



Baby Hip Health – Some facts and figures

All babies have a physical examination soon after they are born; the examination of the hip joint is part of this examination.

The hips are checked again around six – eight weeks by the GP or clinic doctor. This is because some babies may have hips that are not growing properly; a condition called Developmental Dysplasia of the Hip (DDH). Some babies seem to be more at risk of developing DDH than others.



Many babies are born with unstable or immature hips, most will grow out of this and develop normal hips, but some babies are more at risk of developing DDH which needs treatment. It is most common in first-born baby girls, but some babies of both sexes have high risk factors, these are:

- Genetic factors (this means the problem is more common in families where another person in the immediate family has also had a developmental problem with a hip).
- Position of the baby before birth especially, with a breech presentation.



Babies born with high risk factors and those who have had a diagnosis through examination should be offered an ultrasound scan to check the growth and position of the hips.

The physical examination is not 100% accurate. This means that sometimes there is a false alarm, when you will be told that your baby may have a hip condition. However, further tests may show that in fact she or he does not have the condition.

It also means that sometimes a problem may not be picked up even if it is present. So even if your baby has had a hip check and was found to be OK, if you think there may be a problem you should still point it out to your health visitor or GP. Do not assume that because the check was 'normal', there cannot be a problem.

There are no definite signs that your child may have a problem with hip development, but the following are associated with DDH:

- One leg appears shorter than the other
- An extra deep crease is present on the inside of the thigh
- One hip joint moves differently from the other.

- When you change your baby's nappy one leg does not seem to move outwards as fully as the other.
- Your baby crawls with one leg dragging.
- After walking age you may notice:
- Your child stands and walks with one foot on tiptoes with the heel up off the floor.
- Your child walks with a limp (or waddling gait if both hips are affected).

Research has shown that parents are good at detecting hip problems, but often delay seeking advice because of uncertainty, so if you are concerned talk to your Health Visitor or GP. Treatment is usually less complex the earlier it is started.

HIP FACTS

- DDH is not just one condition, but describes a range of conditions from mild instability and or immaturity to the severe end of the spectrum where the hip is totally dislocated.
- Up to 19,000 babies a year will have a diagnosis of a potential hip problem, but most of these will get better without treatment.
- Postnatal swaddling practices which restrict leg movement and position, such as traditional practices in Japan and North American Indian populations have been associated with high incidence of DDH. Theoretically modern methods of caring for infants in developed countries, such as long periods spent in baby seats and the use of very slim disposable nappies and clothing which restricts hip position could also affect hip development.
- DDH underlies up to 9% of all primary hip replacement and up to 29% of those people aged under 60 years and younger.
- Celebrities with childhood hip problems
 - Toyah Wilcox
 - Sara Cox
- Celebrities who had had hip replacement surgery;
 - Bob Wilson, Arsenal goalkeeper and coach
 - Martha Stewart
 - Barry Manilow
 - Jack Nicklaus
 - Eddie Van Halen
 - Liza Minelli

steps Baby Hip Health Week 2008