



steps

We don't take walking for granted

Baby Hip Health and DDH, a Parent's Guide



Helpful Information from Steps Charity



Contents

1 How This Booklet Might Help

2 Help When You Need It

3 Baby Hip Health

3 How does a baby's hip grow?

3-4 Why are babies' hips checked at birth?

4 Can the test pick up all hip problems?

5 When are the baby's hips checked?

5-6 How are the hips checked at birth?

6 What are risk factors?

7 My baby's hip test is negative, why do they still need an ultrasound?

7 My baby's hip test is positive, what happens next?

7 What is an ultrasound examination?

8 What happens after the scan?

9 Developmental Dysplasia of the Hip (DDH)

9 What is DDH?

9 How is DDH diagnosed?

10 Classification of DDH

11 Why does hip dysplasia happen?

12 How is DDH treated?

13 What the future holds

14-15 Beatrix's Story: A Journey of Strength and "Stripes"

16 .. Hip Health Guide

16 How do I look after my baby's hips?

16 Should I swaddle my baby?

17 Can I carry my baby in a sling or carrier?

18 .. Who are Steps and How Can They Help?

19 .. Contributors

19 .. Disclaimer

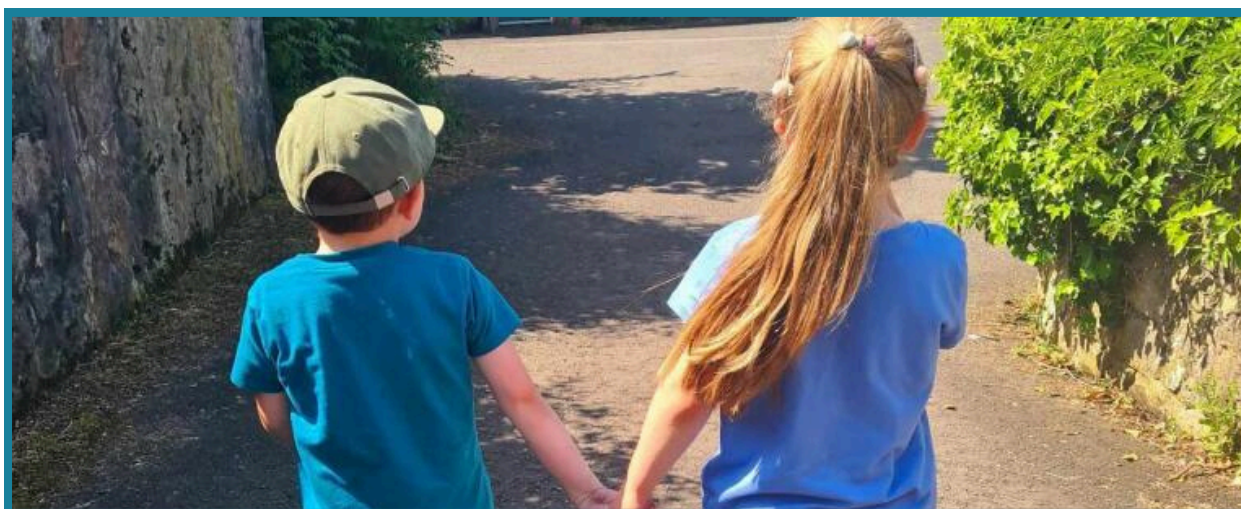
How This Booklet Might Help

At [Steps](#), we understand how a lower limb condition can affect individuals, families, and communities. We are committed to helping people understand these conditions, offering reassurance, and working towards a better future through our partnerships with national health services and research projects.

This booklet is for all parents. It explains why a baby's hips are checked at birth, what the tests involve, and what happens if a problem is found. It also gives advice on how to help keep your child's hips healthy. It cannot answer every question about what the future may hold, but we hope it will reassure you. We aim to show that practical help, specialist medical information, emotional support, and signposting to other sources of information are available if needed.



Having this information may help you feel more prepared for the road ahead and better able to ask informed questions about your child's care, treatment, and prognosis.

