

Understanding Developmental Dysplasia of the Hip (DDH)

What is Developmental Dysplasia of the Hip (DDH)?



Developmental Dysplasia of the Hip (DDH) is a condition where a baby's hip joint has not developed properly. This can range from a slightly loose joint to a completely dislocated hip. It affects about 1 to 2 in every 1000 babies in the UK.

The hip joint is a "ball and socket" joint. In DDH, the ball (top of the thigh bone) doesn't fit snugly into the socket (part of the pelvis), which can lead to long-term problems if not treated early.

Why is Early Detection Important?

Early diagnosis and treatment are key to ensuring your baby's hip develops normally. If left untreated, DDH can cause:

- Difficulty walking
- A limp
- Hip pain later in life
- Early arthritis



NIPE checks

Your baby will have a Newborn and Infant Physical Examination (NIPE), ideally within 72 hours of birth, and again at 6 to 8 weeks by a GP. Doctors will gently move your baby's hips to check for any abnormalities.

An ultrasound scan will be arranged if your baby has any of the following risk factors for DDH:



- Breech position during the last trimester (Hips are under more pressure in the womb)
- Twins (Due to less space in the womb): both babies will be scanned.
- Family history (First-degree relatives such as parents and siblings) of hip problems during the neonatal period (DDH can run in the family)

The scan will happen around 4 to 5 weeks after birth, at either Eastbourne

District General Hospital or Conquest Hospital, depending on your address. (Timing of the scan may vary for adjusted age in premature babies)

Ultrasound team will contact you by telephone or letter to confirm the appointment. You can then pick your preferred site if you wish to.

If the NIPE check of the hips is considered abnormal, we will not arrange an ultrasound and instead, make a referral to the Paediatric Orthopaedics team at a neighbouring tertiary unit. They will contact you by telephone to confirm the appointment.

What Are the Possible Outcomes of the Ultrasound?

Normal Scan – no further action needed

Mild Dysplasia – may be monitored with repeat scans

Moderate to Severe Dysplasia/Dislocation – may need treatment; referral to the Paediatric Orthopaedics team at a neighbouring tertiary unit.

How Is DDH Treated?

Treatment depends on your baby's age and how severe the dysplasia is.

This is usually done by a Pavlik Harness.

- Soft harness keeps the hips in the right position
- Worn for several weeks to months
- Most babies adapt quickly

Follow-up will depend on initial treatment. This can include:

- Paediatric orthopaedic specialists
- Repeat ultrasounds or X-rays
- Monitoring of walking milestones



Where Can I Find More Information?

- NHS Website: <https://www.nhs.uk/conditions/developmental-dysplasia-of-the-hip>

This leaflet is designed to help you understand DDH and support you through your baby's care journey. Don't hesitate to speak with your healthcare team if you have any questions or concerns.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

E.g. specialist nurse, ward, consultant secretary, self-help group, national bodies or Web site addresses.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4434 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Dr Mani Kandasamy Consultant Paediatrician

The directorate group that have agreed this patient information leaflet:
MATNEO Quality and Safety Forum (QSF)

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