

- Click on the link to watch a video on Developmental Dysplasia of the Hip (DDH)  
<https://youtu.be/whDkHL8xeao?si=ahb2FjK71SayB258>.
- Review pgs. 1467 – 1470 in your Maternal Child Nursing Care Book then complete the following questions:

1. What is developmental dysplasia of the hip (DDH) in babies?

DDH is essentially when the hip joint is not formed properly. It can manifest as complete dislocation of the hip in which the hip is out of socket (severe), or the hip is in the socket, but the socket is shallow (mild).

2. How can doctors tell if a baby might have hip dysplasia?

Pediatricians can move the hips and feel if it is coming out of socket, but the most definitive diagnostic is U/S (in young infants before bones harden) and then X-ray when they are more mature.

3. Describe the Ortolani and Barlow's tests.

Barlow: checks if the hip is unstable (can be pushed out of socket). Hip is gently adducted, and pressure is applied backward. A positive finding would be the hip dislocates or slips out, indicating instability.

Ortolani: checks if the dislocated hip can be reduced (put back into socket). Hip is abducted and lifted forward. A "clunk" will be felt as the femoral head pops back into the acetabulum.

4. How is hip dysplasia usually treated in infants?

Goal of Tx is to get hip to settle deep into socket. Pavlik harness is a common Tx, worn for several weeks to months. Other Tx includes closed reduction w/ casting and in severe cases surgery.

5. What are some nursing considerations related to the care of infant requiring the wear of a Pavlik harness or hip spica cast?

Pavlik harness: Only the provider can adjust the straps. Ensure good skin care and no lotion or powder under straps. Use clothing/diaper under harness as directed. Parents can engage in frequent cuddling and normal handling, but NO hip extension.

Hip spica cast: Keep cast clean and dry, often double diapering will be done. Check for good circulation (bad circulation: cool toes, swelling, or decreased movement). Do thorough skin checks around edges. Reposition frequently to prevent pressure sores.