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## The Parents' Guide to caring for a child in a Pavlik harness



## Testimonial

STEPS forum has been the one place I know I can get support, help, comfort, and realistic answers to my questions and worries.

It's not all "oh i'm sure everything will be ok" like we get off family and friends around us. It's talking to people who have been there, done that, and know first hand what you are going through. Although Lyla's problems have been tiny compared to some people's on the forum, we've always felt welcomed, and all our questions and worries have been answered or replied to, no matter how big or small.

### Emma Matkin

(mum to Lyla successfully treated with a Pavlik Harness)



## Introduction

It is a common reaction of most parents who discover their child has a hip condition to experience shock, fear, resentment and anguish to varying degrees. These are all perfectly natural feelings and you should not feel guilty, worried or try to hide your emotions. No matter if your child is in treatment for 6 weeks or two years - your feelings matter.

### Support when you need it

Often being able to contact someone who knows what you are going through can be the biggest help when facing an uncertain situation. Our Family Contact service can put you in touch with others who have shared a similar experience, please ask for details.

Our online chat forum is another fantastic resource of helpful tips and practical advice written by parents who are coping with a child with DDH. You can also share your problems and solutions to everyday challenges. Register FREE online or contact us for more information.

Remember, the STEPS helpline team are here to offer an expert ear and understanding in total confidence. They won't tell you what to do, but they will help you consider your options, try to clarify any issues you may have and suggest questions you may want to ask your doctors. Similarly, after treatment, they can discuss any questions you may have.

No matter how big or small your concern please telephone our helpline on **01925 750271** or email **[info@steps-charity.org.uk](mailto:info@steps-charity.org.uk)** for support and advice in total confidence.

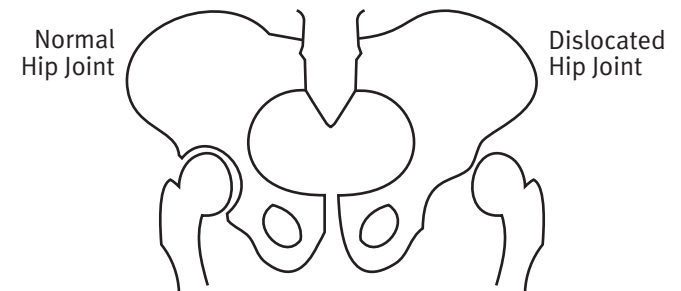
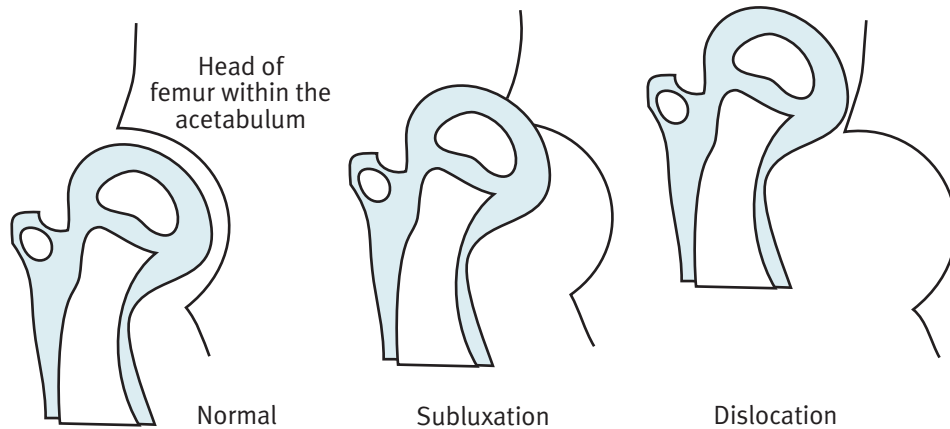
The final outcome from DDH will depend on the severity of your child's condition and their response to treatment. However, most children are treated successfully and go on to lead a healthy active life with no long term problems.

