Developmental dysplasia of the hip (DDH) is a condition that affects the formation of the hip joint of babies and young children. DDH is a developmental (ongoing) process, and is variable in how it presents. It is not always detectable at birth.

The hip is a ‘ball and socket’ type joint, formed by the round head of the femur with the cup shaped socket (acetabulum) in the pelvis (Figure 1). In DDH, the acetabulum and/or femoral head fails to develop normally.

DDH occurs in 1 in 1000 births, with girls more commonly affected than boys. One or both hips may be involved, with the left hip more commonly affected than the right hip. DDH is not painful in infants and young children.

Risk factors for DDH include:
- female,
- family history of DDH,
- first pregnancy,
- breech presentation,
- multiple gestation (e.g. twins),

Signs of DDH may include stiffness or decreased movement of the hip/s, asymmetry in leg positioning, uneven skin creases in the thigh, and shortening of one leg. There may, however, be no signs.

An ultrasound of the hip is used to confirm a diagnosis of DDH in babies under 6 months old. An X-ray of the hips is used in diagnosing DDH in babies and children older than 6 months.

Treatment options for DDH vary according to the age of the baby/child and the degree of hip instability.

Management in babies generally involves treatment in a brace which holds the legs apart and turned outwards (Figure 2). This promotes proper growth and development of the hip.

Early diagnosis and treatment of DDH is important since late diagnosis is often associated with poor outcome and may require more complex surgery. Undiagnosed DDH, if left untreated, can result in hip pain and the early development of osteoarthritis.