

Developmental Dysplasia of the Hip (DDH)

The hip joint connects the pelvis and thigh and is the most weight-bearing joint in the body. Some babies are born with developmental abnormalities such as hip laxity or dislocation, which can worsen with improper care. If detected too late, these conditions may lead to long-term problems such as leg length discrepancy and lifelong limping. In Taiwan, 1.5 out of every 1,000 newborns are affected by DDH. Because early symptoms are often subtle, it is easy for the condition to be overlooked, resulting in regrettable outcomes.

Which Babies Are at Higher Risk for DDH?

- Breech presentation
- Multiple births
- Oligohydramnios (low amniotic fluid)
- Family history of DDH
- Torticollis or foot deformities
- Female infants (5–8 times more common than in male infants)

Screening Methods

- **Physical Examination (Manual Assessment):**
Simple and quick
Low sensitivity (only 20–40%)
- **Hip Ultrasound Examination:**
Non-invasive, no radiation
Fast and accurate
Clearly visualizes the acetabular structure
Allows objective measurement of joint angles
Up to 80% of abnormal hip ultrasound findings cannot be detected by physical examination

Treatment Methods

- **Detected Within 3 Months**
Golden period for harness treatment
- **Detected During Walking Age**
Requires surgery, possibly even osteotomy for correction

Proper Carrying Position to Reduce the Risk of DDH

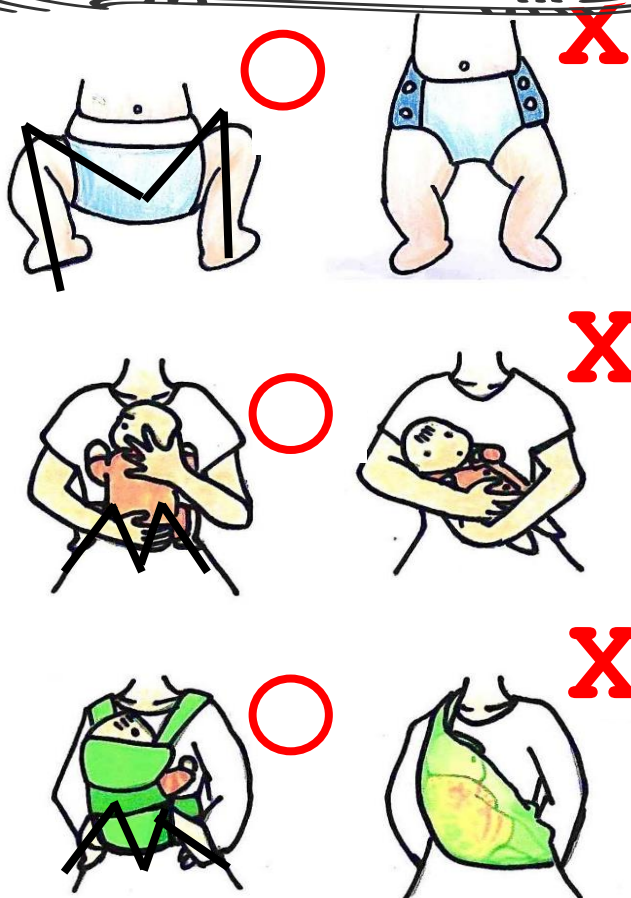


Image Courtesy of the Taiwan Pediatric Orthopedic Association

- ✓ Wrap correctly and hold properly
- ✓ Legs should be spread in an “M” shape
- ✓ Avoid wrapping the swaddle too tightly
- ✓ Do not keep the thighs extended and pressed together for long periods



How to Swaddle Correctly

Early Diagnosis, Early Treatment — Every Baby Should Undergo Hip Screening

References

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