Developmental dysplasia of the hip (DDH)
Summary

- Developmental dysplasia of the hip, or DDH, means that the hip joint of a newborn baby is dislocated or prone to dislocation.
- DDH affects one in every 600 girls, and one in every 3,000 boys.
- Treatment includes special harnesses, or operations and casts, depending on the age of the child at diagnosis.

Developmental dysplasia of the hip (DDH), previously referred to as congenital dislocation of the hip (CDH), means that the hip joint of a newborn baby is dislocated or prone to dislocation. Around 95 per cent of babies born with DDH can be successfully treated. Approximately one in every 600 girls is affected, compared to just one in 3,000 boys. The left hip is affected three times more often than the right hip. Dislocation of both hips is not uncommon. DDH is also more common in babies born with particular disorders, including cerebral palsy and spina bifida. There is a family history of DDH in one third of cases.

Structure of the hip joint

The hip is a ball and socket joint. The femur (thigh bone) ends with a rounded projection, or ball, which fits into the hollowed out socket (acetabulum) of the pelvic girdle. The ball is anchored firmly into the socket with tough connective tissue called ligaments.

In a baby with DDH, the socket is abnormally shallow, which prevents a stable fit. Slack ligaments may also allow the femur to slip out of joint.

Symptoms of DDH

The signs and symptoms include:

- reduced joint mobility
- a low clunking sound can be heard when the leg is gently rotated, which is the sound of the femur engaging the socket
- the stretch of skin between the anus and the genitals (perineum) is unusually wide.

For unilateral (one-sided) dislocation, symptoms include:

- The skin creases of the buttocks don’t match.
- One knee joint looks higher than the other.

Causes of DDH

There are many causes of DDH, both genetic and environmental, including:

- family history – around one third of babies with DDH have a blood relative who also had the condition
- congenital disorders – DDH is more common in babies with disorders such as cerebral palsy and spina bifida
- breech delivery – being born feet first can put considerable stress on the baby’s hip joints
- multiple babies – crowding inside the womb may dislocate the hip
- first-time mother – the inexperienced uterus and vagina may cause a difficult or prolonged delivery

Routine checks for DDH

Babies are routinely checked at birth to make sure their hip joints are properly positioned. The baby is laid on its back, and the doctor rotates each leg at the hip to ensure full joint mobility. A dislocated hip doesn’t have a full range of movement and tends to make a clicking or clunking sound as the ball of the femur moves in and out of the socket. An ultrasound is usually performed to confirm the diagnosis and help determine the extent of the dislocation. X rays, CT scans and magnetic resonance imaging (MRI) scans may also be used.

Treatment for newborns
A baby born with a dislocated hip can be successfully treated with a Pavlik harness. This device holds the joint in place while the baby’s skeleton grows and matures. Subsequent x-rays will track the hip joint’s progress. The Pavlik harness is effective in over 85 per cent of cases. Most babies will require the harness for between six and 12 weeks, and do not appear to be distressed by its use.

**Safe wrapping of baby**

In some babies, the ligaments around the hip joint are loose, which in most circumstances, corrects during the first few months of life. Research has shown that tight wrapping with the legs held straight can lead to hip dysplasia and dislocation. When wrapping your baby, always remember to leave enough room in the wrap for the legs to move freely. Your baby’s legs should be able to bend at the hips with their knees apart.

**Older babies with DDH**

If a baby is diagnosed with a dislocated hip when they are six months old or more, then an anaesthetic will be required before the hip is manipulated into its proper position. An operation may also be needed. A hip cast applied after surgery helps to keep the hip joint in place, and subsequent x-rays will track the hip joint’s progress.

**Later diagnosis of DDH**

Sometimes, a child isn’t diagnosed with DDH until they are two or three years of age. Symptoms may include a distinct waddling gait, one hip lower than the other, a limp, and walking on tiptoe. Complications of untreated DDH in an older child may include stability problems with the knee joints and injury to nerves supplying the femur (the thigh bone – between the hip and the knee).

**Long-term outlook after DDH**

Most babies born with successfully treated DDH don’t have any hip problems in later life. However, some may develop arthritis in the affected joint in their later years.

**Where to get help**

- Your doctor
- Paediatrician
- Maternal and child health nurse

**Things to remember**

- Developmental dysplasia of the hip, or DDH, means that the hip joint of a newborn baby is dislocated or prone to dislocation.
- DDH affects one in every 600 girls, and one in every 3,000 boys.
- Treatment includes special harnesses, or operations and casts, depending on the age of the child at diagnosis.

**References**

- Fact sheet: Safe wrapping for DDH (pdf), RCH. [More information here](#).

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More information

Birth defects

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Birth defects explained
- Birth defect conditions
- Birth defect risks
- Birth defects screening and protection

Birth defects explained

- Birth defects explained

The cause of birth defects is often unknown. Speak to your GP if you are at increased risk of having a baby with a congenital anomaly...

- Disease clusters

Disease clusters are rare but can cause community concern about the possible effects of exposure to environmental hazards...

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Birth defect conditions

- **Abdominal birth defects**
  During fetal development, the diaphragm or abdominal wall may fail to properly fuse, allowing the abdominal organs to protrude.

- **Ambiguous genitalia**
  The causes of ambiguous genitalia include genetic variations, hormonal imbalances and malformations of the fetal tissues that are supposed to evolve into genitals.

- **Autism spectrum disorder (ASD)**
  ASD is a complex disorder that affects a person's ability to interact with the world around them.

- **Central nervous system birth defects**
  Folic acid taken before conception, and during at least the first four weeks of pregnancy, can prevent around seven out of 10 cases of neural tube defects.