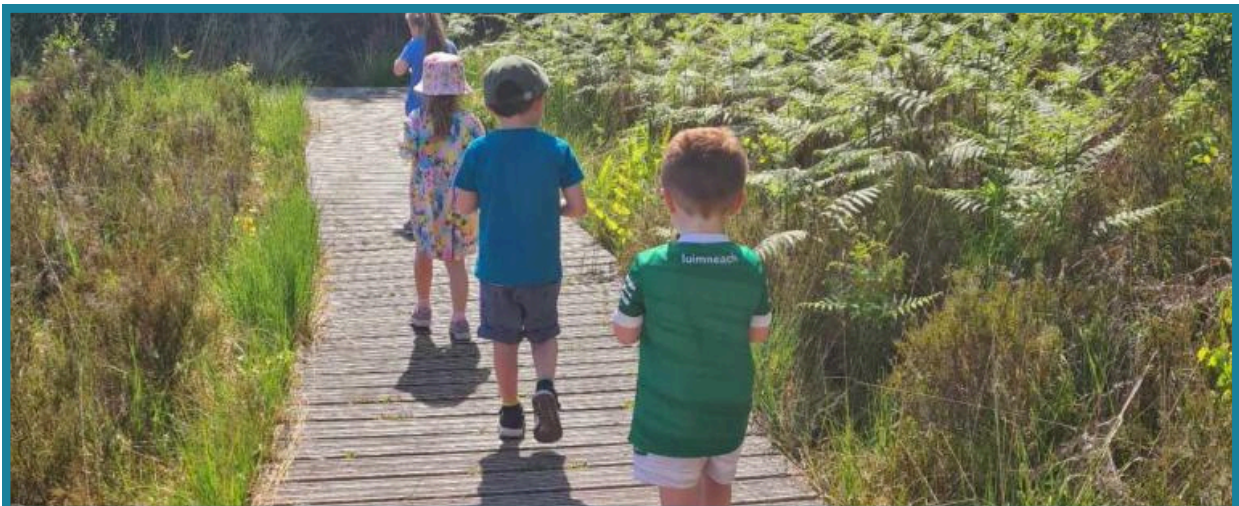


Help When You Need It

Sometimes being able to contact someone who knows what you are going through can provide much needed encouragement.

Our Family Contact Service can put you in touch with others who have shared a similar experience and can offer advice, support, and practical tips. You can also share your problems and solutions to everyday challenges in our closed Facebook Group for parents. The group is a friendly and safe way of discussing your worries online with other parents, sharing tips, and finding emotional support.

Remember, the **Steps** team are here to offer information and support in total confidence, and to answer any questions or concerns you may have. This will help you to ask informed questions at hospital appointments or may help to reassure you along the way.



No matter how big or small your concern, please telephone **Steps** on +44 (0) 1925 750271 or email info@steps-charity.org.uk for support and advice in total confidence.

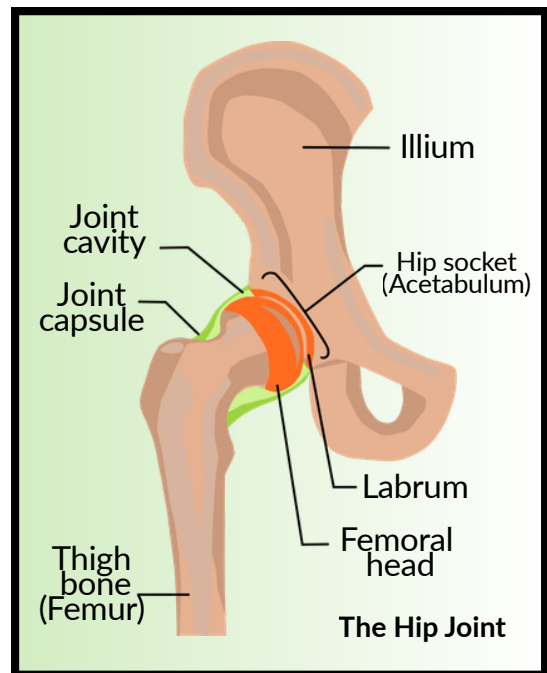
Social media details and information about how to get in touch with the Steps Family Contact Service can be found on page 18 at the back of this booklet.

Baby Hip Health

How does a baby's hip grow?

The hip joint is a ball-and-socket joint. The top of the thigh bone (femur) is shaped like a ball and fits into a cup-shaped socket on the side of the pelvis. This allows the leg to move up and down and from side to side.

For the hip to grow normally, the ball-shaped head of the thigh bone needs to sit inside the socket. In very young babies, the hip joint is made of soft cartilage, which gradually changes into bone over the first few years of life. For healthy development, the ball and socket must be held firmly in the correct position. This is done by ligaments, muscles, and a surrounding joint capsule.



Why are babies' hips checked at birth?

It is estimated that around one in ten newborn babies has some hip instability. This means the ball and socket are not held as firmly in place because the ligaments are loose. In most babies, these ligaments tighten naturally after birth.

