



KEEPING YOUR BABY'S HEAD ROUND

A Guide for Baby's First 6 Months

Congratulations on your new baby. This guide is intended to provide parents and caregivers with information, ideas, and tools towards keeping your newborn baby's head round and avoiding flattened areas or asymmetry of the head.

In the early 1990s, the American Academy of Pediatrics instituted the "Back to Sleep" program, instructing parents to place their babies on their back to sleep. This resulted in a significant decrease in SIDS, or Sudden Infant Death Syndrome, the sudden, unexplained death of a baby under the age of one. These "Back to Sleep" tips help reduce SIDS:

- ALWAYS put your baby on his or her back to sleep – at nighttime and naptime (unless your baby's physician tells you to use another position for a specific problem)
- Put your baby on a firm, well-fitted crib mattress
- Avoid over-soft objects, such as waterbeds, pillows, bedding, toys, sofas, and comforters
- Keep your baby's head and face clear of any blankets or objects that could cover the nose or mouth.

Although the "Back to Sleep" program has helped decrease the incidence of SIDS, it has resulted in an increased incidence of babies with flattening or asymmetry of their heads, which is known as **deformational or positional plagiocephaly**. The flattening or asymmetry occurs when a baby sleeps or lies in the same position for too long. Many babies are born with head shapes that are flattened or asymmetrical due to the way they were positioned in the uterus prior to birth. Some babies develop flattening or asymmetry in their head due to their neck muscles being weak, tight, or having restricted movement from how they were positioned prior to birth. The flattening or asymmetry of the head will not cause brain damage. It may result in the ear, cheek, and forehead on one side of the face being shifted more forward than on the other side. The earlier that these flattened areas, asymmetries of the head, and neck muscles problems can be identified (within the first 1-2 months of life), the earlier steps can be taken can help reverse these problems and help make your baby's head rounder.

The goal of repositioning is to encourage your baby to rest their head on the non-flat areas as well as to encourage weight distribution over all surfaces of the side and back. Also, stretching of the neck muscles occurs by rotation of the baby's head.



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Early intervention suggestions:

SLEEPING

- Infants should always be placed on their back to sleep. Modify their sleeping position by placing your baby's head at opposite ends of the crib on alternate nights. If your baby has a nice, rounded head shape, make certain to alternate their sleep position so that they do not develop asymmetry or a flattened area.
- To keep baby from lying on the flat side (if present), place mobiles, toys, and other things of interest in a place that your baby must turn away from his or her flat side to see
- Rearrange the furniture in your baby's room. Even very young babies are attracted to a light source and will try to turn their heads towards a window.
- Babies naturally want to turn towards their parents. If your baby sleeps in your room, position the crib so that he or she must turn away from the flat side to see you.
- Position your baby's crib so that he or she must turn away from the flat side to see the open room. Make the wall on the side of the head that is flat blank and uninteresting

PLAY TIME

- Supervised Tummy Time: The more time your infant can spend on his or her tummy, the better! Many infants resist this position at first only because they are unfamiliar with it, and most learn to enjoy it over time. Putting your baby on his or her stomach several times a day helps strengthen neck control and prevents a misshapen head. Get down on the floor at your infant's eye level and play peek-a-boo, etc, and choose toys that are stimulating for your baby when they are on their tummy. Start with a few minutes as soon as you bring your baby home from the hospital so he or she can get used to it.
- Reduce the amount of time your baby spends in car seats, carriers, swings, or devices that allows your baby to rest on the back of the head.

FEEDING

- Alternate the arm in which your baby is held for both breast and bottle feeding.
- When feeding, encourage your baby to turn their head opposite the preferred side.



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DIAPER CHANGES

- Change your baby's diaper from the side opposite the flattened side so that your baby is encouraged to turn their head to look at you

TRAVEL

- For babies with a flattened area, you can place a small rolled up towel or receiving blanket behind your baby's shoulder on the flattened side when they are in their car seat to help keep them off of the flattened side. Move the car seat to the side of the car that encourages your baby to turn their head towards the window and away from the flattened side
- Front carriers and pouches are good ways for your infant to be close to you without unnecessary pressure on the back of the head, such as in a stroller or infant carrier. Time in strollers or carriers should be kept to a minimum.
- Pillows – Specially designed pillows to help keep your baby's head in the preferred position are available from many manufacturers.

TORTICOLLIS

If your baby's head is flat because he or she has a tight neck muscle, your pediatrician may refer you to Physical Therapy for instructions in exercises to help stretch it. It is important that these exercises are done as often as possible every day. Most babies with torticollis, or a tight neck muscle, will resolve the problem with these exercises and avoid surgery.

HELMET THERAPY

If your baby develops a significantly flattened or asymmetrical skull that does not improve with the early intervention tips we have described, a helmet may be needed to help improve the shape. A helmet specially made for your baby's head helps mold the skull into a more rounded shape. The helmet must be worn 23 hours a day, 7 days a week, for several months. Following these early intervention tips will hopefully help you and your baby avoid the need for such treatment.

CONCLUSION

No one's head is perfectly symmetrical. Even after helmet therapy, some flatness and asymmetry may remain. In general, any remaining asymmetry and flatness of your baby's head will become less and less noticeable over time, as their head grows, their face becomes larger, and as they grow hair. Following these early intervention guidelines will help in maintaining your baby's round head round, and in alleviating the flatness or asymmetry that they may be born with.