

DRAFT

NHS / PHE Guidelines for Management of DDH During the Covid 19 Pandemic

The document below is the latest draft of the NHS NIPE guidelines received on 18.4.20. The guidelines remain under review and it is recommended that the NHS / NIPE website (<https://www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook>) be consulted in addition to this document.

3.5 Outpatient services

- *there may be issues with capacity within ultrasound departments for hip scan and closure of outpatient services for assessment of babies*
- *all screen positive results should be recorded on S4N to enable follow up (at a later date) even if an appointment cannot be made*
- *where outpatient services are unable to meet the required timescales, (ophthalmology review or hip ultrasound and orthopaedic review) the following should occur:*

3.5.1 eye screening (not included)

3.5.2 Hip screening

It is accepted that during this crisis routine non-urgent ultrasound scanning may not take place resulting in a delay for the scanning of unstable or at-risk hips. It may well not be possible to keep to the present NIPE standards. Medical and ultrasound personnel may not be available.

Screen positive after clinical examination (suspected dislocated or dislocatable hip)

- *considering the current pressure on all services, **only babies with screen positive results on the newborn physical examination** should be referred for hip ultrasound. As far as possible the recommended target times should be kept to, but we recognise that this may not be possible and so the scan should be done as soon as is reasonably possible.*
- *One possible approach to manage these babies is that if a maternity hospital has the capacity and experience, babies could receive the hip ultrasound prior to discharge from the hospital, where possible. If the hip ultrasound is normal the child can be discharged. If the hip ultrasound is not normal, the child should be rescanned at 6 weeks of*

age. Treatment need not automatically begin at this stage, and parents should be reassured that many hips will resolve spontaneously. Parents should be advised not to swaddle their child. Commencing treatment early will increase unnecessary face to face follow-ups for many with its incumbent risks during the period of physical distancing.

- if a maternity hospital does not have the capacity and/or experience to undertake hip scan prior to discharge, the child should be scanned at 6 weeks of age. If hip ultrasound is not possible 6 weeks of age the scan should be arranged as soon as possible after this when services resume.
- Once in a harness, treatment follows the standard harness protocol.

Screen positive (for hip risk factors - i.e. breech or family history)

- babies with presence of hip risk factors who would usually have hip scan at 6 weeks of age, should **NOT** be referred for hip ultrasound during this period. This should be delayed until normal services resume when these children will be then followed up through clinical examination and/or ultrasound/ radiographic follow-up.
- accurate records should be kept on S4N so that any babies who have missed out on a scan or orthopaedic opinion can be traced and followed up as appropriate, when resources permit. The screen positive result should be recorded on S4N to enable follow up at a later stage. In all cases where screening or follow up cannot be completed, outcome records will remain as pending on S4N for later follow up
- Trusts who do not use S4N should keep accurate local records regarding these babies, to make sure they are followed up when normal services resume
- referring babies with clicky hips is not national policy so in line with current national guidance, babies with the screening finding of 'clicky hips' should **NOT** receive hip ultrasound

The above guidance has been produced in consultation with Orthopaedic Surgeon Clinical Advisors to the NIPE programme and member of British Society for Children's Orthopaedic Surgery (BSCOS)

Last updated 19.4.20