

Developmental Dysplasia of the Hip

A Parent's Guide

Your baby has been assessed by a Physiotherapist who specialises in hip examination. The physiotherapist has identified that your baby has a problem with their hip development.

This leaflet helps to explain why this is, how you can help your baby and what to expect next.

What is the problem with my baby's hip joints?

The hip joint is made up of a ball which sits into a socket. As a baby's hip joint is made of cartilage (which is soft and malleable) the development can be affected and the socket part can be shallow. This allows the ball part to slip in and out of the socket part. Although your baby is not in any discomfort, this could cause them difficulties as they grow if it is not dealt with at this stage. The condition is called Developmental Dysplasia of the Hip (DDH)

What causes the hips to be shallow?

Sometimes there is a family history of hip dysplasia or there has been restricted movement of the baby during the pregnancy due to breech position or reduced fluid levels around the baby. Often there is no reason.

What can I do to help?

Your physiotherapist will have shown you positioning which will help improve your baby's posture. This in-turn should help their hip development.

Tummy time

Your baby is safe to be placed on their tummy from birth. They should **always** be supervised when on their tummy and **never** be allowed to sleep on their tummy. Babies should always be placed on their **back to sleep**.



Tummy time is excellent for hip development and should be done on a firm surface such as a play mat or blanket on the floor for approximately 1 hour per day. This can be split up into

achievable blocks of time. Tummy time helps to stretch the hips up and out into a 'frog leg' position which puts the hips in the best position for the hip socket to develop.

Tummy time is also excellent for developing strength in your baby's neck and back. You can play with stimulating toys to attract your baby's attention or facilitate them to turn their head to one side to relax.

Most babies will enjoy spending time lying on their tummy on your chest. Whilst this is a nice position for you and baby and you may notice them lifting their head too, the hips get a much better stretch when lying on a firm surface.

Supported lying

If your baby rolls to one side, place a rolled up muslin or small blanket under the same side from shoulder to buttock. This will help your baby to lie in the middle. This should be placed underneath the cot sheet to keep it in position. Your baby should be placed with their feet at the bottom of the cot. Do not place anything up by the side of their head.



Left: If baby has a preference for rolling to their left, place blanket down the left side



Right: If baby has a preference for rolling to their right, place blanket down the right side

Alternatively, you can use a rolled up small blanket or towel and place in a 'horse-shoe' shape around your baby stopping at shoulder level. This should be placed underneath the cot sheet to keep it in position. Your baby should be placed with their feet at the bottom of the cot. Do not place anything up by the side of their head.



What happens next?

Your baby has been referred for a hip ultrasound scan. The ultrasound scan shows how shallow the hip socket is and will confirm the hip dysplasia before treatment starts.

Sometimes treatment is not required at the time but we may suggest a period of observation.

What is the treatment?

Your baby will likely require treatment in a Pavlik harness. It is usually worn for 8-12 weeks and must stay on at all times. The legs are held in a “frog leg” position so that the ball is kept in the socket. In this position the socket should develop into a normal cup-shape. There are very small risks associated with the harness but your physiotherapist will discuss these fully with you prior to the harness being fitted. Usually fortnightly visits to the physiotherapist are necessary in order to monitor your baby’s progress and alter the harness as your baby grows. Most babies adjust to the harness very well but can be a little unsettled for the first day or two.



How will I care for my baby?

The Physiotherapist will show you how to handle your baby for feeding. They will also show you how to change and wash your baby. You will be given a further advice leaflet to help with this when the harness is fitted. You do not need any special equipment for your baby when they are in the harness.

Normal clothes are worn over the harness. You will usually need a bigger size of clothes. Sleep suits and dresses work well.



General Positioning advice

Ensure your baby spends time in a variety of positions, particularly during the first few months.

Time spent in bouncy seats should be limited, as this will cause pressure on the back of your baby’s head.

Babies should only be in car seats when travelling.

If your baby seems to have a head turn preference, change the position of the light or mobile in the room to the side your baby favours less to encourage them to turn their head.

Change the way your baby's head turns when they are sleeping by gently turning their head so that they are not always turned to the same side.

Allow plenty of time with your baby lying on your chest, tummy time on the floor or sitting supported on your knee so they are not having pressure on the back of their head.

Regular tummy time can not only support the natural development of your baby's hips but it encourages the development of strength in the muscles in their neck and back.

Tummy time should always be when your baby is **awake and supervised**.

If you would like to use a baby carrier/sling it is fine to do so, providing your baby's legs are well supported along the length of their thighs.

Contact information

If you require more information please contact the physiotherapist:

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