

# Screening for Developmental Dysplasia of the Hip (DDH)

## Information for parents

This leaflet is designed for parents of babies born with **potential** developmental dysplasia of the hip. Your child has either a positive clinical finding and/or a risk factor for DDH. This does not mean that DDH has been officially diagnosed. **An Ultrasound needs to be performed to confirm a diagnosis.** If you have any further questions or concerns, please speak to a doctor or nurse caring for your baby.

**Your Baby:**

«PatientLastName», «PatientFirstName»

## What is developmental dysplasia of the hip?

Developmental dysplasia of the hip (DDH) is a condition where the hip joint fails to develop normally. It can occur before birth or in the first months of life. In DDH, the socket of the hip joint is usually shallow and the ball (top of the thigh bone) can be loose or lying outside the socket (dislocated). About two in every 1,000 children are born with a hip that has one of these problems.

All children in the UK have their hips checked at birth, and again around six weeks, eight months and two years old. Although an examination does not completely exclude the condition, it increases the likelihood of DDH being identified early.

If left untreated, DDH may lead to:

- the development of a limp when the child starts to walk
- pain in the hip, usually during teenage years
- the early onset of osteoarthritis.

It is therefore important to detect and treat the condition as soon as possible.

## Ultrasound scan of the hips

If your baby's hip is felt to be dislocated when checked at birth, an ultrasound scan of the hip will be done within two weeks. Where the hip is not dislocated, but thought to be loose, an ultrasound scan will be organised within four to six weeks.

Some babies whose hips are found to be normal may still need an ultrasound scan in four to six weeks if they have an increased risk of DDH.

Your ultrasound appointment will be sent to you in the post.

## Why might my baby be at greater risk of DDH?

Your baby is at a greater risk of DDH if:

- he/she was in a breech (feet or bottom first) position in the womb after 36 weeks gestation (term baby) or after 28 weeks gestation (pre-term baby)
- another close family member had hip problems as a baby which required treatment
- there are other problems in the lower limbs.

Most hip problems in babies improve within the first two to three weeks without any treatment. In some babies, however, the hip remains unstable and/or the socket continues to be shallow, meaning that your child will require treatment to avoid problems later in life. **It is therefore very important that you attend your baby's ultrasound appointment.**

**If you fail to attend the appointment as scheduled, a new appointment will have to be made, and time may be lost in starting important treatment.** Delays in starting treatment may lead to further complications for your baby.

## When will I be given the results of the ultrasound scan?

Immediately after the scan, you will be told whether your baby's hips are normal. 'Normal' means that your baby needs no further treatment or scans. If the scan shows minor changes, a repeat ultrasound examination will be required around 12 weeks of age. If the scan shows a dislocated hip or moderate changes, then your baby will be referred to the paediatric physiotherapy team as they will require treatment.

## What treatment will my baby need?

If your baby requires treatment, the paediatric physiotherapy service will either see you after your scan or contact you via phone and arrange an appointment within 5 working days of receipt the referral. In this appointment, the physiotherapist will assess your baby and fit a Pavlik harness to hold your baby's hips in the correct position to help hip development.

Your baby will have further hip ultrasound scans regularly to see how the hips are developing, and they will be seen in clinic on a regular basis, initially weekly then fortnightly, until the harness is ready to be removed. Time in harness varies depending on how the hips develop.

## Is there anything I can do to help my baby?

Please continue to carry and cuddle your baby as normal. There are, however, a few things you can do to help as outlined below:

- Do not swaddle your baby's legs, as this could worsen the development of their hips.
- Do not lie your baby on their side for prolonged periods.
- Start to complete supervised tummy time at regular intervals throughout the day.
- Encourage floor play on their backs and tummies.
- Use baby bouncers and car seats as little as possible – please try to avoid these if your baby's hip is dislocated.<sup>3</sup>
- Using a baby carrier/sling can help hips develop, provided thighs are supported well, knees are at the same height or higher than the bottom and baby's legs spread around the adult's torso (see image below)

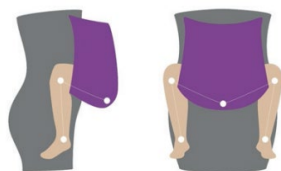


Image from STEPS 'Baby Hip Health'

## Contact us

If you have any questions or concerns about your baby's screening ultrasound test for hip dysplasia, please contact the neonatal secretaries on **020 8725 2517** (Monday to Friday, 9am to 5pm).

If you have had an ultrasound diagnosis of DDH, and you have any questions regarding treatment or an appointment, please contact the Paediatric Physiotherapy team on **DDHphysio@stgeorges.nhs.uk** or **0208 725 1902** (Monday to Friday, 8.30am to 4.30pm).

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

## AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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