Hip instability is most often found during the newborn and infant physical examination (NIPE), which is part of the national screening programme. One aim of screening is to identify babies with hip instability so that they can be referred to an appropriate specialist and, if needed, treated early. Early and appropriate treatment helps the hips develop normally.

The challenge is telling the difference between a hip that will correct itself without treatment and a hip that may go on to cause problems, such as a more serious condition called developmental dysplasia of the hip (DDH). We explain DDH later in this booklet.

Can the test pick up all hip problems?

Hip checks are not 100% accurate. A physical examination can only identify hip instability at the time it is performed. In some cases, hip instability may be missed, or a normal hip may be mistakenly thought to be unstable.

It is also important to understand that some hip problems are developmental conditions. This means they can develop later, even if early checks were normal. For this reason, it is helpful for parents to be aware of possible signs of hip problems during the first few years of their child's life.

Possible signs may include:

- Unequal leg lengths
- Clicking, clunking, or popping of the hip
- When changing a nappy, one leg does not move outwards as far as the other, or both legs seem stiff or restricted
- Uneven buttock creases (this is also common in many normal babies)
- In older children: a limp if one hip is affected, or a waddling walk if both hips are affected



Diagnosing hip problems can often only be confirmed using imaging, such as an ultrasound scan or an X-ray.

When are the baby's hips checked?

In the UK, the hips are checked as part of the NIPE. During this, your baby's eyes, heart, and (in boys) testes are also checked. The NIPE is usually carried out shortly after birth before going home from hospital, and again at around 6-8 weeks of age.

How are the hips checked at birth?

During the examination, the healthcare professional will look at how your baby holds their legs when resting. They will check whether the legs are the same length, lie in a similar position, and whether they move the same.

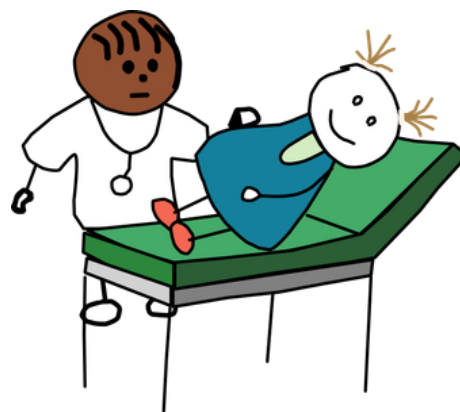
The baby's hips are then gently moved to check that the joints are stable. Two specific tests may be used; these are called the Barlow and Ortolani manoeuvres.

The Barlow manoeuvre checks whether a hip is 'dislocatable'. This means the ball of the hip joint can be moved out of the socket using a light downward pressure.

The Ortolani manoeuvre checks whether a hip that is already out of place, or 'dislocated', can be gently guided back in. This may be felt as a soft "clunk" as the ball of the hip joint moves into socket. This sensation is felt rather than heard.

If a test suggests a possible problem, this is called a positive test. If no problem is found, it is called a negative test.

A soft clicking sound from the hip is common and is not usually a cause for concern. A "clicky hip" on its own can be entirely normal.



The examination of the hips is gentle and should not cause discomfort. Some babies may cry or become unsettled during the check, which can be common when babies are handled, but does not necessarily mean they are in pain.



What are risk factors?

Before we explain developmental dysplasia of the hip (DDH) in more detail, it is useful to know that the healthcare professional who performs your baby's checks will also ask you about any risk factors that could increase the chance of a baby having DDH.

In the UK, it is acknowledged, as part of the NIPE, that the most common risk factors are:

- Breech positioning or presentation (bottom or feet first)
- First-degree family history of hip problems in early childhood (problems that were seen in baby's parents or siblings)



When risk factors are identified, your baby is likely to be referred for further assessment and ultrasound imaging of their hips.

My baby's hip test is negative, why do they still need an ultrasound?

Even if your baby's hip test is negative (normal), an ultrasound scan may still be recommended if risk factors are present. National guidelines in the UK recommend that babies with risk factors have an ultrasound scan of their hips between four and six weeks of age.



My baby's hip test is positive, what happens next?

If your baby's hip check is positive (not normal), they will be referred for an ultrasound of their hips within six weeks.

Sometimes hips that are thought to be unstable during the hip check stabilise on their own. However, it is still important that the hips are checked as ultrasound imaging is more reliable than the physical examination.

What is an ultrasound examination?

This is a harmless procedure that is very similar to the ultrasound used during pregnancy and is performed directly on the baby's skin.

