





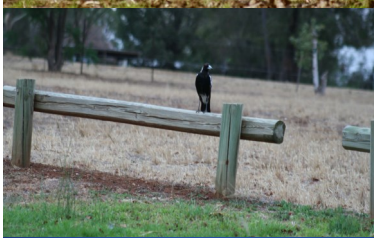


Hip Dysplasia Screening in a Rural Health District:

An analysis of practice with respect to hip dysplasia screening in the Hunter New England Local Health District

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Introduction:

Screening processes for Developmental Dysplasia of the hip (DDH) are guided by tertiary hospital practice guidelines and prompts in the Personal Health Record (PHR). Infants in rural locations could be at increased risk of late presentation of DDH compared to their urban counterparts but the reasons for this have not been extensively studied. The patterns of DDH screening in a rural area are not known.

Aim:

To describe hip dysplasia screening practices in a local rural health district.

Method:

This cross-sectional study of DDH screening patterns and behaviours was conducted in rural NSW (postcodes 2350, 2360, 2370). Data was gained from the following four sources:

- Hospital Medical Record. Examined consecutive birth records for a three month time period to assess DDH birth screening rates.
- Community Health Record. Examined the number of infants who received a universal home visit (UHV), six-eight week, six month and 12 month check in an early childhood setting.
- Clinician survey to identify the DDH screening practices of clinicians within the local health district.
- Physiotherapy records at Tamworth and Armidale Hospitals to identify clients who presented for management of DDH (late or early).

Results:

At birth the majority of babies (91%, 179/196) had documented hip screening. Community health records show this dropped to 75% (587/788) at one-four weeks and 29% (227/588) at six-eight weeks. A survey of local clinicians (54% response rate; 49/91) revealed most (78%) screen for DDH and less than half (43%) use guidelines. Almost all (97%) clinicians reported screening for DDH at 6-8 weeks of age. Only 51% of clinicians reported having training for DDH screening and 80% would like further training. The rate of late DDH requiring management in 2012 was 0.87% (7/806) and the rate of late DDH requiring surgery was 0.25% (2/806).

Conclusion:

DDH screening practices are well established at birth in the rural area under study. There is a decline in attendance at CFN clinics after the UHV and reported variability in DDH screening practices beyond 8 weeks of age, which coincides with a lack of prompts in the PHR. Further training in DDH screening and hip screening prompts added to the PHR may improve rates of DDH screening beyond 8 weeks of age.

Keywords: Developmental dysplasia of the hip (DDH), screening, rural, paediatric

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