## Understanding childhood developmental dysplasia of the hip (DDH)

### What is developmental dysplasia of the hip (DDH)?

The hip is a 'ball and socket' joint. In a normal hip, the top of the thighbone (femur) is a smooth rounded ball shape which fits into a smooth cup like socket on the pelvis (acetabulum). The head of the femur and the acetabulum are in close contact, a little bit like an egg in an egg cup.

When DDH occurs, there is an abnormality either in the shape of the head of the femur, the shape of the acetabulum or the supporting structures around them. As a result the acetabulum and the femur are not in close contact. In the mildest form of hip dysplasia, known as subluxation, there is some contact between them. In the more severe forms, the femoral head or ball may be displaced completely out of the socket and be dislocated.



### Why does it happen?

When DDH occurs, it is important to understand that a child's hips developed this way on their own. DDH cannot be prevented and it isn't anyone's fault. Even though as parents you may be distressed at discovering your baby has a hip condition, your baby will not find the condition painful, although he or she may strongly object to being examined.

Many babies are born with unstable hips that stabilize soon after birth. With DDH, the problem persists but can be treated successfully with early detection. About 2 babies in every 1,000 born will have a hip that needs treating. This can be due to various risk factors such as:

- A family history of hip problems
- Breech position in the last three months of pregnancy
- Breech birth
- Girls are more often affected than boys, particularly the first born.

### Is treatment necessary?

If your baby is born with DDH, treatment is best started as early as possible. From birth to six months, babies with DDH usually are fitted with a special harness, the most common type being the Pavlik harness. The baby needs to wear the harness for several weeks and in most cases this will correct the condition. Some babies do not respond to early treatment or some children are not detected until they are older. These cases may be more difficult to treat and surgery can be necessary.



## Pavlik harness explained

### What is a Pavlik harness?

A pavlik harness is a lightweight soft fabric harness which is put on initially under the baby's vest next to the skin. It has a chest strap, two shoulder straps and four leg straps which attach to little 'booties'

### How does the Pavlik harness work?

The four leg straps are fastened to allow some movement in the legs, and to direct them into a position where the hips will be able to develop into a more normal position.

## THE PARENTS GUIDE TO THE PAVLIK HARNESS

### How long will my baby have to wear the Pavlik harness and can the harness be removed?

The answer to this question depends on the severity of your baby's hip condition and can change over time as your baby's hips improve. However, as a general rule it is likely they will have to wear the harness 24 hours a day for six to twelve weeks.

### How will I know if the Pavlik harness is working?

You will have regular appointment with your consultant where the harness will be checked to ensure that it is fitting correctly and is still providing the right amount of correction. The regularity of these appointments will vary and again depend on the severity of your baby's hip condition.

### Between appointments DO contact your hospital if:

- Your baby's feet are constantly slipping out of the booties
- You feel your baby has grown and the Pavlik harness is too tight
- If your baby has persistent red marks around the shoulders or chest strap

### What happens if the hips do not correct with the Pavlik harness?

Your consultant will discuss your baby's progress at each appointment and if he feels that the hips are not developing in the normal way even with the Pavlik harness, he will discuss future treatment options with you at this point as each baby is different.

If further treatment is required please contact the STEPS helpline **01925 750271** or email **info@steps-charity.org.uk** for help and advice about the next stage.

### What happens when treatment is successful and the harness is removed

If your baby has been successfully treated with the Pavlik harness, congratulations! He/she might be uncomfortable for a short time and sleeping patterns may be disrupted as he/she adjusts to life without the harness. It is also normal for your baby to take a day or so to come down from the frog-leg position and do not be afraid to handle your baby normally. You cannot hurt your baby's hips with normal activities, but it is probably better to avoid the use of doorway bouncers and baby walkers as these do not help hip development



## Care for a baby in a Pavlik harness

The first week is often the hardest and it is common for your baby to be unsettled as he/she adjusts to the Pavlik harness. Hang in there, your baby needs this treatment and babies are resilient and can adapt. You will also quickly work out a new routine which will get better with practice. Here are some suggestions to ease the adjustment period:

### Keeping clean and skin care

Your baby cannot have a bath whilst wearing the Pavlik harness so you will need to give your baby a sponge wash; particular attention needs to be paid to the neck, shoulders, groin and behind the knees as these can become sore. Do not be tempted to use cream or talc under the harness as these can clog and cause skin problems. Check for any red areas and if you are worried and you feel concerned the skin is getting worse please seek medical advice immediately.