An ultrasound scan helps obtain an accurate image of the hips to see if they are well-formed and safely in the correct position. It can identify abnormalities in the shape of the ball and socket. It can also be used to see if the hip is unstable. These problems are not always felt when the hips are tested by hand. An ultrasound scan may be normal (negative) even when the physical examination has suggested that there might be a problem.

Steps, in collaboration with the British Society of Children's Orthopaedic Surgery (BSCOS), have produced a video to explain the ultrasound, 'Ultrasound for hip dysplasia - what to expect'. You can find the video on the Steps Charity YouTube channel.

What happens after the scan?

At the end of the scan, the healthcare professional will discuss the results with you. If the ultrasound scan is normal, no further scans are required.

If the scan shows a problem, then you will be referred to a specialist in children's orthopaedics.

In some cases your child may receive immediate treatment and be placed into a cast or harness. Consider bringing a blanket to the appointment as your baby's clothes may not fit over these devices.

Sometimes, the first ultrasound scan shows that the hip is still developing. This may be described as an *immature* or *borderline* result. In these cases, a follow-up scan is usually arranged after a few weeks to allow the hips more time to develop.



Often, the hip continues to mature on its own and no further action is needed.

If a problem is still seen on the follow-up scan, your baby will be referred to a specialist in children's orthopaedics.



Developmental Dysplasia of the Hip (DDH)

What is DDH?

Developmental dysplasia of the hip (DDH) is a condition in which a baby's hip joint does not develop normally. The hip joint will often be described as dysplastic.

In a healthy hip, the ball fits securely inside the socket. In DDH, the socket may be too shallow, which means the ball is not held firmly in place. This can make the hip loose, unstable, or in more severe cases, fully dislocated.

DDH varies in severity. Some babies have only mild instability of the hip, while others have a hip that is partly or completely out of the socket.

DDH can affect one hip or both hips.



How is DDH diagnosed?

DDH is diagnosed after the physical examination and ultrasound imaging findings are evaluated by a specialist or expert.

Classification of DDH

To better understand the severity of DDH, the specialist may tell you what type of DDH your baby has. A commonly used classification system to describe severity is called 'The Graf method'.

The Graf method

Graf type 1, or I: Normal hip, or a healthy hip.

Graf type 2, or II: Immature or dysplastic hip.

The type 2 hips are further categorised using letters. This is because type 2 hips can be immature or dysplastic.

- **Type 2a, or IIa:** Immature hip that is likely to get better by itself.
- **Type 2b, or IIb:** Only applies to babies from 13 weeks of age, this means there is delayed development of the hips.
- **Type 2c, or IIc:** Dysplastic hip that may or may not be unstable; the socket is shallower than normal.
- **Type 2d, or IId:** Dysplastic hip where the ball has started to move away from the centre of the shallow socket; this can put pressure on the edge of the socket.

Graf type 3, or III: Severely dysplastic hip. The ball is no longer inside the socket and means the socket cannot grow properly around the ball. Can also be described as a low dislocation.

Graf type 4, or IV: Most severe dysplastic hip. The ball is further out of the socket and means that the socket cannot grow properly. Can also be described as high dislocation.

The different types of DDH can be difficult to understand and there are many characteristics the specialist looks for to give the correct classification. If you have any questions about the type or severity of the DDH, your specialist will be able to explain things further.

Why does hip dysplasia happen?



The exact cause of hip dysplasia is not fully understood. It is important to know that it is not anyone's fault.

Hip dysplasia usually develops around the time of birth. At birth, a baby's hip socket is naturally quite shallow. This is normal and allows flexibility for movement in the womb and during birth. In some babies, the socket does not deepen as quickly as it should.

During pregnancy, mothers produce hormones that relax ligaments to prepare for childbirth. These hormones can pass to the baby and may make a baby's joints, including the hips, more flexible for a short time after birth. Because of this, the hip may not be held as firmly in the socket as it should be.

Most babies' ligaments tighten naturally over the first few weeks of life. In some babies, this does not happen, which can allow the ball of the hip joint to sit slightly out of position.

Hip dysplasia is the most common newborn abnormality. Currently it is thought that between 3 and 5 in 1000 babies will require harness treatment for DDH, and 1 to 2 in 1000 babies with DDH may require surgery. It is more common in girls than boys. It is also more common in first-born babies.

As parents, you may be concerned that your baby has been diagnosed with DDH, which is completely understandable. Babies with hip dysplasia are not usually in pain, and the condition does not prevent them from learning to crawl or walk.



