



## **FACT SHEET FOR NEW PARENTS REGARDING BACK SLEEPING AND TUMMY TIME**

**FACT #1:** Because of an important connection made between tummy (prone) sleeping and Sudden Infant Death Syndrome (SIDS), in 1992 the American Academy of Pediatrics promoted a “Back To Sleep” campaign to advocate back or side sleeping for healthy newborns to reduce the risk of SIDS.

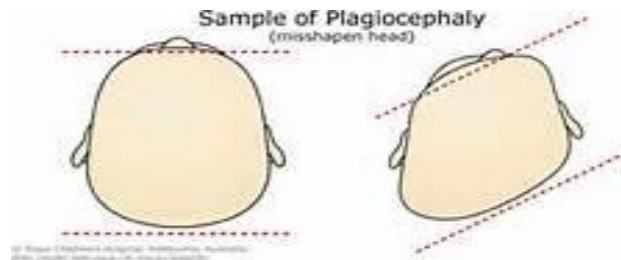
**FACT #2:** Research has shown that since the “Back To Sleep” recommendation has been reinforced with parents by their pediatricians, the US rate of SIDS has decreased more than 40% (Clinical Pediatrics, May 2000).

**FACT #3:** Since the 1992 recommendation for back or side sleeping, specialists have witnessed a marked increase in the incidents of infants with deformation changes of the head and face (Journal of Craniofacial Surgery, 1996).

**FACT #4:** Flattening of the head begins to occur about 2 months of age whenever one part of the head repetitively rests on the mattress. In addition, during the awake hours of the baby’s day, they often spend almost 100% of their time on their backs....between infant car seats, infant carriers, bouncy seats, infant swings, strollers, there is little or NO time without pressure applied to the back of the head. This can lead to POSITIONAL PLAGIOCEPHALY.

**FACT #5:** Baby’s heads are soft, flexible and fragile for the first year of life as the skull enlarges to accommodate the growing brain. When an infant is left in the same position day after day (on their backs or with pressure against the back of the head), while there will be no damage to the baby’s brain, in severe cases, there can be significant disfigurement of the back of the head (flattening on one side) as well as deformities of the ear, forehead and eye socket

**FACT #6:** Parents are sometimes told that this flattening will probably round out on its own. But if the baby continues to spend most of his/her time with pressure against the back of the head it can get worse. Treatment may be necessary in the form of a



specialty molded headband or helmet (one example is the Dynamic Orthotic Cranioplasty Band or DOC Band) which is worn 23 hours a day to help “reshape” the flattened head. This has been found to be an effective treatment method if initiated early in infancy (prior to age 7 months), however it IS UNNECESSARY if parents provide their babies with daily supervised *TUMMY TIME*. Your baby needs your help!!!!

**FACT # 7:** The earlier a baby is introduced to being on his/her tummy, the sooner they will enjoy the benefits of this position. While they may fuss when initially placed on their tummies, with gradual encouragement and repetition, they will learn to tolerate tummy lying in a very short time. *Try these ideas:*

- Sit in a semi-reclined position on a chair or couch. Place your baby on his tummy, on your chest and abdomen. Encourage your baby to lift his head to see you.
- Place your baby on her stomach on an incline with her head higher than her feet.
- Sit on the floor with your legs out straight. Place your baby across your legs so that his arms are over your legs and arms touch the floor. Use a toy to keep baby’s interest!!
- Roll up a towel or baby blanket placed under her chest, again being sure that the arms are over and in front of the roll.
- Get right down on the floor in front of your baby when on his tummy.
- You’ll come up with more fun *TUMMY TIME* ideas for you and your baby!!
- Finally, be sure your baby spends lots of observed, awake time on his or her stomach. Limit the time your baby is in the car seat, baby carrier, infant swing, etc. with pressure to the same part of the head.

**REMEMBER THAT YOUR BABY NEEDS YOUR HELP IN PREVENTING THIS SKULL DEFORMITY**

