



Targeted screening for Developmental Dysplasia of the Hips (DDH)

Parent Information Leaflet

You are receiving this leaflet as your child has been referred for further investigation of their hips.

Background

We check all babies' hips at birth. This is to screen for a condition called Developmental Dysplasia of the hips (or DDH). If this examination is not reassuring, or there are any other risk factors for DDH, we refer babies for an ultrasound scan of their hips.

What is DDH?

DDH is a condition where the hips are not properly in joint or not shaped perfectly. The hip joint is a ball and socket joint and in DDH, the ball and socket do not fit together in a normal manner. There are varying degrees of severity. In milder cases the joint is a little loose and in more severe cases the hip may be dislocated. Around 1 per 1000 babies have this condition. Babies with mild instability of the hip may get better over time without treatment. Other cases will require treatment from the Orthopaedic Department.

Who gets DDH?

Anyone can be born with DDH. However, we know some babies are more likely to have it than others. DDH is more likely if:

- Your baby is in the breech position at birth (if born at or after 28 weeks' gestation)
- Your baby is in the breech position at any time at or after reaching 36 weeks' gestation, even if they change position by the time of birth
- Your baby has a foot deformity, e.g.: talipes or clubfoot
- A parent or sibling (brother or sister) has had DDH diagnosed
- You have twins or triplets, and one of the babies has a risk factor for DDH, each of the other babies will also be referred for an ultrasound

In these situations, most babies are fine, but the chances of a hip problem are a little higher. If your baby has one of these risk factors, they will be referred for ultrasound, even if the hip examination is normal.

What happens if my baby's hip examination is abnormal?

During your baby's newborn examination, the staff will examine their hips for instability. If the staff find an abnormality, a more senior doctor may also examine your baby's hips.

If we confirm your baby's hips have instability, we will discuss this with you and we will refer your baby to the Orthopaedic team for follow-up and for an ultrasound scan.

What happens if my baby's hip examination is normal but they have a risk factor for DDH?

If the hip examination is normal but your baby has one of the risk factors mentioned above – we will arrange an ultrasound of the hips at around 4-6 weeks after their due date.

Therefore, we will refer your baby if we find an abnormality during their newborn examination or if they have risk factors which are associated with development of DDH.

What does the ultrasound scan involve?

The scan takes place in the radiology (X-ray) department at the Royal Hospital for Children. The radiographer will use an ultrasound probe (similar to the one used in pregnancy) to check the hip joint. This is quick and painless and does not involve any radiation.

The Radiology Department will send you an appointment for the. This will be 4-6 weeks after your baby's due date.

If you have not received your appointment within 3 weeks, please contact the neonatal secretaries (numbers on back page) or radiology on 0800 056 0103.

If you lose the appointment or need to change the time please contact the radiology department on 0800 056 0103.

Results

The staff will tell you the results at the time of the scan, and will explain any abnormalities and what follow up (if any) will be required.

- The scan of the hip shows a normal appearance
 - No further action is required
- The scan of the hip shows an immature appearance
 - A repeat ultrasound scan will be arranged in 3-4 weeks time
 - In many cases the repeat scan will show that the hip is now normal
- The ultrasound of the hip shows an abnormal appearance. The hip may be out of joint or unstable. Your baby will be seen by an orthopaedic surgeon to advise the best management

What happens next?

There are many changes that take place in the hip over the first few months of life. Many of the minor abnormalities that are picked up on ultrasound get better without treatment. Rather than starting treatment straight away, we may use a 'watch and wait' approach.

If treatment is required, this will usually be in the form of a splint e.g. Pavlik harness which will encourage normal growth. The orthopaedic team will discuss this with you.

Do the tests pick up all hip problems?

The hip examination only picks up instability at the time of the examination. You should contact your midwife, GP or health visitor if you have any concerns.

Questions?

If you have any questions based on this leaflet or what you have been told, please speak to the midwife looking after your baby.

Online resources: Baby Hip Health, Steps charity website:

<https://www.steps-charity.org.uk/conditions/hip-dysplasia-ddh/>

<https://www.steps-charity.org.uk/wp-content/uploads/2016/11/Baby-Hip-Health.pdf>

Paediatric Secretaries

**Queen Elizabeth Hospital –
0141 201 2228 / 0141 232 7778 / 0141 201 2297**

**Princess Royal Maternity –
0141 201 3466 / 0142 201 3465 / 0141 201 3513**

**Royal Alexandria Hospital –
0141 314 7337 / 0141 314 6737 / 0414 314 6738**

