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## Q&A About Tummy Time

Posted on November 23, 2010 by Heidi



By: [Pathways Awareness](#)

Q: What are the benefits of tummy time on infant motor development?

A: A policy statement published in 2005 by the American Academy of Pediatrics encourages tummy time when an infant is awake and observed as a means to enhance motor development.(1) Increased tummy time is significant to the earlier attainment of milestones such as rolling over, supported sitting, sitting alone, crawling, and pulling to stand. Additionally, it helps in the development of fine and gross motor skills, improved neck and head control, and stronger back and shoulder muscles.

Further, a study published in Development Medicine and Child Neurology found that healthy infants, born at term, who spent time in prone (on the tummy) when awake, achieved developmental milestones significantly earlier than those who did not or who spent limited time in prone when awake in the first 6 months of life. (2)

Q: Why is tummy time education more important than ever?

A: In a national survey of 400 pediatric physical and occupational therapists, two-thirds of those surveyed said they have seen an increase in early motor delays in infants over the past six years. Of therapists noting an increase in early motor delays, the vast majority named lack of tummy time while awake as the top reason for the increase (3). These results indicate that a considerable amount of parental and professional education on tummy time is still needed.

Q: Is the incidence of early motor delays rising?

A: 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.

Treatment and prevention of early motor delays can be as simple as more tummy time while infants are awake. More involved cases of early motor delays may require therapy and orthotics, but most pediatric therapists agree that, for a large majority of children, the earlier a condition or delay is identified, the shorter the duration of therapy will be.

Q: When should an infant begin tummy time and how much should they receive daily?

A: [The Pathways Awareness Medical Round Table](#) has developed a set of standards for tummy time that outline when to start and how much babies need. It is recommended to begin tummy time as soon as the infant comes home from the hospital. When started early, the infant learns to accept tummy time as part of their daily routine. Once an infant

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reaches 3 weeks, they can be placed on their tummy on the floor, mat or blanket while they are awake for a few minutes at a time. It is advised to start with small spurts of time and gradually work up to an hour per day in several shorter increments. For more age-specific tummy time information, visit [Pathways Awareness – Tummy Time Central](#) .

Q: Why aren't more parents engaged in supporting tummy time in the home?

A: With the implementation of the American Academy of Pediatrics' (AAP) Back to Sleep guidelines, there has been a lack of clarity and education for both parents and providers about the importance of tummy time when infants are awake. A 2010 study in the Journal of Pediatric Health Care found that 90% of the mothers reported receiving information about positioning their infant while asleep. However, only 55% mothers postpartum and 26% at 2 months after birth received information regarding infant positioning during awake time.(4) It is the responsibility of health professionals to help parents understand the importance of varying their infant's play positions throughout the day, which is accomplished through tummy time.

It is vital for parents to know what to do during the times their infant is not in therapy. A therapist must help a parent develop a home program specific to their child's needs, home and lifestyle. Make sure to update the program and or review it at the end of each therapy session. What is done at home is just as important or more important than what an infant receives in a therapy session. For more information on how to talk to a parent about tummy time during a therapy session, visit [Pathways Awareness – Talking About Tummy Time](#).

Q: Why is tummy time sometimes met with resistance by an infant?

A: Initially, the prone position is difficult for an infant. Their neck and back muscles are not strong enough, making head lifting or moving difficult. Often, an infant is resistant to tummy time and parents want their child happy, so they avoid putting them in that position. Most infants, however, when gradually encouraged, learn to tolerate tummy time in a surprisingly short time.

An infant with abnormal muscle tone (very loose or very tight muscles or joints) often finds it difficult to push up from their tummy onto their forearms or hands. They have to work harder than their peers, but with the encouragement from parents and guidance from a pediatric therapist, they can learn to enjoy being on their tummy. In addition to abnormal muscle tone, other reasons for resistance can include GI issues and reflux.

Q: Aside from laying on the floor on their tummy, what other ways can an infant receive tummy time?

A: It is the pediatric therapist's job to help parents figure out strategies for ways to do tummy time with their child other than simply laying them on the floor on their tummy. In an effort to help parents learn to safely integrate tummy time into their child's day, the [Medical Round Table at Pathways](#) developed a free online video entitled [Essential Tummy Time Moves](#). (Link to the video is at top left just under the Logo.) The video demonstrates how a parent can use just 5 simple positions each day to provide the freedom of movement needed for their child to meet critical growth milestones.

In a therapy session, try some tummy-down holds, like the "football hold," which involves placing one hand under the infant's tummy and the other forearm between their legs. Carry them close to your body to help them get accustomed to the position. An infant in the "football hold" will be encouraged to lift and turn their head to look around. Sometimes an infant prefers to be placed at a bit of an incline, so a rolled up receiving blanket or towel

under their chest might make tummy time more enjoyable. Additionally, the “lap soothe” move (soothing the infant across your lap on their tummy) can be used in place of putting the infant upright on the shoulder of the parent.

