

Flat Head Syndrome

A PARENT'S GUIDE

*Understanding plagiocephaly, torticollis,
and early intervention for your baby*



What is Flat Head Syndrome?

Flat head syndrome (deformational plagiocephaly) is a condition where part of a baby's skull develops a flattened area, typically on the back or one side of the head. It happens because a baby's skull bones are still soft and mouldable in the early months, and sustained pressure on one area can gradually influence the shape.

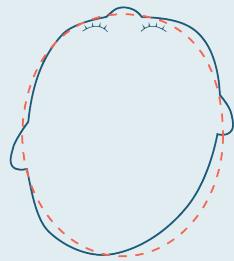
While many cases are primarily cosmetic, some are associated with other developmental considerations that benefit from early professional attention.

HOW TO SPOT IT

A **flat area** on the **back or side of the skull**, noticeable facial or **ear asymmetry**, or a consistent preference for resting the head in **one position**.



SIDE VIEW



TOP VIEW

Common Contributing Factors

- **Sleeping position** – consistently resting with the head turned to one side
- **Limited tummy time** – prolonged pressure on the back of the skull
- **Torticollis** – neck muscle tightness causing a head-turning preference
- **Womb positioning** – breech presentation, low fluid, or multiple pregnancies
- **Equipment time** – extended periods in car seats, bouncers, or carriers

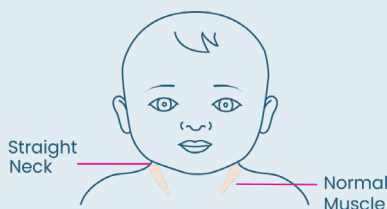
Flat Head Syndrome & Torticollis often coexist.

A baby with neck tightness may develop flattening due to limited head movement, while uneven head shape can reinforce a preference for turning to one side.

Understanding Torticollis

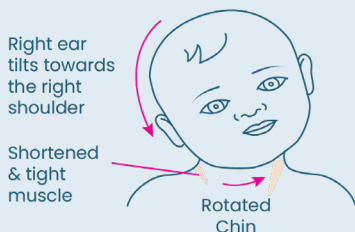
Torticollis involves tightness in the neck muscle (sternocleidomastoid), causing the head to tilt to one shoulder while the chin rotates the other way. It is one of the most common contributing factors to flat head syndrome.

TYPICAL POSITION

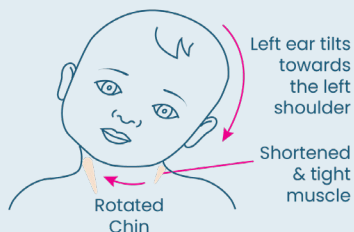


TORTICOLLIS POSITIONS

RIGHT TORTICOLLIS



LEFT TORTICOLLIS



Signs to look out for

- Flat area on skull
- Head tilting to one side
- Uneven ear alignment
- One-sided feeding preference
- Facial asymmetry
- Tummy time frustration

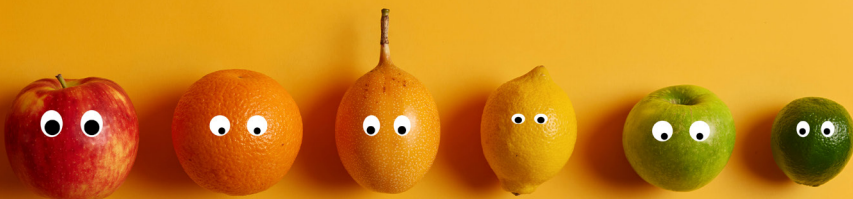
Early treatment helps

Around 90–95% of cases resolve with conservative care; research* shows babies starting **treatment before 1 month** have up to a **98%** chance of full neck movement within about **6 weeks**, while starting **between 1–6 months** typically takes around **6 months of support**.

* from the Children's Hospital of Philadelphia

HAPPY MELONS

PROGRAMME



Structured support from the months that matter most.

Our **Happy Melons Programme** provides assessment, measurement, and gentle treatment from as early as birth, designed specifically for the window when early intervention is most effective.



Initial Consultation and Assessment

Comprehensive intake covering pre- and postnatal history, assessment of neck movement, head shape, and postural patterns, and a personalised monitoring plan.



Monthly Head Shape Tracking

Regular measurements throughout the first six months with a detailed report after each visit.

Developmental Milestone Check-ups

Each session includes a broader developmental assessment alongside head shape monitoring.

Gentle Manual Therapy

Very light, non-invasive hands-on treatment appropriate for a newborn's developing body, supporting healthy cranial development and balanced neck movement.

What should I expect on our first visit?



Tell us what's going on

We start with your concerns, whether that's feeding difficulties, unsettled sleep, or a preference for turning their head one way.

A detailed history. We ask about pregnancy, birth, and feeding, as many early concerns are often linked to how well a baby can move their neck.



A gentle, paced assessment

Paediatric consultations are led by Ben Lai, our Principal Osteopath with Advanced Paediatric Osteopathy qualifications from Australia, and an alumnus of London's Osteopathic Centre for Children.



What we find, explained clearly

We talk you through what we've observed and what it might mean, with plenty of time for questions.



A plan, if one's needed

Depending on what we find, this might include gentle osteopathic treatment, guidance for home, or referral elsewhere if that's a better fit.

What Parents Can Do at Home



Professional monitoring is important, but there is a great deal parents can do between sessions to support healthy development.



Tummy Time

Start with 1–2 minutes several times a day. Builds neck, shoulder, and core strength while reducing skull pressure.



Sleep Repositioning

Always place baby on their back. Alternate the direction the head faces and reposition the cot to encourage looking both ways.



Carrying & Feeding

Vary the arm you carry baby in and alternate feeding sides.



Encourage Head Turning

Place toys or position yourself on baby's less-preferred side during play to gently encourage balanced neck movement.

The first six months matter most. Early support can make a meaningful difference. No obligation after an initial consultation

Book a consultation

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This brochure is for informational purposes only and does not constitute medical advice. Please consult a qualified healthcare professional for guidance specific to your child.