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- 16 Eye Aspects of Craniofacial Conditions
- 17 Positional Plagiocephaly (Occipital or Deformational Plagiocephaly)

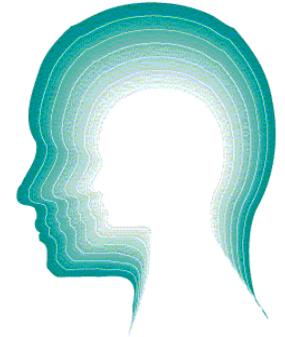
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**Ref: HL17, originally published February 2006**

17

# Headlines

## Craniofacial Support



# Positional Plagiocephaly

(Occipital or Deformational Plagiocephaly)

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**March 2012**

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[www.headlines.org.uk](http://www.headlines.org.uk)

The addresses of the four Supra Craniofacial Units set up and maintained by the National Specialised Commissioning Group (NSCG) 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 6NN, 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 230085

Information on the NHS Specialised Services, Craniofacial Service can be found on webpage  
[www.specialisedserviceshs.uk/service/craniofacial](http://www.specialisedserviceshs.uk/service/craniofacial)

## What should you do if you are still worried?

Get your GP or Paediatrician to refer you to one of the four Supra 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 Specialised Commissioning Group, NSCG)

## Disclaimer

This note has been prepared from information obtained from the Supra 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

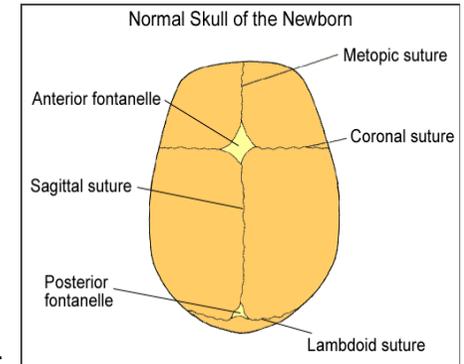
Headlines objective is to support families where a member has Craniosynostosis. However, we are happy to offer information and advice, where possible.

## 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

The skull is made up of several 'plates' of bone which when we are born are normally not tightly joined together. 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 multiple births 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 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.

**Helmets and bands** - the use of these remains controversial and they are not used by the four Supra 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.