pure parenthood

Episode 9: Hip Health
with Sarah Twomey, Founder & Chairperson of Healthy Hips Australia

Hip Health

We discuss hip dysplasia in babies, includng signs and symptoms.

Tiffaney: Hi everyone. We're excited to welcome our guest today, Sarah Twomey, who is the founder and chairperson for Healthy Hips Australia. She's also a mum to Eve and Maya. In this week's episode, we'll be discussing hip dysplasia in babies, including the signs and symptoms to look out for. Thanks so much for joining us today Sarah.

Sarah: Thanks so much for having me along.

Tiffaney: Before we get started today, could you tell us a little bit more about Healthy Hips Australia? Cause I think it'd be great for everyone to have a bit of a background of what you guys do there at Healthy Hips.

Sarah: Sure. So Healthy Hips is a national not-for-profit. I set up the organisation six years ago and it was because both my girls had the condition. And even though I'm an occupational therapist, I just felt overwhelmed and uninformed about the condition and what to do. So it started out as an initiative really aimed at trying to decrease the impact of the condition on people in Australia. We do awareness campaigns, we offer peer support networks for parents and we just do lots of resources that really try and take away the impact of the day-to-day treatment to try and make life just that little bit easier.

Tiffaney: Yeah, that's great. It's good to know that there's that resource out there now, and it's so wonderful to know that I guess you've been there and that's why you started Healthy Hips. So it's so lovely to kind of get a bit of a background there. So Sarah, can you explain exactly what hip dysplasia is? Because I think understanding what it is and all of that's really going to help.

Sarah: So look, hip dysplasia for many years was known as clicky hips. So a lot of grandparents are probably most familiar with that and they used to double nappy babies. And so nowadays, it's changed a bit. So in our day, it's called developmental dysplasia of the hip or hip dysplasia or DDH. And it's a common condition, and it's more or less where the ball in the socket of the hip doesn't fit together in a normal position.

Sarah: (cont...) So that might be because they are growing abnormally or maybe there's just a lack of growth at the joint in comparison to the rest of the body. So it can range and it can be as simple as some mildly immature hips that are a bit loose and it can go all the way through the scale, up to a severe case, which would be fully dislocated hips, where the ball and the socket aren't even connecting with each other.

Tiffaney: It's quite amazing to know there's such a varied range too, of the different types that you might see. So that's really interesting to know, and I think with certain signs and symptoms, it'd be great to know what to look out for there, because like you said, there are a lot of differences between the different types of hip dysplasia and the severity. So what are some of the signs or symptoms there?

Sarah: You're right Tiffaney. It is hard, and what makes it trickier is that it can be really difficult to detect because of the fact that it is referred to as a silent condition. So by silent, I mean, there might be no obvious signs or symptoms. There are a number of things that you can look out for that might indicate that your baby has hip dysplasia, but not always.

So the things that you can be looking out for as a parent is, if it's difficult to spread their legs apart. So for example, perfect time is when you're doing a nappy change. So both their legs should really be able to easily open up about the same amount for you to easily do a nappy change. If you find like you can't spread their legs apart, and you've got this tiny little gap or one leg's flopping right out to the side and the knees almost hitting the side of the change table, but the other one's still sticking up in the air, that can be a sign that there's something going on in the hip joint.

So that's a beautiful one for parents to look out for. On the backs of the thighs, so if baby's lay on their tummy, you'd be looking at, is there an extra buttocks crease? So those are an extra crease just below the bottom on one side, or there might be creases that don't quite line up. So that's another one that's relatively easy to look at.

Now the other one is a clunk or a clicking sound of the hip when it's moved. So this might be a sound that's been made when the ball is dislocating from the socket.

Sarah: (cont...) So if it's loose and it's slipping in and out of the socket. But there's lots of normal popping noises that come from the hips that have got nothing to do with hip dysplasia. So just because you hear an occasional pop or a click, doesn't mean that your child's got hip dysplasia, but worth just having it checked out.

Last main one would be uneven thigh creases. So although many babies have them, they've got beautiful chubby legs, occasionally uneven thigh creases, and this is on the fronts of the legs, can be a sign of hip dysplasia. So normally I've gone through that in sort of order of most important priority, to least important. So you can kind of see that those uneven thigh creases aren't probably as a strong sign, but it's worth just having a chat with a health professional if that's the case. And that's for babies. It changes for, as you get older.

Tiffaney: That was really interesting, Sarah. So what about as kids get older? What are the other signs and symptoms to look out for there?

