**Nev Davies - Reading Children’s Orthopaedic Unit**

**Information for Families**

**Developmental Dysplasia of the Hip (DDH)**

**Stage 1 / Plan A : Treatment with Pavlik Harness**

**What is DDH ?** [**(Please also read the general information leaflet)**](ND%20PIL%20DDH%20general%20info.docx)

The hip is a ball and socket joint. DDH is a spectrum of conditions ranging from a underdeveloped shallow hip socket through to a ball that is dislocated (out of the socket). All babies in the UK are checked at birth and at 6-8 weeks to make sure their hips are developing ok. Some babies are at higher risk of having these hip problems for example: twins, breech presentation, family history of hip problems. In 50% of cases both hips are affected.

**Stage One – Treatment with Pavlik Harness (**[**Click Here for Steps Charity Guide**](file:///Users/nevdavies/Dropbox/Debbie/Info%20%26%20Images%20for%20New%20Website/Patient%20Information%20Leaflets/%20Steps%20Info%20%20Pavlik%20Harness.pdf)**)**

A Pavlik Harness (see picture above) is used in all babies presenting under 6 months old. It works by keeping the hips in a flexed (bent up) and abducted (outward) position –This helps to keep the ball of hip joint in the socket – encouraging it to develop and become deeper.

Fitting the harness can be a bit fiddly but is usually straight forward. It should be worn 24 hours a day and not be taken off even for bathing. We recommend a using a sponge bath.

**What is the follow up ?**

We follow babies in harness up weekly with regular Ultrasound scans to check the hips are responding and in joint. If the hips are not in joint we discontinue after 2 weeks as it ca cause more problems. If it is working it is often used for 12 weeks or so.

**Are there any risks ?**

Rubbing & blistering – sometimes babies skin can be sensitive & rub under the straps

Femoral Nerve Palsy – if the hip is bent up too much it can cause the nerve at the front of the thigh to go to sleep & the leg goes floppy – although this almost always resolves we stop using the Harness if it happens and monitor closely.

Failure to get the hips in or developing moves us on to Stage 2 or Plan B – not really a risk but important for parents to realise it can a possibility dependent of the severity of the dysplasia and the response to treatment.

We will follow your child up in clinic regularly in the outpatient clinic until we are happy the hip is developing normally both clinically and radiographically (x rays)