



Early management of infant hip instability (acetabulum immaturity)

This leaflet is for parents and carers of a baby with possible hip dysplasia (infant hip instability or acetabulum immaturity), and aims to guide you in the early care of your baby's hips once you are at home.

About hip dysplasia

Your baby may have hip dysplasia. This is where the hip socket (acetabulum) is not fully developed and can cause issues, if not treated, with the ball and socket joint that forms the hip. However, in your baby's case, the instability or shallowness may be more likely caused from his/her hip socket being immature due to age, and/or a reaction to maternal Relaxin. Relaxin is a hormone that passes into a baby's system for a few weeks post-delivery. Some babies are more reactive to this hormone which can cause laxity (looseness) in joints.

The hip shallowness or instability may be identified soon after birth, or following a scan in the clinic. There are a number of ways to support the hip's development, allowing for the stabilisation of the joint, while hormone levels settle and hip development matures. In a number of cases this simple conservative management is enough to correct the problem. Your baby will be followed up in the Infant Hip Clinic, where his/her hip development will be monitored and, if necessary, any treatment started.

Going home from the Maternity Unit

Before you leave hospital, make sure an appointment has been made for your baby to be seen in the Infant Hip Clinic within 2-3 weeks from your baby's birth.

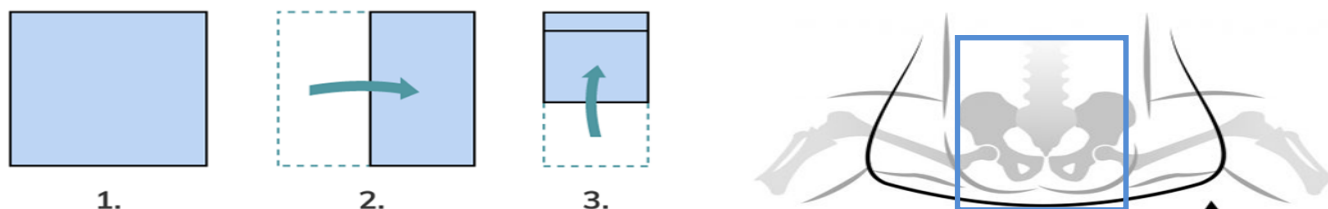
Management and care – do's and don'ts

1. Avoid lifting your baby by the ankles for nappy changing. This is the common method used, but in your baby's case, we do not want any pull onto the hips while the hip is still developing and stabilising. Lift by placing a hand under your baby's bottom instead.
2. Keeping your baby's legs in a frog-like position helps the development of the hip socket. This is done by using a bulky nappy approach. If you are using cloth re-usable nappies, this should be enough to keep the hips abducted (apart).



3. Using disposable nappies:

- a. Place nappy on as usual, following your usual nappy changing care.
- b. Get a face flannel or cloth and fold forming a quarter square.
- c. Place the folded flannel/cloth between your baby's legs.
- d. Place a second nappy over to hold in place.



4. Do not tightly swaddle your baby, or use body slings to carry your baby, until they are reviewed in the clinic. The aim is to maintain your baby's hip in an 'open frog' position and therefore avoid any tight wrapping that would push the legs together.

Please note: The internet can be useful, but is also filled with some poor information. We would advise you not to 'over search' hip dysplasia, as the vast amount of information found will not relate to your baby.

Contacting us

For appointments, call: Clinical Admin Team (CAT 5) 0118 322 7415 or
email rbb-tr.cat5@nhs.net

The Infant Hip Service:

Nina Baker, Clinical Nurse Specialist 0118 322 8747
Angie Lee, Nurse Consultant 0118 322 8746

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Paediatric Unit, April 2025.

Next review due: April 2027.