



Why has my baby been referred for neonatal physiotherapy?

This leaflet is for parents of babies born under 30 weeks who have been referred to the Neonatal Physiotherapy Service. The service aims to support parents and Buscot staff to promote your baby's development, which will be different to babies born at full term.

Why does my baby need physiotherapy?

Babies born prematurely (before 37 weeks) do not experience the final stages of pregnancy where they are tightly curled and supported in the womb. During this time, a baby's muscle tone is developing and they get feedback from the support of the womb, helping provide security for the baby.

After birth, babies have to work against gravity to keep their arms and legs close in to their body to sooth them self. When babies are born prematurely their arms and legs flop out to the side rather than maintaining a curled-up position in toward their body. They will find it difficult to keep their head in the middle.

The effects of gravity and your baby's soft skull can result in changes to your baby's head shape and they may favour one direction more than another. It is important that they have support and regular position changes once they can tolerate this. For more information about this, ask your physiotherapist. There is a useful leaflet on the Association of Paediatric Chartered Physiotherapists (APCP) website:

https://apcp.csp.org.uk/system/files/head_turning_preference_and_plagiocephaly_-_2011.pdf

What will the physiotherapists do?

The physiotherapist will assess your baby to see how they are moving and responding. This usually involves checking your baby's movements and posture in different positions – on their back, side or tummy once they are ready for this.

After assessing your baby, the physiotherapist will provide advice on positioning and handling to help support your baby's development.

When your baby is close to term age, the physiotherapist will perform an assessment called the 'Hammersmith Assessment', which helps to make sure you have the right level of input to support you and your baby once your baby comes home. This assessment involves again looking at movement, posture and reflexes and comparing responses in different positions.

Positioning

Positioning is extremely important for babies born early. In the womb they would have been fully supported in a gravity free environment. All their movements would have met resistance,

pushing them back to a curled up mid line position. The emphasis on positioning is to facilitate a curled up and symmetrical posture helping your baby feel safe.

Good positioning prevents any muscle imbalance and supports your baby to promote their development and movement patterns.

Movement and handling

Take time to allow your baby to adjust to movement and re-positioning by moving slowly and supporting your baby to maintain a curled-up position. Watch how your baby responds to movement and positioning. When moving or re-positioning your baby, talk to your baby and give your baby time.

All three of the following positions can be used on the neonatal unit and at home.

1. Lying on their back

To help your baby rest in midline, use rolled up towels to provide a nest shape under their shoulders and around their thighs. This will help them keep their hands together and bring them to their mouth to explore, keeping their head in the middle. It will also help facilitate a flexed, curled up posture making your child feel safe.



This position helps bring arms and legs together, and also relieves pressure off the back of their head. This is important as it encourages your baby to bring their hands together and see their hands.

You can position a rolled up towel behind your baby for support and to stop them from rolling backwards. Place a toy, or something to look at, in front of them.

When your baby comes home this should only be done when they are awake or when you are with them.

Babies should sleep on their backs.

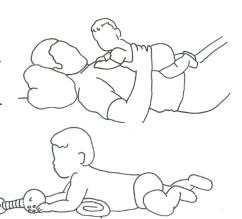
3. Tummy time

Laying your baby on their tummy is a great way of improving their neck and back muscles. Watch your baby for cues they are getting tired, and practise for a few minutes at a time.

To start tummy time, try reclining back in a chair and let your baby rest on your chest with their elbows forward under their shoulders, and legs tucked underneath them.

As your baby gets stronger and their head control improves, you can try this on the floor with a rolled up towel under their arms to support them.

Stimulate and encourage them to look up at you by using talking and singing to them.



When your baby comes home this should only be done when they are awake or when you are with them. **Babies should sleep on their backs.**

There is a useful resource about tummy time ideas on the APCP website: https://apcp.csp.org.uk/system/files/publication_files/Tummy%20Time%20Leaflet.pdf

What happens when I am discharged from Buscot?

When your baby is discharged from the neonatal unit, you will be contacted by our Physiotherapy Department for a follow-up appointment at the Dingley Child Development Centre. We aim to do this within one month of your baby's discharge to allow time for you all to settle at home.

This appointment will be to assess your baby's movement and posture and provide input to help support you and your baby. The frequency of appointments will vary depending on the needs of the baby and their family. As your baby gets older, the physiotherapist will continue to review with the Hammersmith Assessment to monitor how your baby develops and provide advice and support as needed.

How to contact us:

Call physiotherapists Natalie or Jenny if you have any questions on **0118 322 5248**. Follow up appointments will be at:
Dingley Child Development Centre
University of Reading, Erlegh House, Earley Gate
Whiteknights Road, Reading RG6 6BZ

Notes: Please use this space and the following page to make a note of anything you want to ask us...

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Paediatric Unit (Dingley Physiotherapists), February 2025. Next review due: February 2027.