P29

INTERNATIONAL INTERDISCIPLINARY CONSENSUS MEETING ON EVALUATION OF DEVELOPMENTAL DYSPLASIA OF THE HIP

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10.1136/archdischild-2019-epa.384

There is substantial disagreement about several aspects of Developmental Dysplasia of the Hip (DDH), including its etiology, policies for detection, and treatment. Introduction of hip ultrasound (US) as a diagnostic and screening tool, opened a new era in the field of early diagnosis and effective treatment.

In September 2018 an international meeting of medical doctors of various disciplines, with expertise in the detection and treatment of DDH, was held in Csolyospalos, Hungary. The aim was to arrive at a consensus on these topics, to develop a standardized system of teaching and training in hip US, and to work towards the maintenance of quality in all these areas.

It was agreed that etiology of the condition is multifactorial; the role of recognized risk factors, in particular breech presentation, female sex and (first degree) family history was recognised.

There was strong agreement that clinical examination alone is inadequate, and that screening by US is essential. Specifically Graf's technique of hip US was selected as the US technique of choice.

Universal US screening was strongly favoured. Screening should be carried out as soon as possible, but not later than the sixth week of age. US screening is cost-effective, does not result in overtreatment, and contributes to substantially reducing long term consequences.

Essential principles of treatment consist of timely application of a device to achieve reduction, retention and maturation, by holding the hips in flexion, and a safe degree of abduction.

Finally, it was agreed that effectiveness of any screening policy heavily depends on the correct application of the scanning technique, so standardization of teaching and training in Graf's technique is considered mandatory. A unified teaching policy and materials will be developed for this purpose. Certification, re-certification and audit have been thoroughly discussed.

The group, which has been formalized as the International Interdisciplinary Consensus Committee for DDH Evaluation (ICODE), will continue to meet, and work towards establishing international consensus on DDH, towards standardizing and developing teaching and training

in the Graf's technique of hip US, and towards the maintenance of standards in detection and management of DDH.

P30

EXPLORING THE EXPERIENCE OF PARENTS RECEIVING A NEWBORN DIAGNOSIS OF DEVELOPMENTAL DYSPLASIA OF THE HIP

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10.1136/archdischild-2019-epa.385

Developmental dysplasia of the hip (DDH) represents a spectrum of anatomic abnormalities in which the femoral head and the acetabulum are aligned improperly or grow abnormally. It is generally acknowledged that the rationale behind screening for DDH is that earlier diagnosis will lead to simpler treatments resulting in better outcomes and minimising the need for open surgery. Additionally, the condition and subsequent treatment for DDH poses significant challenges for parents and impacts on many aspects of parent, child and family lives. To date, there are no national guidelines or algorithms in relation to the screening or management of DDH in The Republic of Ireland.

The aim of this research was to explore the detection and care of infants with developmental dysplasia of the hip. Mixed methods sequential explanatory design was utilised over three phases with the intention of exploring the quality of health care outcomes and the provision of DDH services from the perspectives of the parents in receipt of care for their newly diagnosed infants. The results of Phase three which involved semi-structured interviews with parents ($n=11$) will be presented here. An inductive thematic analysis approach was used to analyse the data from the semi-structured interviews.

One of the most striking results to emerge from the data was the overall lack of awareness amongst parents concerning DDH and the lack of hip health-related information given to parents prior to the diagnosis of their children. This lack of awareness and education of parents during the antenatal and postnatal period, in turn, resulted in the diagnosis and subsequent treatment of their child for DDH, being a traumatic experience for the majority of parents in the study. Some common parental anxieties amongst the participants were in relation to issues such as fear of their child being in pain; the management of skin care issues while their child was in treatment and fear of long-term disability. However, on the whole, there was an overall high satisfaction rate amongst the participants in relation to the quality of the service provided by the dedicated DDH clinic.

Evidence relating to the reality of receiving a diagnosis of DDH as a parent or caring for a child in treatment has not been previously researched in Ireland. Recommendations include the need for a more family centred approach to how health care professionals practically and psychologically support families through the diagnosis and treatment of DDH.