How is DDH treated?

Treatment depends on how severe the DDH is and how old your child is.

Most babies are treated using a splint or harness, such as a Pavlik harness. This holds the hips in a safe position, with the legs gently apart, to help the hip joint develop normally. The Pavlik harness is a soft harness that can be worn over or under the clothes. Other splints can be more solid, or 'rigid'.



In a small number of children, the hips do not improve with early treatment, or the condition is not diagnosed until later. In these cases, different treatments may be needed.

This may include a short hospital stay for further imaging and treatment, or an operation to guide the hip into the correct position while your child is under a general anaesthetic. Some children may need a more complex operation.

After these procedures, it is common for a child to be placed in a special plaster or fibreglass cast called a hip spica. This is a hard cast that often has a bar between the legs for stability. The hip spica holds the hips and legs in position while healing takes place.

Children who need treatment after infancy are usually followed up until they are fully grown.

Steps has produced resources '*Pavlik Harness, a Parent's Guide*' and '*Hip Surgery and Spica Cast Care, a Parent's Guide*', which offer more information on what to expect. They cover how to care for your child through these treatments as well as explaining different types of hip surgery and they include tips and advice from other parents of children who have had DDH.

What the future holds

Most children who receive treatment in the first months of life go on to attend school, take part in sports, and live active, healthy lives.

More research is needed to understand long-term outcomes into later adulthood. Many children who respond well to treatment remain pain-free and have no functional limitations many years later. However, even if treatment in childhood was considered successful some people who had DDH as a child may experience hip pain in adulthood. People who had DDH may also be more likely to develop joint stiffness or arthritis and may need a hip replacement earlier than average.

For this reason, maintaining good muscle strength and discussing symptoms or activity-related discomfort with a physiotherapist is important. It can help manage symptoms and better prepare for the future.

Some individuals may also require periodic review by an orthopaedic specialist to monitor hip health.



Steps has produced a factsheet on Adult Hip Health with more information and advice. You can find this on the Steps website.

Beatrix's Story: A Journey of Strength and "Stripes"



Beatrix was born in August 2014, and while my pregnancy and home birth were beautiful and without complication, her path took an unexpected turn at her six-week check-up. The doctor noticed her hip wasn't moving correctly, an appointment with a consultant led to a life-changing diagnosis: developmental dysplasia of the hip (DDH).

Because her condition was already advanced, the standard Pavlik harness wasn't an option. Instead, at just a few months old, Beatrix underwent a closed reduction surgery and was placed in a spica cast. As her parents, this was a period of immense shock and came with a feeling of losing control, as we navigated a condition we had never heard of and didn't understand.

We had to quickly adapt to a "new normal," mastering the unique challenges of a child in a heavy, rigid cast: we learned specialised ways of washing, dressing, and carrying her - even adapting clothing to protect ourselves from the rough edges of the cast. Despite the physical limitations, we made sure Beatrix experienced life, going to baby groups and family outings every day.



Public attention was difficult to manage. Seeing such a young child in a large, widely-set cast naturally drew people's eyes. I often found myself explaining her condition to others in an effort to educate. We didn't know any other children or families experiencing the same situation, which felt incredibly isolating. That was one of the main reasons we made sure to continue doing all the normal, everyday things. We were lucky that our private nursery was a sanctuary, embracing Beatrix's needs and learning her care routines.



Our journey wasn't a straight line. After the first 10 weeks in a cast, further issues required a second surgery - a femoral osteotomy. At 18 months old, Beatrix was back in a spica cast for another 12 weeks. By then, her strong-minded personality was already shining through, and she handled the situation with a spirit that kept everyone around her on their toes.



Now 11 years old, Beatrix is a healthy, sporty, and confident young girl. She carries a surgical scar on her right leg, which we have always encouraged her to view with self-compassion; it is known proudly to everyone as her "stripe".

While her medical journey continues and she may face future procedures, we tackle every consultation together, translating medical jargon into a shared language of strength and unconditional love.

I look back now with pride. We took everything that was thrown at us and we came out on top. I'm a proud DDH mum!

Hip Health Guide

How do I look after my baby's hips?

It is normal for a baby's hips to be more 'stretchy' and looser shortly after birth. Babies naturally hold their hips bent, with their thighs resting against their tummy.

Babies should be allowed to straighten their legs on their own and the legs should never be forced into a straight position. Avoid clothing, bedding, or straps that hold the legs straight or press the legs tightly together. It is important to leave the hips free to move.

