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# Developmental Dysplasia of the Hip (DDH)

## Introduction

This leaflet gives you information about Developmental Dysplasia of the Hip (DDH) and the treatment of this condition.

## What is Developmental Dysplasia of the Hip (DDH)

DDH is a common condition in which the ball and socket of the hip joint does not develop normally. DDH can range from a slightly shallow hip socket to a fully dislocated hip.

The top of the thigh bone (femur) is ball shaped and fits into a cup shaped socket on the pelvis (the acetabulum).

In young babies the shape of the cup is shallow, making the joint more like a cup and saucer. It gradually becomes deeper as the baby grows.

In DDH the socket may not grow deeply enough and in some cases the ball, or head of the femur, may be partly or completely outside of the socket.

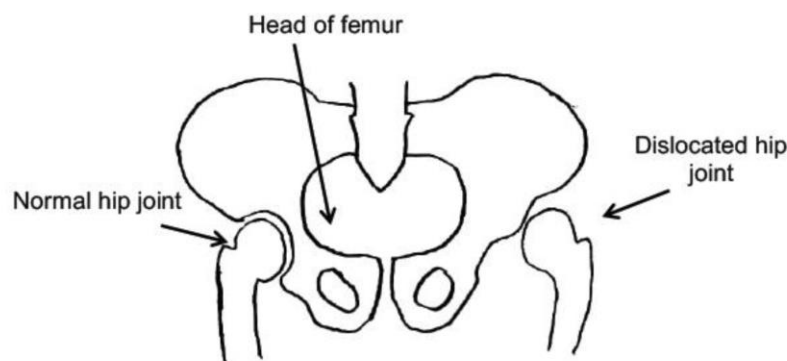


Figure 1: Diagram of the pelvis and hip joints

Reference No.

**GHPI0816\_08\_22**

Department

**Orthopaedics**

Review due

**August 2025**

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## Why does DDH happen?

One or two babies in every hundred are born with a hip problem. There are some risk factors that we know increase the chance of hip dysplasia, such as:

- Breech delivery
- Family history of a childhood hip problem
- Conditions known to be linked with hip problems (such as foot deformities and wry neck/torticollis)
- A concern with your baby's hips detected by the paediatrician or GP at the new-born or 6 to 8 week check

DDH is more common in girls than boys and the left hip is more often affected than the right.

## How is DDH found?

All babies' hips are checked shortly after birth by a paediatrician or midwife. If there is a concern it will be discussed with an orthopaedic surgeon who will decide if treatment or monitoring is needed.

If your baby's hips are normal but one or more risk factors apply, arrangements will be made for an ultrasound scan of the hips to be taken. This will be during the first 6 to 8 weeks of life. The ultrasound scan is similar to the one used during pregnancy.

Routine developmental checks also test for hip problems. In older babies and children, the signs to look for are restricted movement when spreading the legs and a limp.

Not all abnormal hips will be picked up by these screening tests and some children will not be diagnosed until they are much older.

## Does DDH hurt?

Your baby will not find this condition painful, although she or he may dislike being examined.

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## Is treatment necessary?

Without treatment there is a high risk of your child having problems such as arthritis later in life. This could be as early as in their thirties. Milder cases of DDH (sometimes called hip instability) may only need careful monitoring.

## What treatment will be used?

- If your baby's hips have mild DDH they will be monitored and reviewed as they grow
- If your baby's hips are unstable or dislocated, they will need to be secured in a soft harness. The harness will hold the whole of your baby's body and is worn 24 hours a day. The harness holds the legs bent and apart which allows the correct growth of the hip joint. The harness will need to be worn for 16 to 18 weeks. This may be longer for some babies
- In a few cases the orthopaedic consultant may decide that your baby needs to be examined under a general anaesthetic (while they are asleep). This is called an arthrogram. Your baby will need to stay in hospital for the day
- Some babies do not respond to treatment in a harness, or DDH is not found until they are older. These children may need an operation and a period of time in plaster (hip spica) covering the hips and legs. Your baby will need to be in plaster for several months. This may be followed by a short period wearing a splint

The orthopaedic consultant will discuss your baby's treatment with you.

## Will the treatment work?

Most children will go on to lead normal active lives with no long-term problems.

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## Contact information

### Orthopaedic Consultants

**Mr Henderson**

Tel: 0300 422 6581

Monday to Friday, 9:00am to 4:30pm

**Mr Kumar**

Tel: 0300 422 6712

Monday to Friday, 9:00am to 4:30pm

**Ms Aleksandra Terebeka**

Tel: 0300 421 6973

### Plaster Room

Cheltenham General Hospital

Tel: 03004 223 148

Monday to Friday, 9:00am to 4:30pm

Gloucestershire Royal Hospital

Tel: 03004 228 411

Monday to Friday, 8:45am to 4:30pm

## Further information

Supporting information can be found at:

**Steps**

Tel: 01925 750 271

Website: [www.steps-charity.org.uk](http://www.steps-charity.org.uk)

Select the 'Conditions' drop-down list then Hip Dysplasia (DHH)

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