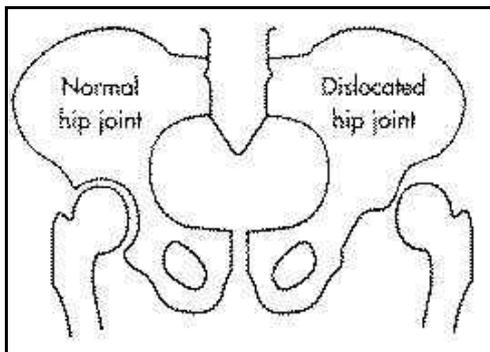


Developmental Dysplasia of the Hip (DDH)

What is Developmental Dysplasia of the Hip (DDH)?

DDH describes a variety of conditions in which the ball and socket of the hip do not develop properly. These include hips where the hip joint is dislocated (out of joint), unstable (hip is in joint but can come out of joint) and hips where the hip joint is stable but abnormally shaped.

The hip joint is similar to a ball in a socket. DDH means the ball of the hip either comes out of the socket or the socket has not developed properly. This condition used to be known as congenital dislocation of the hip (CDH).



Who will check my baby's hips?

It is important that all newborn babies have a hip check for DDH within 2-3 weeks of birth. In the Wellington region the neonatal hip examination is usually done by a trained Midwife, Paediatrician or Orthopaedic surgeon. Please ensure your Lead Maternity Carer (LMC) arranges this.

It is important to understand that sometimes a baby can have a normal neonatal hip check for DDH but develop an unstable hip over the first 6 months of life. Your General Practitioner and Plunket Nurse will also do hip checks over the first year of your baby's life to check for this.

Sometimes your baby may need an ultrasound examination of the hips to assess the hip further.

The scan would be able to pick up small abnormalities of the shape of the socket and head of the femur, or more movement of the head of the femur within the joint than usual. These are not always felt when the hips are tested by hand.

How common is DDH?

DDH is present in up to one in sixty newborn babies.

Why does a baby have DDH?

DDH can happen to any baby, but the following factors may contribute:

- Breech birth or breech position in the last three months of pregnancy
- A family history of hip problems or double jointedness
- Lack of fluid surrounding the baby in the womb (oligohydramnios)
- The increase in maternal hormones before delivery may make the susceptible baby's hip more likely to displace at the time of birth

Does DDH hurt?

Even though as parents you may be distressed at discovering your baby has a hip condition, your baby will not find the condition painful, although he or she may strongly object to being examined.

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What is the treatment for DDH?

If DDH is diagnosed early, treatment is straight forward, usually by using a brace which holds the legs apart (abducted). This position aids the correct growth of the ball and socket joint.

Other treatment such as casting or surgery may sometimes be required. This is usually done in children presenting with DDH after 4-6months of age.

Having an unstable or dislocated hip will cause problems in later life if it is not treated. Without treatment, the growth of the hip may be affected and there will be a much greater risk of developing osteoarthritis.

How effective will the treatment be?

The final outcome will depend on the severity of the condition and the way in which the joint grows, so even the doctors cannot offer guarantees. But for the vast majority of children today effective treatment means that your child will be able to lead a normal active life.

