

# Developmental dysplasia of the hip (DDH)

**Disclaimer: 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.**

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 does not form properly. This condition used to be known as congenital dislocation of the hip (CDH).

How common is it?

Girls are affected much more often than boys. This is thought to be because girls usually have more flexible joints. About one in 600 girls have the condition in some form, whereas only one in 3000 boys are affected. The hip usually comes out of joint just before, during or after birth. It is more likely to happen if the baby was carried in the breech position, but this does not mean that all babies born feet first will have DDH. Very large babies or babies born with a difficult delivery with a slightly twisted neck, are also at risk of having DDH.

Will my next baby have DDH?

The condition can run in the family. All future children should be fully checked and may need an ultrasound of their hips at six weeks of age.

What treatment will be required?

If the condition is diagnosed at birth, many children can be 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 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 harness, may need an anaesthetic to put the hip back in. Sometimes an operation is needed. A body cast is used to keep the hip in the joint after the anaesthetic or operation.

How successful is the treatment?

Most hips improve and become normal. In a few children the hip is so delicate the child will lose the blood supply to the hip when the hip is placed back in 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.

Most children end up with normal hips after treatment. Very few have any problem in their childhood or adolescence. Some will develop arthritis much later in life.

How active will my child be?

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

Remember

- **Most cases of DDH are fixed with simple, early treatment and the child has no detectable physical disability.**



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