Sarah: So it does change a little bit. So as a child gets older, the more relevant signs that you'd be looking out for is a limp, a sway back, which is kind of like when their tummy sticks out and their back is curved, and a leg length difference, which becomes more obvious once a child's up and walking. Fortunately in infants and young children, pain is not normally present. However, it's certainly the most common symptom that an adolescent or an adult will present with when they've got hip dysplasia. So it's not a feature fortunately for our younger kids, but it's the overarching problem of the condition when you're getting it older in life.

Tiffaney: Yeah. So Sarah, do we know what actually causes hip dysplasia and how this occurs? And then are there specific times in babies when this develops?

Sarah: So the causes are still being explored by the researchers. There's been a lot going into it in the last decade or so. What we do know is that it does develop around the time of birth, although it might not present until later on when the socket fails to deepen, and then you get some of the other signs and symptoms happening.

Sarah: (cont...) There are some risk factors, which will make it more likely to occur. So if you've got a family history of hip dysplasia, then you're a lot higher than the average population. The position of baby in the world plays quite a significant role, particularly babies who are breech. So breech babies have got a very high risk factor in comparison to babies who are a head down in what you call the normal or typical position in the womb. And the third factor, which has become more and more relevant, and there's a more focus on it is the hip position during your first year of life. So it's not just how the baby was in the womb, but the position that the hip's in from sort of zero through to one.

Tiffaney: That's really interesting. So how can hip dysplasia be identified in babies typically? What are the sorts of things that I guess health professionals will do to identify that?

Sarah: As I mentioned before, the position in the womb does play a role, but it certainly, it's not a condition that you can diagnose during pregnancy and know that your child has it. Around the time of birth, mum's producing lots of relaxant hormones, getting ready for baby to come out. So during this process, there are a lot of babies that end up with loose hip ligaments because they have had the relaxant hormone passed on to them. And it does appear that girls tend to be more sensitive to this hormone than boys, so girls might have about 80% of all babies who have hip dysplasia.

So in terms of then checking the hips, health professionals are checking all babies, regardless of risk factor, regardless of gender. And what the recommendation is, is that they're checking at birth, they're checking prior to discharge if the baby was delivered in hospital, and then at all routine maternal child or family health nurse appointments for children. And that's all the way through to proficient walking age. So some states will say up until three and a half, four would be your last child health nurse check, and other states might be all the way out to five.

So I think the key message is never miss the opportunity to have your baby's hips checked. That's what our orthopaedic surgeon on our board says. You're popping into the GP for something, if you're going to the child health nurse, just ask them to check the hips.

Sarah: (cont...) Yeah, and look, I think the hip checks too, another important point is that they are quite a simple check. So they're feeling to see how the hip is moving. They're moving the leg through the normal position. You might see them peddling baby's legs, spreading them apart. Often people don't realize that they're doing a check to see how stable the hip feels. So I always say, just ask. But to say either, what are you doing? Or have you checked the hips? Because you might not realize that they've done it while they've been having a chat with you about how you're going, which is often the case, everything's happening all at once.

The last thing I should say, cause a lot of parents start to get really worried, is this another thing that I have to be looking out for? Is that yes, at birth, we've probably got one in every 10 babies who have loose hips because of that relaxant hormone. But I think what people need to remember is that after the first six weeks of life and babies sort of adjusting to being in this world, most of those cases actually resolve. So what we see is about one in every 100 babies who actually then need to have treatments. So you might get flagged for it at birth that they want to check and monitor the baby's hips, but it doesn't necessarily mean that they're going to end up needing treatment.

Tiffaney: Well that's good to know. I mean I remember my son who is my middle child, and he was a breech baby. I had to have a C-section with him, and I remember before we left the hospital, they did check him for hip issues because he was a little bit clicky on one side as they described it. That was sort of 16 years ago now. But even then they were checking for that. And I think the follow-up visits with the maternal child health nurse also felt that he did his hips when opening up as much as they probably should. So I think just having that experience myself and knowing that that definitely was something that they looked for, I think particularly because maybe he was a breech baby, that's why they looked at that so closely. And it did fix itself over time and he didn't seem to experience any pain or anything like that. So it's interesting that you brought up the breech thing, I wasn't aware of that. So that's really interesting that that's probably why that's why they did check him and why he may have had that clicky hip.

Sarah: Yeah, look, definitely. I think as parents, we know our kids most and whilst they can take some of those big boxes like being a breech baby, as you said, how far his legs spread apart, that's a really beautiful thing that parents have the most insight for because we're the ones who are changing a thousand nappies.