[Essential Tummy Time Moves](#) and its accompanying materials also recommend how to link tummy time to familiar activities, such as diapering, playing or bathing to make it easier for an infant to adjust to spending time in the prone position.

Q: Why should an infant’s time in car seats, carriers, swings, etc. be limited?

A: The 2003 AAP report *Prevention and Management of Positional Skull Deformities in Infants* cautions against placing infants for extended periods in car seats and infant carriers in which pressure is applied to the occiput (5).

Parents today are using car seats that often times serve as infant carriers, which fasten directly into strollers and swings without having to remove the baby from the seat. As a result, infants are spending way too much time strapped into things that keep them on their backs and put pressure on the back of their heads. It is important for a therapist to talk to parents about limiting an infant’s time in these types positioning devices and provide the baby with an increased amount of supervised tummy time.

Q: How is lack of tummy time associated with plagiocephaly and torticollis?

A: Since the inception of the AAP Back to Sleep campaign, which has greatly reduced infant mortality, the associated rise in positional plagiocephaly and muscular torticollis is notable and a concern. In 1974, plagiocephaly was estimated to have occurred in one out of every 300 live births. Following the Back to Sleep campaign, the occurrence of plagiocephaly increased to 1 in every 60 children in 1996. (6)

Plagiocephaly and torticollis should be evaluated by a physician to determine the cause and whether treatment is required. If treatment is necessary, a referral will be made for pediatric therapy. A therapist should individually assess the needs of each child and provide the best possible treatment plan. A typical treatment plan may involve repositioning the infant’s head away from the asymmetry and tilted position, gentle stretching, functional strengthening activities and massage. Pediatric therapists develop at-home therapy programs that instruct parents in proper positioning techniques (like those shown in the [Essential Tummy Time Moves Video](#)), along with exercises to facilitate symmetrical movements and developments. (Link to the video is at top left just under the Logo.) Treatment is more effective when symptoms are addressed early on. If the parent or therapist is concerned about an infant’s head shape and the infant is not tolerating tummy time by 4 months of age, they should consider a consult regarding a helmet for cranial remodeling.

Q: When working on tummy time in a therapy session, should a therapist include the parent?

A: Yes, the therapist can have the parent in the session and use them to do all the handling. The therapist should place the parent and infant in proper positioning. When the parent gets down and interacts with the infant, they forget they are on their tummy because they are just having fun with mom or dad.

In an effort to promote tummy time outside of the session, a therapist can offer to video tape or take photos of the parent and infant in various tummy time positions. At the same time, the therapist can be asking the parent questions about their infant’s daily time spent on their back in car seats and infant carriers. For more information on how to talk to a

parent about tummy time in a therapy session, visit [Pathways Awareness – Talking About Tummy Time](#).

Q: What tummy time resources can a therapist recommend to a parent?

A:

- [Five Essential Tummy Time Moves – one page handout](#)
- [Tummy Time Troubles – Video](#)
- [Baby's First Workout Handout](#)
- [Pathways Awareness Sleep Chart](#)
- [Tummy Time for Newborns](#)
- [Tummy Time for Babies 3 Weeks and Up](#)
- [Stories of Early Therapy](#)
- [Assure the Best for Your Baby's Physical Development – brochure](#)

#### References

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#### This Month's Featured Organization: Pathways Awareness

Pathways Awareness is a national 501©(3) not-for-profit public foundation celebrating over 20 years of assuring the best for all babies' development. The initiatives of our organization are guided by expertise of our Pathways Awareness Medical Round Table, comprised of leading physicians, clinicians, nurse practitioners and lay advisors. Pathways Awareness is dedicated to raising awareness of early sensory, communication, and motor delays in three key areas: detection, intervention, and prevention. To educate the public, Pathways has created print and online tools that are used by millions of healthcare professionals and families worldwide. Pathways Awareness' critical infant milestones literature has been recognized and endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners as the definitive resource concerning early motor delays. The organization's free print, web-based and

video materials can be viewed online, in print and in the media. For more information, visit <http://www.pathwaysawareness.org> or call our toll free parent answered hotline at 1-800-955-CHILD (2445).

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## One Response to **Q&A About Tummy Time**

Barbara Boucher PT, PhD, OT says:

November 23, 2010 at 12:09 pm

Well said & informative. Just like too much time in a carrier some babies are held back by rigid adherence to tummy time. Babies w/ delayed development need to spend more time in supported upright to strengthen head control w/out strong gravitational forces.



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