time lying on their backs (while sleeping, or in a car seat, buggy or swing). This is a time when the baby's skull is the softest and most easily moulded into a different shape. Mattresses are also firmer and it can be a combination of these factors which has led to the increase in the number of babies with Positional Plagiocephaly.

However, doctors still recommend that babies sleep on their backs as the benefit of reducing ‘Sudden Infant Death Syndrome’ (SIDS) far outweighs any dangers due to positional plagiocephaly.

It is estimated that up to half of all babies under a year old may be affected by Positional Plagiocephaly to a greater or lesser extent. As improvement, even without treatment, is common it is difficult to get a true picture.

There are no symptoms associated with Positional 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 in later life.

For children with Positional Plagiocephaly, the ‘natural’ shape of the head is entirely normal – it is the moulding which has pushed it out of true. This means that as soon as the moulding ceases, the head can start growing back towards its ‘normal natural’ shape - when the baby is old enough not to lie in one position for a long time, and to change sleeping position lots of times during the night, and any tendency to turn the head more easily in one direction than another has disappeared.

The progression, in mild cases, is often that the baby’s head-shape was normal at birth and the flattening was first noticed at 2 to 3 months. This shape may get gradually worse up to about 7 or 8 months. At this point the baby starts to sit up and/or become more active and the head-shape starts to improve. In most cases it will have corrected itself by 12 to 18 months old.

In more severe cases, moulding of one side of the back of the head can produce unevenness at the front although this is usually mild. Normally the head-shape slowly improves with time over months and maybe years.

It is very unusual for any degree of flattening remaining to be sufficient to provoke attention or teasing when the child attends school, particularly as the hair grows.

During this time, if the doctor has any doubts about the diagnosis, it is possible to have tests including x-rays or scans to ensure that there are no other problems.

Suggested treatments

In mild cases, babies may not need any active treatment.

There are several ways of encouraging natural improvement in head shape to be more effective.

Early recognition of the plagiocephaly - the younger the child is when it is first recognised the better the chances of stopping any progression.

“Tummy time”- We are not suggesting that your baby should sleep on his or her tummy while still young (**remember the *Back to Sleep* campaign**), 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 tummies. Babies like to learn to lift their heads and look around them.

Sleeping position - adjust their sleeping position so that everything exciting is in the direction that encourages them to turn their head the way they don’t “want” to turn it by altering the position of any toys or mobiles. A rolled up towel under the mattress may help them sleep with less pressure on the flattest part of the head. Check how they’re lying in their 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.