

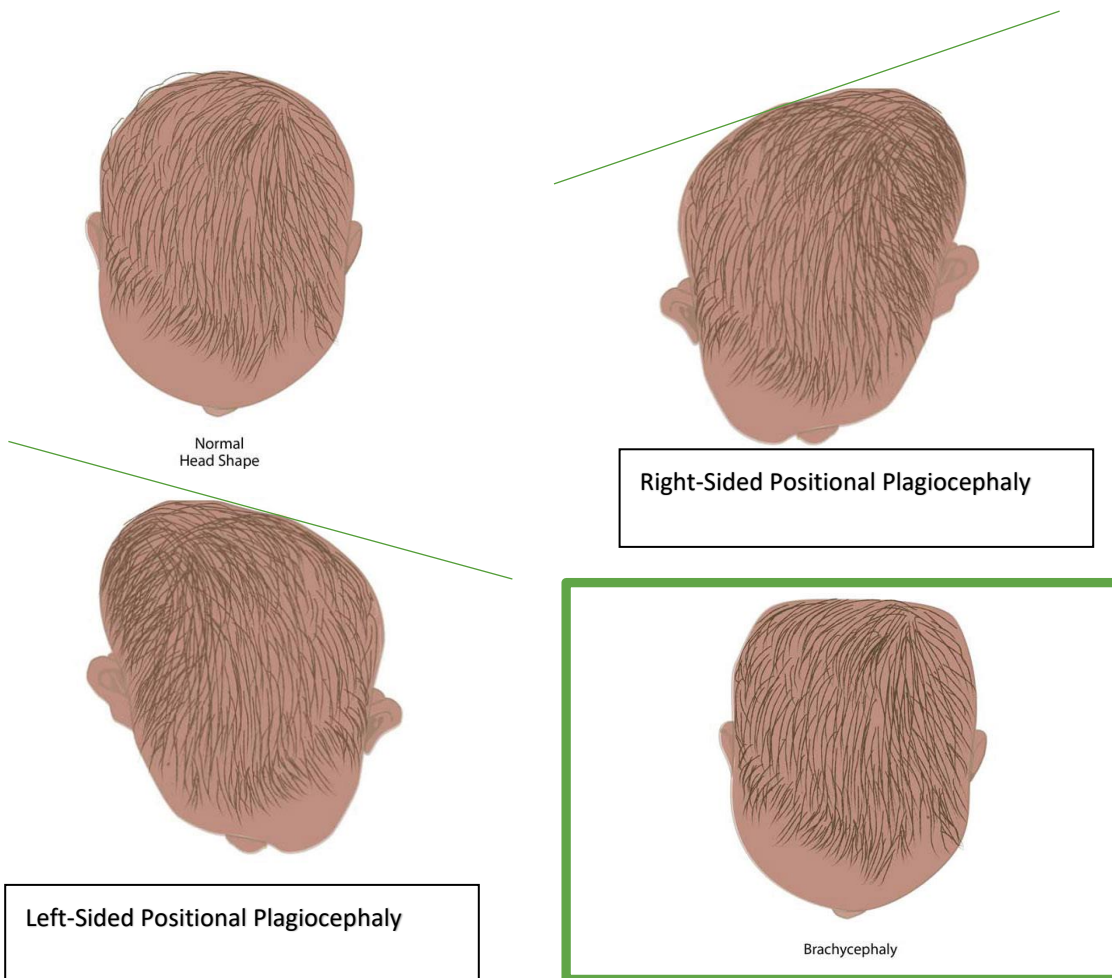
BRACHYCEPHALY



Pediatric Consultants Associated
Central Alberta Inc
182, 5201 43 Street
Red Deer, Alberta T4N 1C7
Phone: 403-343-6404
Fax: 403-343-6215

www.pediatricconsultants.ca

Email: forms@pediatricconsultants.ca



What is Brachycephaly?

An abnormal head shape due to chronic external pressures on the skull over time. A baby's skull is very soft and malleable which allows baby's head through the birth canal. Babies with

brachycephaly have a "wide and tall" head shape due to sleeping on their backs. Modern day conveniences such as baby swings, infant carriers, and overhead baby gyms, coupled with the "Back to Sleep" campaign, have added to the increase of brachycephaly. Depending on the severity, the ear on the same side may appear shifted up or down, with increased width and height to the head. Occasionally some facial asymmetries may also be apparent such as a fuller cheek and a wider looking eye if there is a bit more flattening on one side than the other.

It is important to also note that there is no evidence to date that suggests that your baby may be in any discomfort due to the misshapen skull. In fact, many parents report their babies are very happy and easy going. There is also no research to suggest that your baby will suffer any brain damage or developmental problems associated with their brachycephaly.

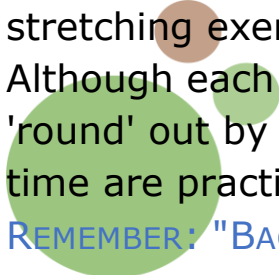
How is it treated?

Treatment is individually tailored to your baby's needs and age, severity, and developmental milestones will guide the treatment process. Initially, treatment is aimed at taking advantage of the soft skull bones and rapid brain growth in the first year of life.

The goal is to passively allow the skull to round out by limiting any further pressure to the already flattened area. Generally, babies younger than 6 months are treated with aggressive repositioning techniques and tummy time activities. Babies older than 6 months have a narrower window of opportunity' due to their age, and repositioning techniques and tummy time alone may become more difficult due to your baby's mobility.

Remolding helmets may then be considered, and treatment would be followed by an occupational or physical therapist.

Occasionally, some babies also have some neck muscle weakness or imbalance which contributes to their developing plagiocephaly.



Treatment would then also include some neck strengthening and stretching exercises and would be followed by a physiotherapist. Although each progress is different, most babies head shapes will 'round' out by their second birthday if repositioning and tummy time are practiced consistently.

REMEMBER: "BACK TO SLEEP, TUMMY TIME WHEN AWAKE!"

BRACHYCEPHALY TREATMENT PLAN (Flat spot across the entire back of the head)

Goal: Since your baby has a flattening is across the back of his/her head, we want everything fun and exciting in his/her life to alternate coming from the left side, then the right side of his/her world!

Feeding:

If bottle feeding, try to alternate the way you hold your baby from feed to feed so he/she has to look left to see you one feed and then right to see you the next feed. If breastfeeding, try different hold positions where your baby alternates the way he has to look at you during the feed.

In highchair, feed your baby from the left side of the chair one feed/day and then the right the next feed/day.

Sleeping:

Baby should sleep on his/her back with head positioned to the left one night and then to the right the next night. Do not add any extra rolls or pillows to the crib, Toys in crib on outside rail only. Crib mobile removed.



Playing:

Lots of tummy time!!!! Try a few minutes with every diaper change. Alternate toys so that they are all on the left side one play period and then on the right the next play period.

Alternate left and right side-lying when awake and supervised.

Diaper Changes and Baths:

Place your baby on the change table or bath so you are on his/her left side for one bath/diaper change and the right for the next.

Car seat carrier, swing and bouncy chair:

Take your baby out of the infant carrier and placing him/her into a stroller on outings so baby is encouraged to move and look around. When possible, limit time