

SUPPORTING HEALTHY INFANT HEAD SHAPE: NON-HELMET STRATEGIES FOR POSITIONAL PLAGIOCEPHALY

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San Bernardino County Department of Public Health and SB SART Centers

UNDERSTANDING POSITIONAL PLAGIOCEPHALY

Positional plagiocephaly (also called deformational plagiocephaly or known as flat head syndrome) is when a baby's head gets a flat spot on the back or side because they lie in the same position for a long time. This is very common and is caused by how the baby is positioned, not by any illness. It does not impact brain development; it mostly changes how their head looks.

Many babies we see might already have delays in how they move or develop, so we worry about using helmets just to fix the head shape. Some problems we've noticed with helmets are:

- If a baby's muscles are too tight or too weak, wearing a helmet might slow down their growth and cause pressure on their neck or spine, which can be dangerous.
- If a baby can't sit up by themselves and is eating soft foods like purees (not recommended) while wearing a helmet, it could make them choke or gag.
- Babies who have had a serious head injury might have more risks if they wear a helmet.

1. REPOSITIONING: GENTLE, DAILY STRATEGIES

Careful and consistent positional changes throughout the day are key to relieving pressure on the flattened area:

- When putting the baby to sleep, turn their head to the right one night and the left the next night.
- Change which way the baby faces in the crib each night to help them turn their head.
- Hold the baby in different ways during feedings by switching arms.
- Hold the baby upright or use a baby carrier that supports their back and head well.

"A proactive repositioning program can significantly reduce the need for orthotic helmets" – [Laughlin et al., 2011](#)



2. TUMMY TIME: STRENGTHEN AND ALIGN

Supervised tummy time helps strengthen neck and trunk muscles and prevents flattening:

- Try holding the baby chest-to-chest as an easy way to start tummy time.
- Begin with short times (2-3 minutes) a few times each day from when the baby is very young.
- Slowly work up to 60-90 minutes a day by 3 months old. Try to do tummy time as much as possible when the baby is awake (about 5-10 minutes each hour during awake hours).
- Use toys like mirrors, rattles, and make eye contact to keep the baby interested and help them enjoy tummy time longer.

"Tummy time is associated with improved gross motor development and reduction in plagiocephaly incidence" – [Hewitt et al., 2010](#)



3. CRANIOSACRAL THERAPY (CST): A GENTLE COMPLEMENT

Craniosacral therapy is a gentle kind of massage done by trained professionals (occupational therapists, physical therapists, or craniosacral therapists). It helps the bones in the head move better and relaxes tight muscles.

- It can help babies with stiff necks.
- It helps the baby's body stay more balanced and calm.
- It should be used along with tummy time and changing positions, not by itself.
- Talk to your doctor about seeing an OT or PT if you're worried about a flat spot on your baby's head.

"Early manual therapy can improve head symmetry and motor patterns in infants with mild to moderate plagiocephaly" – Miller et al., 2011



4. CONSIDERATIONS ABOUT HELMET THERAPY

Helmet therapy is sometimes used to treat moderate to severe plagiocephaly. Research and experts say it's not always needed, especially if it's just for appearance.

Key Concerns:

- Helmets can cause skin problems, sweating, and discomfort for babies and worry for parents.
- For mild or medium flat spots, helmets do not work much better than simple care, like changing positions.
- Helmets do not help the baby's brain; they only change the head shape.

"There is no significant difference in head shape improvement between helmet therapy and repositioning in moderate cases." – van Wijk et al., 2014, BMJ

"Routine use of helmets for cosmetic improvement in mild positional plagiocephaly is not supported by strong evidence and may unnecessarily medicalize a benign condition." – American Academy of Pediatrics (AAP)



FINAL THOUGHTS

For the vast majority of infants with mild to moderate positional plagiocephaly, early intervention with repositioning, tummy time, and supportive therapies can lead to significant improvement—without the need for helmets. The primary goal is a healthy, active, engaged baby—not a perfectly round head.



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