

# Fact Sheet

## Developmental dysplasia of the hip (DDH)



### What is DDH?

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); however some of these problems may not be present at birth and can develop as the baby grows.

### How common is it?

There are several risk factors for DDH. These may include:

- Breech presentation – (10 times increased risk)
- Female baby – (4 times increased risk)
- A reduced amount of fluid surrounding a baby in the womb – (4 times increased risk)
- A baby over 4kg at birth – (2 times increased risk)
- First born baby – (2 times increased risk)
- A baby born over 42 weeks gestation – (1.5 times increased risk)
- A family history of DDH
- Some foot deformities present at birth.

### Will my next baby have DDH?

As above, the condition can run in the family. All future children should be carefully examined at birth and undergo an ultrasound of their hips at six weeks of age. Ultrasound may be used in conjunction with clinical examination to diagnose DDH at this age, but must be performed by an experienced examiner.

### What treatment will be required?

Treatment is dependent on the age of the child at the time of diagnosis and the severity of the abnormality in the hip. If the condition is diagnosed at birth, most babies are successfully treated in a Pavlik harness for six to ten weeks so that the hip goes back into the joint and stays in. At first, ultrasounds and later x-rays are used to see what the hip looks like and how it should be treated. Some babies' hips diagnosed early may not be corrected with the Pavlik harness and need further treatment.

### Will surgery be necessary?

Children not diagnosed until six to eight months of age, or those who don't do well with the Pavlik harness, may need an anaesthetic to allow the hip to be put back in. Sometimes an operation is needed. A plaster body cast (hip spica) is used to keep the hip in the correct position after the anaesthetic or operation.

### How successful is the treatment?

Most hips improve and become normal after treatment. In a small number of children the hip is so delicate the child will lose the blood supply to the hip when the hip is placed back into its correct position. There is no way of seeing if this has happened at the time. Another x-ray will show if the hip is not growing normally.

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Very few have any problem in their childhood or adolescence. Some children will develop arthritis much later in life if the hip does not develop fully.

### How active will my child be?

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

### Remember

- Most cases of DDH are managed with simple, early treatment and the child has no detectable physical disability.
- Most children will have no noticeable physical disabilities
- Your baby's hips should be regularly checked in the first year of life by your GP or baby health centre.

### References

Hart, E., Albright, M., Rebello, G. & Grottkau, B. (2006) Developmental Dysplasia of the Hip – Nursing implications and anticipatory guidance for parents *Orthopaedic Nursing* 25(2):100-109.



This fact sheet is for education purposes only. Please consult with your doctor or other health professional to make sure this information is right for your child.

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