Sarah: (cont...) When a child goes to an appointment, depending on what they're looking for, if they're doing an immunisation check, they're not necessarily going to know how far the legs can spread apart. So you as a parent, feeling empowered to be able to go in and say, look, I'm noticing these things that nappy change time or when I was giving them a bath, I noticed these different creases on the backs of their legs and they can piece that together as part of the puzzle and go, okay, we've got a baby who might've been breech or it might've been in a different compromised position in the womb or there is that family history there. So certainly don't be afraid to speak up.

Tiffaney: Yeah, no, that's great. So good to know that there's those things to look out for, like we said, and in my experience some of those things occurred for me. So I think it's good to be able to share that so that people know that even though there might be some things initially, it doesn't necessarily mean that your child's going to have hip dysplasia permanently or have problems and need treatments. I think that's reassuring for people hopefully. What are some of the treatments available though, Sarah? Because I think again, knowing what's available out there, if your child does have it, is going to hopefully set some people's minds at ease there today.

Sarah: It's certainly no surprise that given hip dysplasia is quite broad in terms of ranging from immature hips through to the fully dislocated ones that the treatment varies a lot too. So the vast majority of babies will respond really well to being in a harness or a brace. And that's typically worn for a period of roundabout six to 12 weeks full time and holds the legs out in a spread leg, sort of like a froggy position. And then that's sometimes more often than not followed by a period of time where they wear it for part time. So they might wear it for their nighttime sleeps and their naps during the day. And that's generally what would happen.

Usually you get seen by an orthopaedic team. I think it's good to let people know that if you get told you need to see an orthopaedic surgeon, that doesn't mean that you have to have surgery for your baby. It's just that they happen to be the specialist who treats the condition. And they will look at your baby and how they respond over time. And it really is...it's bone development is a bit like watching grass grow. So it takes time for them to see how it responds. And that's why the timeframe that your child's hips take can vary. From one hip to the next hip, one child to the next. So those time ranges vary.

Sarah: (cont...) Sometimes hips might be fully dislocated and they might need surgery straight up. They might know that those hips are ones that aren't going to respond to a harness or brace, and they might say, right, once baby's old enough to tolerate your general anaesthetic, we'll get them in and we'll do the procedure to position the hip so that they can then develop. So some babies will go relatively quickly through to that stage. And again that is a minority of babies, but it's certainly a challenging process for those parents.

And then there's some on the far end of the other extreme, whose hips are just a little bit loose. They're just not quite where they should be. And as opposed to over treating, often what the doctors will do is they'll say, look, we're just going to wait and watch. We'll get you in every six to eight weeks, have a look and say, what are the hips doing as bub's growing and doing a to trait. So they don't want to overtrade every case.

So as you can see, it does really vary really at the end of the day. It's just that if we get it diagnosed early, we get the treatment started, whatever it may be that needs to be done. It gives the best chance of the hips responding with the least amount of complications in most cases. And if you leave it, you might end up with early onset arthritis and people facing early hip replacement. So definitely not one to ignore, but there's so many varied outcomes, so try not to worry and think worst case from the beginning.

Tiffaney: That's really good advice. And I have seen a fair few over my time just working at Purebaby. Seeing babies coming with the hip braces on and parents looking for clothing to dress them in and things like that cause it can be a bit tricky when they're wearing braces. But you know, it doesn't seem to bother the child too much. I think it's more, it's a bit uncomfortable for the parents to have to do it all the time and probably a bit of discomfort for the baby initially when they're getting used to it. But it's definitely something I've seen and it looks like it's something people can work with. And at least it's a tool to be able to support them into that treatment, into getting their hips back in the right position. So that's great.

Sarah: It's us. It's the parents, it's the caregivers that are impacted the most when it's an infant with hip dysplasia.

Sarah: (cont...) Certainly it changes if you're an older child or an adult living with the condition, then it becomes about the impact on them. But in the vast majority of those cases with babies. Our kids are incredibly resilient. They don't see the barriers that we do as adults and they just get on with it. And it's the stress and the worry that we have about what other people think or how are we going to fit them in those clothes, like you said. Some clothing options can be hard sometimes, and fitting them in the pram and high chair. So it's certainly one for us to be kind to ourselves, but to know that our child is probably going to have no recollection of it. And certainly my eldest wore a brace until she was two. And she still doesn't remember it. She looks at it and she says to me, "Oh, mommy, is that what I wore?" And she knows of it only because really I'm still working in this space, but she doesn't remember it.

Tiffaney: Well that's also great to know that they're not going to be experiencing that pain, but if your child does experience pain, because obviously you said the babies don't really experience it, but as your child grows and say it isn't picked up, how do parents help alleviate pain or relieve some pain for their child growing? And as they get older, what are the types of things that we can support people with when it comes to pain relief typically?

