

Hip Dysplasia in Infants

Hip dysplasia (developmental dysplasia of the hip) is when an infant's upper thighbone is dislocated from the hip socket. It can be present at birth or develop during the first year of life. It is not clear why this occurs.

Factors that may increase the risk of hip dysplasia include:

- More likely in girls
- Family history – more likely if first degree relative (parent, sibling) had hip dysplasia
- Birth Position – more common in babies who were breech (baby's buttocks or feet were positioned to be delivered first)
- Improper swaddling (legs tightly wrapped in a straight position)
- Birth order – more common in firstborn children

Detecting hip dysplasia

- We will check your child's hips starting at the first weight check visit and at every well visit until your child is walking.
- If your child was breech or there is a first degree relative with a history of hip dysplasia, an ultrasound of the hips will be performed at age 6 weeks, as these are highly significant risk factors for hip dysplasia and exam alone may not reveal a dislocated hip.

If hip dysplasia is found either by exam or by hip ultrasound, we will refer your child to a pediatric orthopedist for treatment.

Hip dysplasia occurs in about 1 in 1000 children and even with careful screening at well-child visits, some children with hip dysplasia are not diagnosed until after they are one-year-old.

Bringing in your child for routine well visits and having a hip ultrasound performed, if indicated, are the best ways for hip dysplasia to be diagnosed. If you **swaddle** your infant, leave the legs loose so they can be up and out. Untreated hip dysplasia can lead to permanent disability.

Reference: healthychildren.org, revised 3/17