Screening for Developmental Dysplasia of the Hip

Information for parents



There are some factors we can identify during pregnancy, which make Developmental Dysplasia of the Hip (DDH) more common. We have given you this information because we believe that your baby may be at risk of developing this condition.

What is DDH?

DDH is an abnormal development of the hip joint. In children with DDH, the ball at the top of the thigh bone (called the head of the femur bone) is not stable within the socket (called the acetabulum). The ligaments of the hip joint that hold it together may also be loose.

Sometimes, the hips can dislocate early in life, and this may not be noticed until your child starts to walk.

Treatment may involve use of a brace, a nonsurgical procedure under sedation, or an operation to correct the dysplasia and hip position.

What are the risk factors for hip dysplasia?

- Your baby was in the breech position (bottom down or feet first) after 32 weeks, even if your baby was born by caesarean section or came head first.
- There was very little fluid around your baby in the womb, known as anhydramnios.
- Your baby has a parent or a brother or sister with treated DDH.

Checking for DDH

Your baby will have their hips examined several times in the first few months after they are born. A physical examination is done before you take your baby home from hospital and your Maternal Child Health Nurse will check your baby's hips at regular intervals.

The examination involves moving each of your baby's legs to check that their hip is stable. If we believe that your baby's hips require further examination, we will request a review, or an ultrasound scan or an x-ray if they are older.

Why does your baby need a hip scan?

If your baby has a risk factor for DDH, an ultrasound scan is performed. This is done at the Pauline Gandel Imaging Centre (on Level One) at eight to ten weeks of age. If your baby was born before their due date (40 weeks of pregnancy), the scan will be performed eight to ten weeks after their due date. For example, a baby born at 37 weeks will have their scan between 11-13 weeks of age. The scan will show us how the hips have formed, and whether they are stable.

Hormones from the mother that pass to the baby before birth, can sometimes give a false impression that the hip is too loose, so the scan is performed as late as eight weeks to allow time for the hip to stabilise as the hormone levels fall.

Most often, the scans show that the hips have formed normally and are stable.

How do you get an appointment?

The staff who organise your baby's discharge will send a request form for an ultrasound scan and the appointment will be sent to your home or postal address. If an appointment has not arrived within two weeks of discharge please call the Pauline Gandel Imaging Centre.

What happens after the ultrasound scan?

Your baby's scan results will be mailed out to vou within two weeks.

If the hip shows signs of DDH, an appointment will be organised for you at the Orthopaedic Outpatient Clinic at the Royal Children's Hospital or Sunshine Hospital, for evaluation and possible treatment by doctors and physiotherapists with expertise in the care of babies with DDH. If the scan shows that the hip is immature (still developing but in a normal way) then a repeat scan will be performed at the Women's, four to six weeks after the first scan. Occasionally babies are then referred to an orthopaedic outpatient clinic for further assessment.

If you have not received your baby's ultrasound results within two weeks or been given an appointment time for a repeat ultrasound, please contact the Neonatal Clinic Coordinator.

If your baby needs to be referred to an orthopaedic outpatient clinic and you have not received an appointment for follow up at either the Royal Children's Hospital or Sunshine Hospital within two weeks, contact the relevant outpatient department. If they have not received the referral from the Royal Women's Hospital, contact our Neonatal Clinic Coordinator or Neonatal Fellow.

Family Violence Support

1800 Respect National Helpline

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24-hour support service) 1800respect.org.au

Do you need an interpreter?



If you need an interpreter, remember you can ask for one.

Contacts at the Womens

Neonatal Clinic Coordinator (03) 8345 2240 (Monday to Thursday 9am-4pm)

Pauline Gandel Imaging Centre T: (03) 8345 2250 (Monday to Friday 9am-4.30pm) E: pgwic@thewomens.org.au

Royal Women's Hospital [Neonatal Fellow] T: (03) 8345 2000 (Monday to Friday 8am-5pm)

Other Contacts

The Royal Children's Hospital Orthopaedic Outpatient Clinic T: (03) 9345 6180 (Monday to Friday 9am-4pm)

Sunshine Hospital
Orthopaedic Outpatient Clinic
T: (03) 8345 1430
(Monday to Friday 9am-4pm)

Disclaimer: This fact sheet provides general information only. For specific advice about your or your baby's healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you or your baby require urgent medical attention, please contact your nearest emergency department. © The Royal Women's Hospital 2019-2023