



# Maternal Child Health Nurses' perspectives on hip dysplasia detection and management

A survey report: Executive Summary (only) | April 2024

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This report follows the academic format of the American Psychological Association (APA) style and general guidelines from the Australian Government Style Manual website (accessed 2024).

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MCRI acknowledges the Traditional Custodians of the lands on which we work and pays our respects to their Elders, past, present and emerging.

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## Executive summary

**Hip dysplasia**, or developmental dysplasia of the hip (DDH), affects about **one in every 100** infants globally. **Early detection and treatment** are essential to minimise the need for prolonged treatment and avoid potential developmental delays. However, hip dysplasia can be difficult to detect through a physical examination alone because signs and symptoms are not always obvious. Further complicating matters are inconsistencies in referral pathways, imaging interpretation and treatment methods, and a lack of long-term studies is slowing research progress.

The **Victorian hip dysplasia registry** (VicHip) [vichip.org.au](http://vichip.org.au) was established to tackle these challenges by promoting collaborative research, consumer engagement and knowledge sharing to improve hip care and patient outcomes.

In November 2023, VicHip surveyed **Maternal Child Health Nurses (MCHNs)** to understand their experiences with the detection and management of hip dysplasia. Recognising the fundamental role MCHNs play in identifying hip abnormalities during routine checks, the survey specifically targeted them for their insights. The survey achieved a strong response rate, with 38 MCHNs (82.6% of invitees) participating.

**Key findings** highlighted some crucial observations by MCHNs regarding hip dysplasia. These include signs, symptoms, risk factors, and the long-term impact on infants and families who experience delayed diagnosis, underscoring the importance of timely intervention and support. Additionally, **challenges** faced by MCHNs were identified, such as a reluctance among General Practitioners (GPs) to refer for ultrasound, difficulty in assessing unsettled infants and varying clinical opinions, making timely diagnosis challenging. These findings are crucial for guiding research towards improved detection and management strategies.

**Recommendations** to improve the detection of hip dysplasia include improving GP education and awareness, direct referral capabilities for MCHNs, practical hands-on training to refine hip examination skills, access to quality ultrasound scans, strengthened support networks and comprehensive resources for healthcare professionals and parents. The survey also explored MCHNs confidence in using a portable hip ultrasound device as a new method for screening hip dysplasia. With appropriate training, a significant majority (68%) expressed moderate to high confidence in using this mobile technology in everyday practice. This indicates a willingness to adopt this innovative approach alongside standard hip examinations.

In **conclusion**, this report reinforces the importance of early detection and management of hip dysplasia, acknowledging the challenges MCHNs face. It emphasises the need for stakeholder collaboration to improve patient outcomes and enhance the quality of hip care and services throughout Victoria. By empowering MCHNs as champions of early detection, adopting a unified approach and implementing more robust guidelines, we can pave the way for a future of healthier hips.



Contact us to request the full report.

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