

## ASK

## QUESTION

**My baby was born with flat head syndrome and I am worried that it may be permanent. Can it be treated?**

## ANSWER

**MR OWASE JEELANI, CONSULTANT PAEDIATRIC NEUROSURGEON, THE PORTLAND HOSPITAL FOR WOMEN AND CHILDREN**

Flat head syndrome is a condition that causes your baby to have a misshapen or 'flat head', normally caused by pressure put on a baby's head. It's really common and affects around one in five babies. As babies' heads are soft, they are more vulnerable to the impact of pressure on their heads, which can be caused by the position of your baby in the womb, the birthing process itself or the way your baby sleeps. Babies born prematurely are also more likely to have flat head syndrome.

There are two types of flat head syndrome, plagiocephaly and brachycephaly. Plagiocephaly is when the baby's head is asymmetrical due to it being flattened on one side. Brachycephaly is when the baby's head is flat at the back. Occasionally, in this instance, the forehead can also bulge out. Plagiocephaly occurs more commonly than brachycephaly.

If your baby does have flat head syndrome, there is no need to worry, as the condition is merely cosmetic and won't cause any major health risks. However, if you do notice a flattened area on your baby's head, do not ignore it. Flat head syndrome is easier to treat the younger your baby is.

There are many ways to remedy flat head syndrome. One way is known as repositional therapy, or regularly changing the position that your baby sleeps or lies in, to avoid putting pressure on one area of the head. Special moulded pillows or helmets can also help in more severe cases.

While flat head syndrome may be worrying to new parents, the shape of their baby's head should improve naturally over time as they start moving around on their own. If you are worried that they have problems moving their head, seek advice from a health professional such as your local GP.

## QUESTION

**Are long-haul holidays safe if you're trying to conceive?**

## ANSWER

**DR PENELOPE LAW, CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST, THE PORTLAND HOSPITAL FOR WOMEN AND CHILDREN**

It is possible to travel safely while pregnant, and if you're trying to conceive, a holiday could be just what you need. However, it's important to take the right precautions, and to be prepared before you set off.

One of the key considerations is whether there's a risk of contracting any illnesses. Diseases carried by mosquitos, such as malaria, the Zika virus and dengue fever, can lead to low birth weight, premature deliveries and stillbirths. Advice on where is safe to travel is constantly being updated, so do your research before booking a holiday.

You may need to have vaccinations before travelling. Live viruses, such as typhoid and yellow fever, are unsafe for pregnant women, though vaccines made from dead viruses, such as the tetanus/diphtheria/pertussis (Tdap) are safe. If you are taking malaria medication, I would advise delaying trying for a baby until you've finished the course. If you return from holiday after having vaccinations or taking malaria medication and suspect you may be pregnant, see your GP, who will advise you on the next steps.

Another key thing to be wary of when travelling is poor water quality, which can cause stomach upsets and diarrhoea. Some medicines for treating these conditions are unsuitable for pregnant women, so make sure to check with your doctor what you can and can't have before you travel.

Long-haul flying (greater than four hours) has its own risks for pregnancy. The body prepares itself for the period after delivery by increasing the clotting capacity of the blood slightly. If you plan on flying this distance, you should talk to your doctor about taking a small dose of aspirin before you go, and also wear flight socks, drink a glass of water and go for a walk around the plane every hour or so.

Check out the neonatal intensive care facilities of your destination, particularly if you are travelling between 23 and 34 weeks of your pregnancy. Not all countries have as extensive facilities as the UK, so make sure your travel insurance covers unexpected neonatal costs (particularly if you're travelling to the US).

It is very possible to travel without it taking too big a toll on your pregnancy, or impacting your chances of conceiving, however it's important you have done your research and are well prepared before you go.

## QUESTION

**We are moving house, so my daughter will start her new school in the middle of the year. She is very anxious – how can I support her through the move?**

## ANSWER

**MELISSA HOOD, FOUNDER OF THE PARENT PRACTICE, LONDON**

You are wise to plan ahead and think of strategies to help her cope, rather than leaving it to chance. Change can be difficult for kids due to fear of the unknown. Children have less experience to fall back on and may not have coping strategies to give them confidence. Your daughter is telling you now via her mood that she has a multitude of feelings.

Be her 'emotion coach'. Name her feelings in order to tame them. This is not about taking away her upset feelings, but helping her to be in control of them. It means encouraging your daughter to put her feelings into words and ensuring those feelings don't get suppressed. Once your daughter feels her emotions are being validated, she will be more able to problem solve and think of solutions for herself.

Talk to her openly about both your house move and changing schools. Start with a phrase like: "I think you may be worrying about moving house. Although you are excited about your new room, I am guessing you are going to miss the old house, as you know it so well. It can be hard to adjust to changes and when we pack everything up it will feel strange." When it comes to discussing her new school, address what she is leaving behind as well as what she fears might be ahead: "You might be wishing you didn't have to change schools, and may feel sad about leaving your friends and teachers, and worried about fitting in, especially as the school year is underway."

You may want to contact the school to see if you can meet up with someone in her class before the move – a positive experience will help to dispel some of her anxiety.

For more advice, there are some good books that talk about moving, including *My Very Exciting, Sorta Scary, Big Move* by psychologist Lori Woodring.

## QUESTION

**What are the benefits of baby wearing? Is there a right or wrong way to do it?**

## ANSWER

**DR HENRIK NORHOLT, CHIEF SCIENCE OFFICER AT ERGOBABY**

Babywearing has lots of physical and emotional benefits for babies' development. It reinstates the closeness of nine months in the womb, which is why the first few months after birth is called the 'fourth trimester', with little ones needing parents more than ever as they make the transition into the big wide world. By stimulating the production of the hormone oxytocin, babywearing allows parents to build a stronger bond with their child.

Being near Mum or Dad is reassuring, and babywearing also promotes early language development, since little ones learn by watching faces and in a carrier they are at conversational height.

Babywearing is also convenient for parents. It allows breastfeeding on the go and breastmilk production is boosted by close contact with baby. Mum or Dad are also able to enjoy the luxury of having their 'hands free', with greater scope to explore than with a pushchair.

There is no definitive answer on how much time parents should stay in close contact with their baby, but studies have shown that the more babies are held close to parents, the better their development will be.

As for the 'face in or out debate', for the first few months, babies are more than content with facing inward – as they focus on adapting to life outside the womb they don't need too much stimulation. As babies get older, they'll start to turn their head to get a better view of all the exciting things happening around them. Parents can lend a helping hand by turning to let them get a better view of the action, or if babies signal more, they can be put in the forward-facing ergonomic position. Aim for short periods of time at first, however – it can be easy to overstimulate babies and they need to see their parent's face regularly for reassurance.

HAVE A QUESTION? EMAIL OUR EXPERTS AT [SMALLISH@EXCLUSIVEMAGAZINES.CO.UK](mailto:SMALLISH@EXCLUSIVEMAGAZINES.CO.UK)