

GUEST EDITORIAL

Tummy Time Key to Prevent Delays



BY H. GARRY GARDNER, M.D.

observations of more than 400 pediatric physical, occupational, and speech thera-

The incidence of early motor delays is increasing, according to a new national survey that quantifies the

pists. More than two-thirds of therapists reported seeing a rise in early motor delays in infants in the past 6 years, and those who saw an increase said that lack of tummy time while awake is the No. 1 contributor to the escalation in cases.

This survey underscores that it's more important than ever to help parents understand the importance of tummy time—having babies spend time on their tummies while awake so they learn to

raise their heads, push up on their arms, and acquire key milestones such as rolling over and unsupported sitting—and to give them specific guidelines and “moves” to begin incorporating tummy time into their babies' lives right from birth.

To us as doctors, the survey results reveal a trend we can't ignore: Early motor delays are on the rise.

Because early motor delays can be detected as early as the age of 2 months,

there is absolutely no reason to delay a referral to a specialist: A physical therapist could facilitate more ap-

propriate movement patterns at an earlier age and/or the early intervention system could do a complete evaluation for free.

An early referral may help get babies back on track sooner, dramatically lessening the amount and duration of interventions like therapy and orthotics.

The survey was conducted by Pathways Awareness, a national, not-for-profit organization that educates parents and medical professionals about the benefits of early intervention for children who show development delays.

According to the Pathways Web site (www.pathwaysawareness.org), “although the back-to-sleep initiative has effectively reduced cases of sudden infant death syndrome by 40%, babies now miss out on the 12 hours of tummy time they used to get during sleep. As a result, many babies don't get the stretching and strengthening of the back and neck muscles they need, which can lead to or exacerbate an early motor delay.”

With assistance from the Neuro-Developmental Treatment Association and the Pediatric Section of the American Physical Therapy Association, more than 400 occupational, speech and physical therapists who regularly work with pediatric clients and who average more than 20 years of experience participated in the survey.

Other survey findings included:

- ▶ Of therapists noting an increase in early motor delays referrals, the vast majority named lack of tummy time while awake as the No. 1 reason for the increase in early motor delays (84%), followed by the increase in premature births (59%) and back sleeping (54%).
- ▶ Nearly two-thirds (61%) of all respondents thought that early motor delays could be caused or exacerbated by back sleeping, and 77% had observed early motor delay cases that could be attributed to babies spending extensive time on their backs while they were awake (in car seats, bouncers, etc.).
- ▶ Therapists observed that most parents have little or no recognition of tummy time (70%).
- ▶ The majority of therapists who ob-

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BY JOHN F. SARWARK, M.D.

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served an increase in early motor delays noticed this phenomenon starting within the past 6 years: Most observed an increase starting 4-6 years ago (44%), followed by an increase 0-3 years ago (34%).

So what do these findings mean to you and your patients? Although the survey by Pathways does not definitively identify lack of tummy time as the causal factor of the increase in early motor delays referrals, it summarizes what pediatric experts have been observing for years and should serve as a hypothesis for a future scientifically controlled study on the rate of increase and causes of early motor delays.

What we do know is that each year more than 400,000 children in the United States are at risk for an early motor delay, and actual incidences are 1 in 40, a 150% increase from 25 years ago and a rate even higher than incidences of other accelerating conditions like autism, according to sources such as the March of Dimes, Pediatrics Annual Summary of Vital Statistics, and Centers for Disease Control and Prevention.

Although previous studies have linked a lack of tummy time to early motor delays, the survey by Pathways does not definitively identify the lack of tummy time as the cause of the increase in early motor delays.

There are several steps we can take to help diagnose and prevent early motor delays. For one, we need to emphasize to parents that, these days, many children's routines lead to virtually no tummy time: Babies who go from car seat to stroller to bouncer rarely may get the opportunity to strengthen their back and neck muscles.

Then, we can introduce specific, practical ways that parents can incorporate tummy time into their baby's schedule from birth. These positions do not necessarily have to place the baby directly on his or her tummy; instead, they can be soothing and holding the baby in the prone position.

Together with its Medical Round Table, Pathways Awareness developed an infant

tummy-time guide with specific positions and helpful parent/baby photos at their Web site. It's fine for parents to start small—even a few seconds at a time is a good start to get a baby used to being in the prone position.

We also need to change from a wait-and-see attitude, delaying treatment when a baby fails to reach early motor milestones. Obviously, each child has a range in which she reaches her milestones, but early motor delays can be detected as early as 2 months, and there is no reason to delay a referral to a specialist if you or the parent has even minor concerns about head shape or movement delays.

Early intervention is key and might make a difference of several months of therapy versus years of therapy down the road.

Whatever the cause, early motor delays are on the rise. Work with parents to explain the importance of tummy time, and give them specific tools to incorporate tummy time into their daily lives. Making tummy time a priority and referring children as early as possible to a specialist are essential to ensure the best outcome for every child. ■

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