

Congenital Talipes Equinovarus Information for Parents with a Prenatal Diagnosis at Ultrasound

The ultrasound scan has shown the probability that your baby has a condition called congenital talipes equinovarus, also known as clubfoot. Approximately 50 per cent of cases can be detected by ultrasound before birth. This abnormality is most commonly detected at the 18-20 week scan.

In isolation this is a very treatable condition. The treatment will not stop your child from developing normally; they will roll, sit, crawl, walk and run at typical stages.

This leaflet provides you with information about:

- the condition, congenital talipes equinovarus;
- the treatment that may be required after the birth of your baby;
- contact details for specialist clinics where experienced staff are available to meet with you and answer your questions.

What is Congenital Talipes Equinovarus (CTEV)?

- Congenital means present at birth
- Talipes refers to the foot and ankle
- Equinovarus refers to the position of the foot - pointing down and turning inwards

It occurs in 1 to 3 Caucasian births per 1000 (higher in Polynesian babies); 50% of the babies have both feet affected and it is more common in boys than girls. This condition requires treatment to correct the position of the foot. It cannot correct on its own.

Why does this occur?

The cause for this condition is not entirely understood. It is thought to be due to an abnormality in the development of the soft tissues and bones of the ankle and foot. Clubfeet are more common in some families or cultural groups. It is likely that there is a genetic component but this is yet to be proven.

What else could be wrong?

CTEV usually occurs in isolation. However, there is a very small chance that it could be associated with other medical or physical conditions. When the condition is detected, a targeted ultrasound should be performed at a specialised ultrasound centre to rule out the presence of other issues of concern.

How will this affect the pregnancy and birth?

The baby will otherwise develop as usual during the pregnancy. Further prenatal assessment of the affected foot/feet provides no benefit to the pregnancy or the baby. Your baby is in no pain and the baby will be delivered as usual without special requirements. You will be able to hold your baby as usual afterwards. At a convenient time after the birth, the baby will be reviewed by a paediatrician and the foot/feet examined.

Does my baby need treatment?

All babies born with CTEV need treatment and should be referred to a paediatric orthopaedic surgeon and a specialist physiotherapy clinic. You should have an initial appointment as soon as possible but treatment does not need to start immediately after your baby is born. It is fine to wait until they are a couple of weeks old and hopefully settled into a routine at home.

What is the treatment? The Ponseti Method

This is a program of treatment which starts with a series of plaster casts. These extend from the toes to the groin and are changed weekly. The foot position is gradually corrected with each cast. This is not painful for your child. Casting continues for about 6 weeks and will be done by your physiotherapist. In most cases, completion of the correction is achieved by a small surgical procedure to release the Achilles tendon (heel cord). Following this procedure a cast is applied and left in place for 3 weeks. When this cast is removed, your baby will be fitted with a pair of boots joined together with a bar. These are worn 23 hours per day for the following 12 weeks. After this they are worn 14-16 hours per day mostly while asleep at night until 4 years of age. This bracing is essential to maintain the correction.



Will my baby be able to walk normally after treatment?

Yes. Children successfully treated using casting, Achilles tendon releases and boots and bar bracing achieve typical developmental milestones and have normal looking, pain free, fully functional feet allowing them to participate in all activities including sports.

The future

Your baby should have regular reviews until they stop growing to ensure the foot/feet remain in the right position and are moving properly. Sometimes they may need further treatment as they grow.

More information

The physiotherapists at our three hospitals will be happy to answer any more questions or concerns you may have about this condition, the treatment program and pram, car seat and high chair advice. We could also facilitate a prenatal appointment with one of our paediatric orthopaedic surgeons if you wish.

Our contact details

The Children's Hospital at Westmead Physiotherapists (02) 9845 3369 www.chw.edu.au	Sydney Children's Hospital Randwick Physiotherapists (02) 9382 1050 www.sch.edu.au	John Hunter Children's Hospital Newcastle Physios (02) 4921 3700 www.kaleidoscope.org.au
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Useful websites/addresses

www.chw.edu.au/prof/services/clubfoot

www.AussieClubFootKids.org

www.ponseti.info

www.clubfoot.co.uk

Note: This information is meant to be a helpful, informative introduction which will be followed by a consultation.