

FACTSHEET

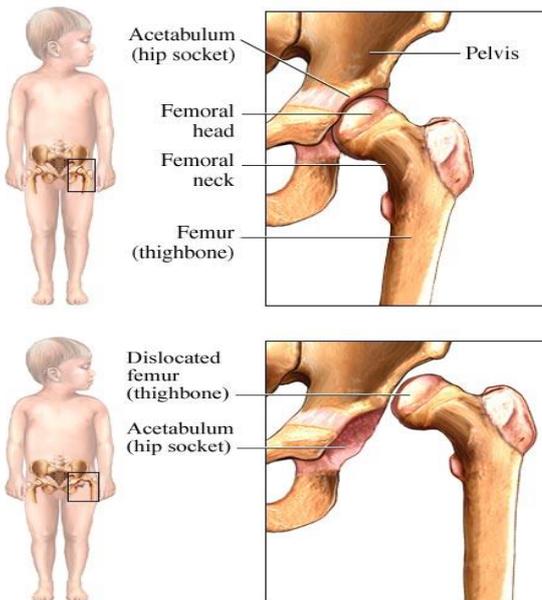
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Developmental dysplasia of the hip (DDH)

What is DDH?

DDH occurs when a baby's hip joint does not grow normally. The ball at the top of the thighbone (called the femoral head) is not in the right place. It should be in the cup-shaped socket of the pelvis (called the acetabulum).

Tendons and muscles hold the femoral head in the socket. If the tendons are loose or stretched, the femoral head will move out of the socket and the hip will not grow normally.



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Who to check

A healthcare worker should check all babies and children for DDH:

- At birth
- One week after birth
- At 6 weeks after birth
- At 6 months after birth
- When they begin to walk

How common is DDH?

Some events may increase your baby's chances of having DDH. These are called risk factors and include:

Breech presentation (born feet first)	10 times increased risk
Female baby	4 times increased risk
Low fluid around the baby in the womb (oligohydramnios)	4 times increased risk
A baby with a birth weight over 4kg	2 times increased risk
A first born baby	2 times increased risk
A baby who is overdue by more than 2 weeks	1.5 times increased risk
A family history of DDH	
Other tendon problems, such as club foot and/or neck stiffness	

Will my next baby have DDH?

DDH can run in the family. Newborn hip checks are very important for babies with risk factors. A hip ultrasound is also useful at 6 weeks of age, along with another hip check by a healthcare worker.

Are there signs I should look for?

If you see any of these signs, you should have your child checked by a healthcare worker:

- Uneven skin creases near your child's bottom
- Your child does not move their leg normally
- Your child leans to one side when they stand or walk (uneven leg length)
- Your child is not sitting by 10 months of age or walking by 18 months of age
- Your child's foot is turned out
- Your child has a 'waddling' gait when they walk
- You have difficulty parting the legs for nappy changes

What treatment will be needed?

The treatment plan for your child will be guided by their age and the abnormality to the hip. Newborns with DDH respond well to treatment in a soft brace (called a Pavlik harness) for six to ten weeks. The brace helps the hip develop and grow normally. The Pavlik harness will not cause long-term delay to your baby's development. Your baby will catch up once the brace is off.

What if treatment does not improve my baby's hip?

Some baby's hips do not improve with early treatment, and DDH can be found in older children. X-rays are used to look at your child's hips after six months of age. If the socket of the pelvis is too shallow and the femoral head is too small, the femoral head may easily move in and out of the socket. A femoral head that stays outside the socket is dislocated.

If not found before walking age, a dislocated hip can cause a painless 'waddling' walk. As the child grows older, their hip will become stiff and painful (called arthritis).

Will surgery be needed?

Surgery may be needed for children older than six months, or children whose hips do not improve after wearing the Pavlik harness.

The type of surgery needed will depend on the age of your child and the abnormality to the hip. Your doctor will discuss the type of surgery needed.

If surgery is needed, a plaster lower body cast (called a hip Spica) will hold your child's hip in place. This may be for a few months. The hospital staff will show you how to care for your child.

A few children may not improve after treatment. They may require surgery between two to four years of age. All surgery has risks and benefits. Your child's surgeon will tell you about the risks and benefits before the surgery.

How successful is the treatment?

Most children's hips grow normally after they finish treatment in the Pavlik harness.

Some children have problems for several years. All children need regular hip checks until they finish growing. A small number of children may have arthritis later in life if the shape of the hip does not improve.

How active will my child be?

Most children lead a normal, active life after treatment for DDH.

Remember:

- Most cases of DDH are found early and improve with simple treatment.
- Most children have no major problems after they finish treatment.
- Your baby should have regular hip checks by your GP or healthcare worker in the first year of life.

References

Commonwealth Government of Australia (2013) *Community Care Child Co-operative, Developmental Milestones & the Early Years Learning Framework and the National Quality Standards*
<https://www.dss.gov.au/sites/default/files/documents/05_2015/developmental-milestones.pdf>

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