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YOUNG FAMILIES NEWSLETTER — NOVEMBER 2007

Dear Young Families:

Parents of newborns and young children today are often targeted by media and glossy magazine advertisements encouraging them to keep baby safely ensconced in a structured “container” which is a car seat, swing, bouncy seat, carrier, or stroller. These items are quite safe to use and have been proven effective when used properly; however, it’s not unusual to see very young babies tucked into fully-padded car seats or strollers for hours at malls, restaurants or outdoor events.



Additionally, most homes have even more containers, such as swings, bouncy seats, or exersaucers. Used correctly, these products do offer safety features and convenience for the parent as well as protection and amusement for the small child. But, recent national network news programs have focused attention on a new concern of some pediatricians: the back of baby’s head develops flat spots. Pediatric physical therapists nationwide report seeing a higher frequency of babies with motor delays, misshapen heads, and neck muscles insufficiently developed to hold their heads properly.

Infants reported to sleep long hours in car seats or swings (in the first 3 to 5 months of life) occasionally developed such a distinctive flat spot. Parents today of course make sure that babies sleep on their backs to reduce the risk of Sudden Infant Death (SIDS). So there are many reasons why flat spots occur when the baby continually rests its head in the same firm and rigid place, whether that is a car seat, swing, stroller, or carrier. Most of the time, the problem is simply cosmetic and does not affect your child’s brain growth or cause developmental delays. In fact, a flattened head will often correct itself as soon as the baby can sit up and move around without intervention.

To help prevent and treat head shape abnormalities, the American Academy of Pediatrics has issued revised recommendations for reducing the risk of SIDS and also includes new guidelines for preventing and treating flat spots or “positional skull deformities” in infants. The purpose of this issue is simply to raise awareness and highlight these new recommendations. Please be sure to consult your pediatrician if you have concerns.

Sincerely,

Gail Peavey
Family Living Agent

P.S. The Young Families Newsletter is available on the web at www.uwex.edu/ces/cty/polk. Check this web site to view parenting resources and support services for Polk County families.

Back to Sleep

The “Back to Sleep, Tummy to Play” campaign was designed to prevent Sudden Infant Death Syndrome (SIDS) in 1992. This movement encouraged parents to place their sleeping child on its back. National rates of SIDS have indeed declined by more than 50% since then, proving the effectiveness of that campaign. It is **still** critical that babies sleep on their backs, but just as important that they have time on the floor on their tummies.

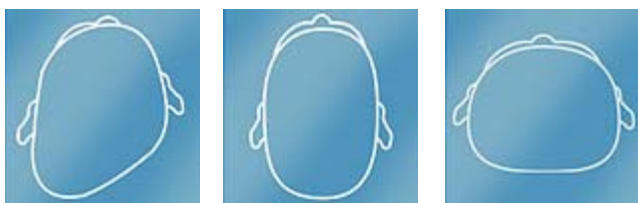
Continue to place your baby to sleep on his back – rather than his side or tummy. This is still the best and most effective way to reduce the risk of SIDS.



To avoid pressure on baby’s soft, not-yet-fully-developed skull, you can alternate using both ends of the crib so that he is not sleeping in the same direction each time.

Positional Head Deformities

Pediatricians usually determine whether or not a baby is showing some signs of asymmetry in the shape of his head by simple observation and a physical exam. The chart below is also used to identify the name of the particular abnormality.



Plagiocephaly Scaphocephaly Brachycephaly

Image provided courtesy of Cranial Technologies, Inc.

Positional head deformities result from the pressure of being in the same position too often and too long. In some cases, the condition occurs in utero – before birth. In others, it can be noticed after birth when the baby is continually placed in the same position while sleeping or spends extended periods of time in car seats or strollers.

Occasionally, a car seat or other container is advised for medical reasons relating to respiratory congestion or reflux issues. Pediatricians should educate parents about the potential for deformity and instruct them about early warning signs.

Containers Not Meant to be Used for Extended Time Periods

Because infants have such malleable craniums and have not yet developed sufficient head and neck control, they tend to tuck their heads into a corner of the car seat or swing. The result can appear to be a “squaring” of the skull. Some babies are quite content and develop a liking for sleeping in a swing or car seat. Parents may wish to gradually wean them from this practice.

