

<b>Policy title</b>	<b>Helmet therapy for treatment of positional plagiocephaly / brachycephaly (children aged 2 years and under)</b> <b>v1.1</b>
<b>Policy position</b>	<b>Intervention Not Normally Funded</b>
<b>Date of CCG recommendation</b>	<b>January 2021</b>

Positional plagiocephaly and brachycephaly are distortions of the skull (flattening to the side or the back of the head) that most commonly become apparent in the first few months of life as a result of the amount of time a baby spends lying on their back.

Positional plagiocephaly and brachycephaly are very common, affecting up to 40% of infants (as opposed to synostotic conditions i.e. premature fusion of the cranial sutures, which are rare). The flattened area of the head usually self-corrects naturally, as a baby grows, develops and becomes more mobile with increased muscle strength, and spends less time lying in one position.

Cranial Moulding Orthosis – or ‘helmet therapy’ is an intervention that claims to correct the shape of the head. A specially moulded solid helmet is created that must be worn 23 hours a day. This helmet requires repeated adjustments as the baby grows.

There is clear evidence and expert consensus that a helmet does not affect the natural course of skull growth and should not be used. Helmet therapy for treatment of positional plagiocephaly/brachycephaly (children aged 2 years and under) is **not normally funded**.

Helmets may be associated with significant risks such as pain, pressure sores and may adversely affect the bond between baby and parents. They are also expensive. To reduce pressure on the flattened part of the head and encourage remoulding, the following simple interventions are suggested:

- ‘Tummy time’ - Allow baby to spend time lying on their front while awake, supervised and playing.
- Change the position of toys / mobiles / cot in the room to encourage baby to move their head away from the flattened side.
- Use a sling or a front carrier to reduce the amount of time baby spends lying on a firm flat surface.
- Modify parental lap “nursing” position to promote contact with less flattened side to parental chest.

All babies including those with non-synostotic/positional plagiocephaly or brachycephaly must be laid to sleep on their back. Sleeping in positions other than this is associated with an increased risk of Sudden Infant Death Syndrome or SIDS. For the same reason, no pillows or props should be used to change a baby’s sleeping position.

**Reference:** NHS England (2020) Evidence-Based Interventions List 2 Guidance

**NOTE:**

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

**Clinical coding:**

Q67.3 Plagiocephaly

Key words: Helmet therapy, positional plagiocephaly, brachycephaly, flat head