

What is flat head syndrome?

Yvonne Gavan finds out what you should look out for, why it occurs and how you can prevent flat head syndrome.

It is not uncommon for babies to be born with a partly swollen head, especially after a difficult or prolonged labour, and this usually calms down in the first few days or weeks. But in recent years, flat head syndrome (deformational plagiocephaly), a condition that occurs when a baby is left lying on its back for long periods of time – has become more widespread. Although flat head syndrome is not life threatening and is essentially a cosmetic condition, it can cause the ears to be misaligned.

There are two types of plagiocephaly – craniosyntosis and positional. The most common is positional plagiocephaly, which usually develops when a baby is between 4-8 weeks old and the soft plates that form a baby's skull have not yet fused together. When pressure is placed on the skull, its shape can be altered – leaving the back or the side of the head with a flattened look.

Craniosyntosis, a severe and very rare form of head flattening which requires surgery to ensure that there's enough room for your baby's brain to grow, is usually detected when a baby's head seems to have stopped growing.

WHY DOES IT OCCUR?

In order to be able to make its way through the birth canal, a baby's skull is malleable and doesn't fuse together until 2-4 months of age. Prolonged pressure from hard surfaces such as car seats, a hard floor or even cot mattresses can mould a baby's head into an abnormal shape. Imagine putting a ball of play dough on



“Parents are encouraged to follow the ‘back to sleep, tummy time to play’ philosophy, so that pressure is taken off the back and side of the head, allowing it time to grow in the right places”

a hard surface – it becomes flattened on its underside and this is exactly what happens to babies who are suffering from positional plagiocephaly.

One reason for the increase in this condition is the ‘back to sleep’ campaign, which recommends that babies are put to sleep on their back rather than front. It was introduced in the early 1990s to reduce the instances of cot death. Of course, it's crucial that you follow this advice to lessen your baby's chances of SIDS, but it's also important to incorporate regular ‘tummy’ play times into your baby's routine.

IS MY CHILD AT RISK?

Some babies are more prone to developing flat head syndrome, particularly those suffering from torticollis – tightening of the neck muscles

– because they're more likely to lie with their head on the same side every time they sleep. It's also more common in boys, premature babies, infants with a low birth weight and multiple births. Bottle-fed babies are also more at risk, as opposed to breastfed babies who swap sides with each feed. But all young babies who regularly spend long periods of time lying with their head in the same position, either in a car seat, baby bouncer or pram, could potentially develop it at some stage.

WHAT SHOULD I DO?

If you think your child has positional plagiocephaly, don't worry. As long as it's spotted early, before five months of age, it's easy to treat – and has no long-term effects.

The first thing you should do

is get a second opinion, either from your doctor or health visitor. Once craniosyntosis is ruled out, your doctor may suggest repositioning, a technique that can be used at home to treat mild plagiocephaly to stop it from becoming worse. It involves laying your baby to rest on non-flattened areas to avoid continued pressure on that part of the skull up until the age of about six months, and can greatly improve head shape. U-shaped baby pillows can be bought to prevent your child from resting their head on one side, but a rolled up towel placed under your baby's cot sheet will do the same job.

ARE THERE ANY MEDICAL TREATMENTS?

If positioning is unsuccessful there is the option of using a cranial remoulding helmet. A lot of commitment is required if you chose this treatment as it needs to be worn 23 hours a day for several months to achieve results. Cranial osteopathy, performed by a trained, registered practitioner, is another option. Some parents have found these to be extremely effective, although there is no medical evidence to support them.

WHAT CAN I DO TO PREVENT IT?

Parents are encouraged to follow the ‘back to sleep, tummy time to play’ philosophy, so that pressure is taken off the back and side of the head, allowing it time to grow in the right places. Other things you can do include alternating pushchair and car seat use with carrying, either in a baby sling or in your arms.