Routinely sleeping in car seats, swings, etc. for extended periods of time can also cause a tightened neck muscle which results in limited range of motion.

When he falls asleep, gravity tilts the baby’s head in a downward position. Because their neck muscles are underdeveloped, the weight of the head can cause the condition called *torticollis*, or twisted neck. He’s just not able to turn or hold his head up properly.



Jumping device-like swings that hang from doorways are also not recommended for long periods of time because they may encourage the baby to stand on tip-toes, limiting progress with standing and walking.

Vary Baby’s Position

Some parents find that a memory foam sleep positioner helps to alternate which way baby’s head is turned while sleeping on his back.

Breast-fed babies normally switch positions while feeding anyway, but if you bottle feed your baby, be sure to alternate which side you hold him on during feedings. You can also rotate placement of toys that may be in the car seat or stroller and on the floor during play time.



Tummy Time

One way parents can help to prevent head flattening is to provide lots and lots of ‘tummy time.’ When your baby is awake and being observed, pediatricians recommend providing a safe, flat surface for her, on her tummy, to let her move and stretch her arms and legs. This allows her to strengthen the upper body muscles that she’ll need for pulling up and crawling.

Start tummy time as soon as the umbilical cord has fallen off. Giving baby small doses many times throughout the day is an excellent way to build up endurance and tolerance for tummy time. Providing this experience right after a diaper change is an easy way to incorporate it into baby’s daily routine.

Exploration and Mobility Skills

It’s normal for babies to begin exploring and using their arms and upper bodies at around three months of age. This is an important milestone in development. By playing and having some awake-time lying on their tummies, babies learn to use their arm and chest muscles to push up and to roll over. They will begin to try to reach for objects that are just past their grasp.

Pulling toys into their mouths for exploration is also normal and helps the child orient to his world by touch, feel, taste, and sight. He is able to use neck muscles to follow sounds by turning his head. These skills will serve him well when he begins to explore his world in new ways.

Infants have rapidly developing brains, which is why their environments should be interesting and stimulating with a variety of textures, sights, and sounds. Letting them safely explore the things around them helps them remain curious and interested in their surroundings.

Babies with little experience lying on their tummy may have difficulty learning to roll (4 to 5 month skill), sit on their own (6 mos.), crawl on their

bellies (around 8 mos.), and creep on their hands and knees (about 10 mos.). These are important gross-motor skills which can impact development of fine motor and speech skills.

Babies who are comfortable with tummy time can easily make the ‘leap’ to crawling. At about 6-8 months, they figure out some balance on their hands and knees. Some children never do crawl – they use another method of locomotion like rolling, shuffling on their bottoms, or slithering on their tummies. It doesn’t really seem to matter—it is just becoming mobile that is important.



Of course, the area on which a baby is placed should be clean and free of cold drafts or hazardous items that he can put in his mouth. Additionally, pets such as cats or dogs should be kept at a distance from small, helpless infants. If an adult cannot remain right there to take care of a problem, it is best to remove the pet from the area. Small babies should never be left alone with any pet.

References and Sources of Additional Information:

American Academy of Pediatrics; *Prevention and Management of Positional Skull Deformities in Infants*, www.pediatrics.org.

American Academy of Orthotists and Prosthetists; *Car Seats, Infant Carriers and Swings: Their Role in Deformational Plagiocephaly*, *Journal of Prosthetics and Orthotics*, JPO 2003 Vol. 15, Num. 3 pp. 102-106.

Children’s Hospital of Eastern Ontario; *Health Stories – Keeping Baby’s Head Shapely*, www.cheo.on.ca/english/9600_01_08.shtml.

Cranial Technologies, Inc., www.cranialtech.com

Hannah’s Noggin, One family’s Journey through the ups and downs of Plagiocephaly treatment. <http://hannahsnoggin.typepad.com>

The Dog Owner’s Guide; Vicki DeGruy (originally published in *Dog Owner’s Guide*) *Understanding Dog Bites: How They Occur and How to Prevent Them*, www.canismajor.com/dog/kidsdog2.html.