### Nappy changes

For a baby wearing a harness, many parents find disposable nappies easier to manage than cloth. When you change the nappy, lift the baby up under the thighs and try to support the bottom rather than just pulling up the legs. Don't forget, the nappy always needs to go under the harness but please take extra care not to dislodge the straps. If the harness webbing gets soiled you can sponge with a disinfectant to avoid unwanted smells but staining is probably going to be inevitable.

### Clothing

Loose fitting clothing, usually the next size up, can be worn over the Pavlik harness. Toddler size socks usually fit over the harness 'booties'. However, some babies can get minor skin irritation from the harness straps. You can either wear a wrap/tie vest which can be carefully used under the harness or tuck fleece around the shoulder straps to stop the problem. Do not put tight trousers or tights on your baby, as this pulls the legs together, which will make the harness less effective.

### Breastfeeding

If you are breastfeeding you can continue to do so successfully while your baby wears the Pavlik harness. You could try curling up next to your baby, underarm feeding or a 'v' shaped pillow to support the baby in the normal position. It can seem difficult at first finding the right position but eventually you will find a way which suits you both. Feeding may just take a little longer than usual and it is also a good idea to wind your baby more frequently.

### Sleeping

It can take a week or even longer for some babies to adjust to sleeping in a Pavlik harness. To keep your baby warm at night, you can use the baby sleeping bags in a larger size which fits comfortably over the Pavlik Harness. If your child is inconsolable, maybe the problem is not the harness. Check the same things you would otherwise look for in a fussy baby: teething, temperature etc. Do not lie your baby on his/her side as it is not good for your baby's hips at this stage.

### Out and about

Most parents find their babies in a Pavlik harness fit into their usual car seat and pushchair without any problems. If your car seat doesn't work, look for a car seat with low sides or contact the STEPS helpline **01925 750271** for advice.



## The Pavlik worked for us

We had gone for Sami's 6 week check after being given the all clear by the hospital when we were discharged. The locum told me that Sami's "fatty" roles on her inner thighs were not even - although her hips seemed fine, but that he wanted her checking out at the hospital to make sure. He put it down as an URGENT referral and we got an appointment at Sunderland Hospital for the following week 20th April 2008, by then she was 8 weeks old.

The consultant checked her hip movement and then told us that her left hip was unstable and her right hip was completely dislocated. He then sent us over to the Scanning department to have her hips scanned and then onto the dressing room to have a Pavlik Harness fitted. He met us at the Dressing room to ensure the harness was fitted correctly and explained what we needed to do. He advised us not to remove the harness under any circumstance it had to remain on for 24 hours a day 7 days a week. We then had an appointment for the following week for an ultrasound scan to check the harness was working.

At the first scan after being placed in the harness Sami's hips were stable her angles were 51 on her right hip and 43 on her left hip. We then continued in the harness with weekly visits to the dressing room for adjustment and had fortnightly scans and appointments with out consultants. Each time her hip angles were improving and remained stable.

Finally after 13 weeks and 3 days we were able to take our baby out of the harness, Sami was 5 months old at this point. Her hips angles were above 60 on her right hip and just on 60 on her left hip. He advised us to treat her as a "normal" child and we were to come back in 6 months for a further check. During those 6 months Sami progressed as any other little girl of her age would, nothing seemed to hold her back once she had her freedom. At our 6 month appointment we were sent for an Xray and then to see the Consultant. He was happy with her progression and said that her left hip was fine but that the ball was still small and not formed properly, but was stable in the socket so not much to worry about. He wanted to give her another year for the hip to develop naturally and see what it was like in a years time. So April 2010 we are back and hope to be discharged.

**Kelly** (mum to Sami - nearly 2 and having no obvious hip problems)