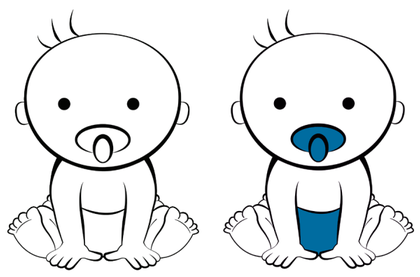
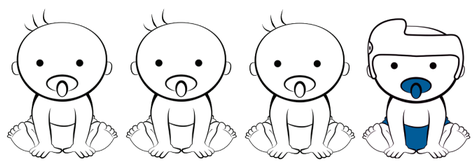
UNDERSTANDING YOUR BABY'S HEAD SHAPE

Today, nearly 50% of infants have some degree of deformational plagiocephaly brachycephaly (DPB).*



1 in 2

infants have some degree of DPB*



1 in 4

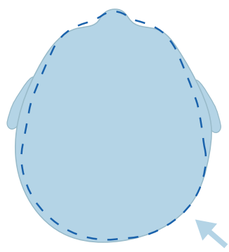
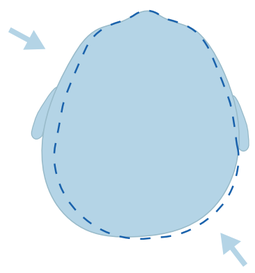
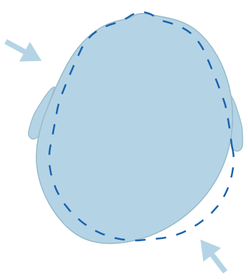
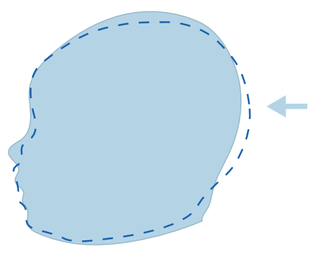
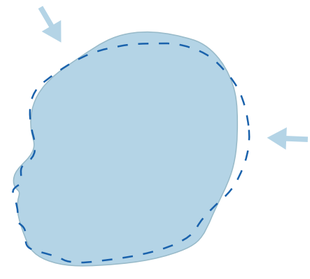
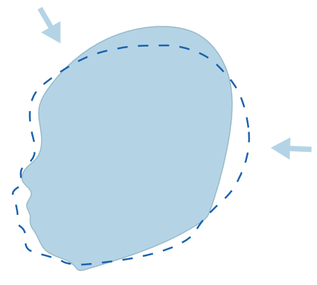
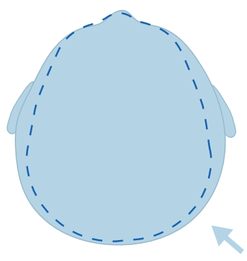
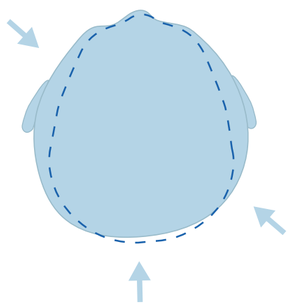
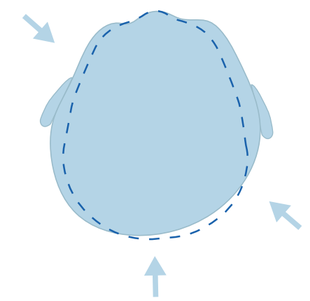
infants have moderate to severe DPB*

The Congress of Neurological Surgeons recommends helmet therapy when DPB is in the moderate to severe range. This recommendation is endorsed by the AAP.***

WHAT ARE COMMON RISK FACTORS OF DPB?

- BACK SLEEPING
- TORTICOLLIS
- CARRIERS & CONVENIENCE DEVICES
- PREMATURE BIRTH
- POSITIONING IN THE WOMB/ MULTIPLE BIRTHS

Deformational Plagiocephaly Brachycephaly Severity Spectrums

	MILD	MODERATE	SEVERE
PLAGIOCEPHALY Flat Surface This happens when a baby's head develops a flat spot on one side, making it look uneven. It is usually caused by a baby lying in one position for too long and is quite common. **(Example showing vertex view)**	 • Flattening is difficult to see	 • Asymmetry is easy to see • Visible ear shift • Facial asymmetry may be present	 • Asymmetry is obvious • Visible ear shift • Facial asymmetry • Front view: Unlevel head height
BRACHYCEPHALY Wide and Short This occurs when a baby's head becomes flat at the back, making it look wider and shorter than usual. It often happens when babies spend too much time on their backs. **(Example showing side view)**	 • Minimal posterior flattening	 • Back of head is flat instead of curved • Forehead slopes back • Posterior head height	 • Head is short from front to back • From front view, bump above ear is the widest point of the head • Face appears small for the size of the head
PLAGIO/BRACHY COMBO Flat Spot / Wide Often plagiocephaly and brachycephaly go hand in hand. Many babies have a plagiocephaly-brachycephaly combo head shape, where the head is flattened on the back and also skewed to one side. **(Example showing vertex view)**	 • Flattening is difficult to see	 • Asymmetry is easy to see • Visible ear shift • Facial asymmetry may be present	 • Asymmetry is obvious • Visible ear shift • Facial asymmetry • From front view, unlevel head height

At Cranial Technologies® we always offer an assessment of your baby's head shape at no cost and no commitment required. We will provide a detailed report of your baby's head shape and send the report to your pediatrician's office.

*Mawji, A., et al., The incidence of positional plagiocephaly: a cohort study. Pediatrics, 2013. 132(2): p. 298-304. **Lennartsson, F. and P. Nordin, Nonsynostotic plagiocephaly: a child health care intervention in Skaraborg, Sweden. BMC Pediatrics, 2019. 19(1): p. 48. **Hutchison, B.L., et al., Plagiocephaly and brachycephaly in the first two years of life: a prospective cohort study. Pediatrics, 2004. 114(4): p. 970-980. **Mawji, A., et al., The incidence of positional plagiocephaly: a cohort study. Pediatrics, 2013. 132(2): p. 298-304. **Ballardini, E., et al., Prevalence and characteristics of positional plagiocephaly in healthy full-term infants at 8-12 weeks of life. Eur J Pediatr, 2018. 177(10). ***Tamber, M.S., et al., Congress of Neurological Surgeons Systematic Review and Evidence-Based Guideline on the Role of Cranial Molding Orthosis (Helmet) Therapy for Patients With Positional Plagiocephaly. Neurosurgery, 2016. 79(5): p. E632-E633.

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