

- 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?

A condition that occurs around the time of childbirth where the femoral head and socket are not aligned or developed properly. It can be complete dislocation, sublu (partial displacement), dysplasia (shallow acetabulum), or frank dislocation (femora head out of socket)

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

Physical examination through passive ROM, ultrasound or Xray

3. Describe the Ortolani and Barlow's tests

Ortolani: the infant is supine, the hips are flexed to 90 degrees, knees flexed. The provider places a thumb on the inner aspect of the thigh and abducts with gentle upward pressure. A positive test is when a clunk or jerk is felt as the femoral head relocated into the socket.
Barlow: hips flexed, knees flexed, adducts the thighs and applies posterior pressure on greater trochanter. Positive test is when femoral head can be dislocated from the acetabulum.

4. How is hip dysplasia usually treated in infants?

Non-surgical is first-line. Common treatment is the use of a Pavlik harness which holds the hips in a flexion and abduction to keep the femoral head in and mold the socket for proper development. If failed or later diagnosis, the infant may require a closed reduction and casting. Open surgical reduction in severe cases or older children and possibly an osteotomy (reshaping bones)

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

Teach how to apply, remove and check the harness, ensure straps are properly adjusted.
Monitor skin integrity and check pressure points, skin folds for signs of redness, breakdown, swelling, n compression
Educate on why the harness is necessary for hip stability and preventing long-term complications
Monitor cast integrity, ensure that it remains dry, clean and free from cracks
Skin care and adequate padding
Hygiene and diapering while keeping the cast clean and dry
positioning and mobility for discomfort