

Developmental Dysplasia of the Hip (DDH)

Information and advice for parents and carers

Paediatric Physiotherapy

You have been given this leaflet because your baby is at risk of having developmental dysplasia of the hip (DDH) and requires further assessment. Most babies at risk of DDH have normal hips but it is important that we make sure.

What is the developmental dysplasia of the hip (DDH)?

Developmental dysplasia of the hip (DDH) is a condition where a baby's hips are not growing properly. The condition affects 1 – 2 out of 1000 newborn babies.

In a normal hip the head of the thigh bone (femur) is held tightly in place by ligaments and muscles and sits in a socket. In DDH the head of the femur is not held tightly in place so the socket may be flatter than usual, which makes the joint less stable. This can make it easy for the head of the femur to move in and out of the socket and become dislocated.

What causes DDH?

The cause of DDH is not clear but the following babies are more at risk:

- Those who have a close relative with DDH.
- Babies in the breech position (feet down position) during pregnancy.
- Babies with significant foot deformities that need treatment.
- Babies who have significant newborn torticollis/wryneck (where the head is tilted to one side and turned towards the other).
- Babies who have a significant flattening of one side of their head.

What are the symptoms of DDH?

DDH is not painful and there are no definite signs but you may see the following:

- One leg appears shorter than the other.
- An extra deep crease on the inside of the thigh.
- One leg moves differently from the other and the knee may appear to face outwards.
- When you change your baby's nappy one leg does not seem to move outwards as fully as the other.

How is DDH diagnosed?

All babies have a physical examination soon after they are born, which includes an examination of their hip joints. If DDH is suspected or your baby is more at risk of DDH they will need further assessment. For the assessment your baby will be laid on their back and their hips will be examined through a series of gentle movements and physical examination.

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If your baby's hips make a distinctive 'clunk' sound this suggests a possible abnormality and their hip joint may be classed as unstable. The 'clunk' sound is caused by the head of the thigh bone moving in and out of the socket; this is not painful. If your baby's hips make a 'clicky' sound this can be entirely normal, but we will need to check their hips further to make sure.

What happens next?

If your baby's hips are unstable

We will refer your baby to a specialist physiotherapist who will aim to see you within a few days. They will reassess your baby and start treatment if necessary. They will also arrange for your baby to have an ultrasound scan of their hips and be seen by an orthopaedic consultant (a doctor who specialises in bone problems). The ultrasound scan is painless and is similar to the scans done to see your baby during pregnancy.

If your baby's hips are stable, but they are more at risk of DDH

A routine hip ultrasound scan will be arranged for when your baby is about 6 weeks old. After the scan you will be sent a letter telling you the results. Most of these scans are normal, but if there is a problem your baby will be referred to the specialist physiotherapist and orthopaedic consultant. It is important that you bring your baby for the scan as the signs of DDH can be very subtle.

How is DDH treated?

The first line of treatment for DDH in babies under 6 months old is usually fitting them with a harness to remould the joint into the correct shape, which they will need to wear 24 hours a day, 7 days a week. Treatment is usually less complex the earlier it is started. In complex cases further treatment may be needed.



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The length of time your baby will need to be in the harness for will depend on the results of the ultrasound scan and your baby's consultant will discuss this with you. Whilst they are in the harness your baby will have follow-up appointments with their physiotherapist and consultant.

You will be able to change your baby's nappy as normal while they are in the harness and the physiotherapist will teach you how to bath them; do not attempt to bath your baby with the harness until you have been taught this.

What are the benefits of wearing the harness?

The benefit of wearing the harness is that your baby's hip joint can slowly be remoulded into the correct shape which will make the hip more stable.

What are the risks of wearing the harness?

There is a risk that the harness may rub your baby's skin and some studies have reported a small risk of damage to blood vessels or nerves. Your baby will have review appointments so that any potential problems can be picked up and prevented.

What are the risks of not getting treatment?

Some newborn unstable hips can correct by 2 - 6 weeks of age without any treatment, however if your baby does not have treatment and the DDH does not resolve by itself, their hip joint will stay misshapen for their lifetime. This may cause them difficulty with walking and pain. If DDH is not treated early enough with the harness your baby can have long-lasting hip problems and may need surgery.

Are there any alternatives to this treatment?

Depending on your baby's condition, a plaster of paris cast and surgery are other treatment options in some cases. If these treatments are appropriate for your baby they will be discussed with you.

Symptoms to report

If you notice your baby has any of the following please contact their physiotherapist as soon as possible:

- areas of broken skin
- areas of redness, rubbing or rashes on the skin
- the harness becomes very tight
- a growth spurt (this can cause the harness to become too small)
- your baby seems agitated and upset for prolonged periods of time

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Contact details

If you have any questions or concerns you can contact:

Paediatric Physiotherapists

0121 507 4569

Monday – Friday, 8.30am – 4.30pm

Further information

Patient UK information about DDH

www.patient.co.uk/health/Developmental-Dysplasia-of-the-Hip.htm

STEPS (A national charity supporting families affected by a lower limb condition)

www.steps-charity.org.uk

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- Committee on Quality Improvement, American Academy of Pediatrics, 'Clinical practice guidelines: Early detection of developmental dysplasia of the hip', 2000
- Patient UK Professional Reference, 'Developmental dysplasia of the hip', 2010
- STEPS, 'Guide to Hip Development: Baby hip health', 2011

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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Incorporating City, Sandwell and Rowley Regis Hospitals
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ML3950

Issue Date: March 2013

Review Date: March 2015