Allow your baby to keep their hips bent, as they were in the womb, and make sure there is enough room for the legs to move freely.

During the first six months of life, when the hips are growing rapidly, it is important to avoid activities or baby products such as bouncers and moulded seats that may affect hip positioning or the baby's ability to develop normal hip movement.

Should I swaddle my baby?

Swaddling a baby with the hips and knees held straight may increase the risk of hip dysplasia and dislocation. For this reason, hip-healthy swaddling techniques are recommended. Ask your midwife or clinician for more information about these.

For healthy hip development, the baby's legs should be able to bend up and out at the hips. The legs should not be tightly wrapped or pressed together.

Many parents choose a sleeping bag designed for swaddling rather than using a blanket. When choosing a product, ensure it allows plenty of room for healthy hip positioning. The hips should be able to spread apart and bend up.

Sudden straightening of the legs into a standing position may loosen the joints and place stress on the soft cartilage of the hip socket.

Can I carry my baby in a sling or carrier?

Any equipment that holds a baby's legs in an unhealthy position may increase the risk of abnormal hip development.

When choosing a sling or carrier, consider your baby's size, how long they will be held in the carrier, and how the hips are positioned. The longer a baby is placed in a carrier that restricts hip movement, the greater the potential impact on hip development.



If using a sling or carrier, choose one that supports a healthy hip position.

A properly fitting, wide-based carrier that supports the M-shape (also called the spread-squat or jockey position) is commonly recommended.

In this position:

- The baby's thighs are spread around the parent's torso
- The hips are bent
- The knees are slightly higher than, or level with, the buttocks
- The thighs are supported all the way to the knees

This position supports the hips in an optimal alignment, with no downward pulling on the joints.

Parents are advised to research the general safety and risks of any product they plan to use. If unsure, discuss choices with a healthcare professional.

Who are **Steps** and How Can They Help?

Steps is the national charity working for all those whose lives are affected by childhood lower limb conditions. Everything we do is about valuing and supporting individuals, families and carers affected by conditions which have an impact on the legs, hips or feet.

Contact **Steps** (confidential)

Call 01925 750271 with any questions you have or email info@steps-charity.org.uk

Facebook discussion groups (private)

There are two pages for members to join:

[Steps Charity - Support Group for Parents](#)

[Steps Charity - Support Group for Adults](#)

Family contact support service (confidential)

Connecting parents (or adult caregivers) with other families who have been through something similar. Enquire via our contact number 01925 750271 or email info@steps-charity.org.uk. All our Family Contacts are interviewed and given training before they engage with a family, providing a forum for sharing ideas and consulting other parents on day-to-day questions.

Social media

Steps is active on X ([@Steps_Charity](#)), Instagram ([@StepsCharity](#)) and on YouTube ([StepsCharity](#))

Please note, external websites are not associated with Steps and Steps are not responsible for their content.

 info@steps-charity.org.uk  +44 (0) 1925 750 271

 www.steps-charity.org.uk  StepsCharity

 @Steps_Charity  @StepsCharity

 Steps Charity Groups:
Steps Charity - Support Group for Parents
Steps Charity - Support Group for Adults

[The Leading Charity for Lower Limb Conditions](#)

Registered charity in England and Wales (1094343), Scotland (SC049759) and also operating in Northern Ireland. A company limited by guarantee, registered in England and Wales, company number 04379997. Registered office: The White House, Wilderspool Business Park, Greenails Avenue, Warrington, WA4 6HL.

Contributors

This Parent's Guide was last reviewed in April 2026.

With special thanks to contributors and reviewers:

Especially Lucy Llewellyn-Stanton, (Advanced Clinical Practitioner Paediatric Orthopedics at Nuffield Orthopaedic Centre), The Steps team, Walk:Enabled, The Davis Family, The Dales Family, The Chown Family

All other families who contributed input, photographs, and feedback.

Disclaimer

Information in Steps Charity publications is sourced from a range of reputable providers, including healthcare professionals, universities and healthcare societies. Steps Charity does not provide medical advice, diagnosis or treatment and the information in this document is not intended to be a substitute for professional medical advice. This document is provided for informational purposes only. Always seek the advice of a qualified healthcare professional as to your specific circumstances. We try to ensure that the information in this document is correct at the time it was written but Steps Charity makes no representation and gives no warranty in respect of the accuracy or fitness for purpose of the information in this document, and accepts no liability for any personal injury or other loss or damage resulting from you relying on this information.



fieldfisher