Sarah: It is really fortunate that it isn't associated with infants. But that being said, when they first get put in their harness or their brace, they may be in some discomfort because often the ligaments and muscles around the hips are a bit tighter. So then they're being spread into this spread leg position. So the first, I say, 48 hours, even up to a week can be a bit of a transition period for the younger kids even than babies. Certainly talking to the specialist or your local pharmacist about some things like what they can do from just over the counter things through to heat. And obviously a child facing surgery and an older person would need a more specialized pain management approach.

But speaking from personal experience, I think one of the best things to always remember, particularly for your babies, is lots of cuddles. It helps you both. When you're feeling stressed out and baby's sort of sensing it, being able to stop and just know that you can get through it together and going easy on yourself. So it's certainly something that you do need to get on top of if pain is a feature for a child or teenager and adult. But usually with our babies, they tend to bounce back after that first week of getting used to being in this different position.

Tiffaney: That's good to know. I think particularly when we're talking about babies, they're just knowing that, like you said, they're not really experiencing the pain. It's really only going to be, as you said, that short period of time with getting used to a brace and that sort of thing. And just to know that's not going to be hopefully an issue that you have to deal with as a parent. Cause obviously like you said, having just to get them into a brace and you as a parent or carer having to deal with that more than the child really, is probably a big thing for the parents to have to deal with. So that's really great to know. So a lot of questions get asked about swaddling and its effects on hip dysplasia. Can you tell us a bit more about that and the link between that?

Sarah: Look and we get a lot ourselves. So there's many benefits to swaddling during the first few months of life. And it certainly provides a great amount of security and comfort. It aids in settling and establishing sleep patterns. So it's something that swaddling is really important for parents to know that they can keep doing it. And we fully support the SIDS guidelines. However, there has been research starting to come out that's indicating that inappropriate swaddling, as they phrase it, can increase the risk of hip dysplasia. So the take home message really is that when you're swaddling your baby, you need to ensure that it's loose from the waist down to the toe so that your baby is able to freely move their legs and kick up and downs. So they're coming in and out of a frog-like position that they're in when they come out of the womb and they're able to kick down to a straight leg position. But that they're not swaddled tightly with their legs down and straight together.

And that applies also to using swaddle pouches that you can buy off the shelf. And I always have parents think, it's not a burrito. You don't want you baby straight up and down. You're looking more at a bell shape. So there's room down the bottom for the legs to be able to freely move. And all of that movement as they kick up and down is all helping to develop the hip joint and to round out the ball and socket. So that's why it's had a lot of attention about swaddling and the risks of hip dysplasia in the last sort of five to 10 years.

Tiffaney: That's really good. And like I mentioned, we do get a lot of questions about that as well. And obviously we sell swaddles at Purebaby, so it's something that I've had to deal with or had questions about a lot.

Tiffaney: (cont...) So I think it's great that you've sort of covered that off in a bit more detail there so people really understand that in more detail. So we often also hear about baby wearing and is this sort of promoting good hip health for babies? And can you explain the benefits of baby wearing to everyone today?

Sarah: Look can swaddling and baby wearing are the three key ones that we get asked about in terms of the hip. So hip dysplasia is really rare in cultures where infants are carried typically on mom's back with the hip spread apart in what they call an abducted position, which is a healthy hip position. And then the research has shown that in cultures and tribes where infants are carried in cradle boards, which is like a tin soldier with their legs down straight together, that they had a 10 fold increase in the incidents of hips being dislocated in babies.

So they are now able to put the two together. They were able to say that baby wearing is hip healthy. It's not a preventative strategy, but if you are baby wearing in that position, that is encouraging healthy hip development. You're doing everything that you can to try and really facilitate the joint on growing naturally without needing any intervention. So we always say please feel like you're doing something positive for the hips if you're carrying your baby in a koala or M jockey frog position. So many names, I've got them all. So, it's great help for you to hold them.

Tiffaney: That's great. I think it's good to know. Again, there is so much out there about baby wearing and a lot of people that, there's so many products out there to purchase as well, and it's such a convenient way to be able to carry a baby round. So of course, if you know what you're doing right there, that's fantastic. So thank you so much for that. It's been great to have you on and finding more out about hip dysplasia and ways parents can get the right support and recognise the signs and symptoms to help treat it. So thank you again so much for your time today Sarah.

Sarah: Thank you for having me. I really appreciate it being able to share my experience and hopefully help other people find us if they need us.

Tiffaney: Wonderful. So if you'd like more information about hip dysplasia, you can head over to www.healthyhipsaustralia.org.au Or follow them on their socials.