- **Cleft palate and cleft lip**
  Most cleft palates and cleft lips can be repaired so that appearance and speech develop normally.

- **Congenital adrenal hyperplasia (CAH)**
  CAH is a rare genetic disorder, but it is well understood and treatment is readily available.

- **Cri du chat syndrome**
  Most children born with cri du chat syndrome have moderate intellectual disability, with varying degrees of speech delay and some health problems.

- **Developmental dysplasia of the hip (DDH)**
  Around 95 per cent of babies born with developmental dysplasia of the hip can be successfully treated.

- **Digestive tract birth defects**
  Too much amniotic fluid surrounding the baby during pregnancy (polyhydramnios) may indicate the presence of defects of the digestive tract.

- **Down syndrome**
  With the support and opportunities available to them today, most people with Down syndrome are able to achieve and participate as valued members of their community.

- **Dwarfism**
  Dwarfism refers to a group of conditions characterised by shorter than normal skeletal growth.

- **Fetal alcohol spectrum disorder (FASD)**
  The World Health Organization recommends that pregnant women should avoid alcohol.

- **Fragile X syndrome**
  The facts about fragile X syndrome are complicated, and parents and family members are invited to ask their doctor to refer them to a genetics clinic.

- **Haemophilia**
  All children with severe haemophilia are given preventative treatment with infusions of blood products before they have a bleed.

- **Heart abnormality birth defects**
  Some congenital heart defects are mild and cause no significant disturbance to the way the heart functions.

- **Kabuki syndrome**
  Kabuki syndrome affects males and females equally and there is no cure.

- **Neurofibromatosis**
  Neurofibromatosis is caused by faulty genes, which may be inherited or have spontaneously mutated at conception.

- **Noonan syndrome**
  Noonan syndrome is a genetic condition that usually includes heart abnormalities and characteristic facial features.

- **Phenylketonuria (PKU)**
  PKU is an inherited disorder that prevents the normal breakdown of a protein found in some foods.

- **Prader-Willi syndrome**

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A feature of Prader-Willi syndrome is the child's excessive appetite, which often leads to obesity...

- **Spina bifida**
  Folate can prevent up to 70 per cent of spina bifida cases if taken daily for one month before conception and during the first three months of pregnancy...

- **Syringomyelia**
  Syringomyelia is the growth of a cyst in the spinal cord that may result in paraplegia or quadriplegia if not treated...

- **Tay-Sachs disease**
  Tay-Sachs disease is a serious genetic disorder common in Ashkenazi Jews and French-Canadians...

- **Thalassaemia**
  Thalassaemia is an inherited blood disorder that can cause anaemia or death if not treated...

- **Urinary system birth defects**
  Common birth defects of the urinary system include hypospadias, obstructive defects of the renal pelvis and renal agenesis...

- **Williams syndrome**
  Williams syndrome often goes undiagnosed, which means that some people with the disorder fail to get the support and treatment they need until later in life...

### Birth defect risks

- **Drugs, medication and birth defects**
  It can be dangerous for a pregnant woman to stop taking prescription drugs if she has a medical condition or becomes ill...

- **Fetal alcohol spectrum disorder (FASD)**
  The World Health Organization recommends that pregnant women should avoid alcohol...

- **Rubella**
  Rubella is a mild illness for most people, but very dangerous for pregnant women and their babies...

- **Toxoplasmosis**
  Problems only occur if a woman becomes infected with parasites that cause toxoplasmosis for the first time while pregnant...

### Birth defects screening and protection

- **Egg freezing**
  You can freeze your eggs for medical reasons or for reasons that are more to do with your life circumstances...

- **Folate for pregnant women**
  Even women who aren't planning to have a baby should increase their folate intake in case of unplanned pregnancy...

- **Genetic services in Victoria**
  Genetic services can help people who are affected by, or who are at risk of, inherited conditions or birth defects, to make informed choices about their healthcare...

- **Immunisation and pregnancy**
  Immunisation can protect a woman and her unborn baby against many infectious diseases...

- **Newborn bloodspot screening**
  Every newborn baby in Australia is offered a newborn bloodspot screening test to identify those at risk of rare, but serious, medical conditions...

- **Pregnancy tests - chorionic villus sampling**
  Chorionic villus sampling (CVS) is a pregnancy test that checks the baby for some abnormalities...

- **Pregnancy tests - maternal serum screening**
  Maternal serum screening can indicate increased risk of abnormalities in the unborn child, but is not a diagnosis...

- **Pregnancy tests - ultrasound**
  Ultrasound is used during pregnancy to check the baby's development and to help pick up any abnormalities...

### Related Information

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• Urinary system birth defects
  Common birth defects of the urinary system include hypospadias, obstructive defects of the renal pelvis and renal agenesis...

• Abdominal birth defects
  During fetal development, the diaphragm or abdominal wall may fail to properly fuse, allowing the abdominal organs to protrude...

• Trisomy disorders
  Children affected by trisomy usually have a range of birth defects, including delayed development and intellectual disabilities...

• Heart abnormality birth defects
  Some congenital heart defects are mild and cause no significant disturbance to the way the heart functions...

• Ambiguous genitalia
  The causes of ambiguous genitalia include genetic variations, hormonal imbalances and malformations of the fetal tissues that are supposed to evolve into genitals...

Related information on other websites
- Genetic Support Network Victoria
- The Children's Hospital at Westmead - Parents - Developmental dysplasia of the hip (DDH)
- Wrapping your baby safely to help prevent developmental dysplasia of the hip video. RCH

Support Groups
- Hip Hip Hooray - Raising awareness for Hip Dysplasia
- Limbskids Support Association

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