

# Hampshire, Isle of Wight, Portsmouth & Southampton 4LSCB

## Protocol for the management of actual or suspected bruising in infants who are not independently mobile

Version 1	Ratified	2010
Version 2	Reviewed	December 2013
Version 3	Reviewed	February 2016
Version 4	Reviewed	May 2017
Version 5	To be reviewed	May 2018



Hampshire  
**Safeguarding**  
**Children**  
Board



## **1 Introduction**

- 1.1 Bruising in babies who are not rolling or crawling is unusual. National and local serious case reviews have identified the need for heightened concern about any bruising in a baby who is not independently mobile. It is important that any suspected bruising is fully assessed even if the parents feel they are able to give a reason for it.

## **2 Aim of protocol**

- 2.1 This protocol must be followed in all situations where an actual or suspected bruise is noted in an infant who is not independently mobile.
- 2.2 The term not independently mobile applies to those infants who are not yet rolling or crawling.

## **3 Target audience**

- 3.1 All those in the 4LSCB area whose work brings them into contact with children.

## **4 Action to be taken on identifying actual or suspected bruising**

- 4.1 If the infant appears seriously ill or injured:
- Seek emergency treatment at an emergency department (ED)
  - Notify Children's Services of your concerns and the child's location
- 4.2 In all other cases:
- Record what is seen, using a body map or line drawing if appropriate (Appendix A)
  - Record any explanation or comments by the parent/carer word for word
  - Refer to Children's Services who will take responsibility for arranging further multi-agency assessment. The first part of this will be a paediatric assessment arranged by Children's Services for the child to attend **WITHIN 4 HOURS** of the referral to Children's Services (Appendix B).
- 4.3 Inform parents/carers of your professional responsibility to follow 4LSCB policies and procedures and stress that any action by Children's Services will be informed by a paediatrician's opinion. Give parents a copy of the '**Bruising in young babies – Information for parents and carers**' leaflet and answer any questions they may have.

## 5 Action following referral

- 5.1 Children's Services will arrange an urgent paediatric assessment and gather background information about the family.
- 5.2 The child must attend for a **paediatric assessment WITHIN 4 HOURS of Children's Services receiving the referral**. This should include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family. The paediatrician should explain the findings of the assessment to the parents.
- 5.3 A strategy discussion **MUST** take place **between the social worker, police and paediatrician** and the outcome should be explained to the parents. If bruising due to injury is confirmed or suspected, after the paediatric assessment, this must be considered in the light of other information available from health (including the GP), social care and police records, and local safeguarding procedures followed.

## 6 Specific considerations

- 6.1 Birth injury: Both normal birth and instrumental delivery may lead to development of bruising and to minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse even within a hospital setting and follow this protocol if they believe the injury was not due to the delivery.
- 6.2 Birthmarks: These may not be present at birth, and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can look like bruising. These are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. These do NOT need to be referred under this protocol. Where a practitioner believes a mark is likely to be a birthmark but requires further advice to be certain, the baby may be referred to the GP. If there is still uncertainty the GP should refer to Children's Services.
- 6.3 Self inflicted injury: It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult's body or the bars of a cot, should not be accepted without detailed assessment by a paediatrician and social worker. Sometimes, even when children are moving around by themselves, there can be concern about how a mark or bruise occurred and in these situations a referral should always be made to Children's Services.
- 6.4 Injury from other children: It is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise their children.

## 7 Rationale and evidence base

7.1 Bruising is the commonest presenting feature of physical abuse in children. Systematic review<sup>1</sup> of the literature relating to bruises in children shows that:

- Bruising is strongly related to mobility (about one in five children who are starting to walk by holding on to the furniture have bruises)
- Bruising in infants who are not independently mobile is unusual (2.2% of babies who are not yet rolling)<sup>2</sup>

The message from this research is that infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation.

7.2 The National Institute for Clinical Excellence (NICE) guideline 'When to suspect child maltreatment',<sup>3</sup> aimed at health professionals, categorises features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such that there is a serious level of concern. In relation to bruising, health professionals are advised to 'suspect abuse' and refer to Children's Services in the following situations:

- a) If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement.
- b) If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a bleeding disorder) and if the explanation for the bruising is unsuitable. Examples include:
  - Bruising in a child who is not independently mobile
  - Multiple bruises or bruises in clusters
  - Bruises of a similar shape and size
  - Bruises on any non-bony part of the body or face including the eyes, ears and buttocks
  - Bruises on the neck that look like attempted strangulation
  - Bruises on the ankles and wrists that look like ligature marks

7.3 The NICE guideline<sup>3</sup> also advises practitioners to 'suspect abuse' when features of injury such as bites, lacerations, abrasions, scars and thermal injuries are seen on a child who is not independently mobile and there is an unsuitable explanation.

7.4 Numerous serious case reviews have identified situations where children have died because practitioners did not appreciate the significance of what appeared to be minor bruising in a non-mobile infant. National analysis of reports published as 'New learning from serious case reviews' (Department for Education 2012)<sup>4</sup> reiterates the need for 'heightened concern about any bruising in any pre mobile baby...any bruising is likely to come from external sources. The younger the baby the more serious should be the concerns about how and why even very tiny bruises on any part of the child are caused'.

## **8 References**

- 1) Core Info Cardiff Child Protection Systematic Reviews
- 2) Kemp AM, Dunstan F, Nuttall D et al. Patterns of bruising in preschool children – a longitudinal study. *Arch Dis Child* 2015; 100: 426-431
- 3) When to Suspect Child Maltreatment, NICE Clinical Guideline 89, July 2009
- 4) New learning from serious case reviews, July 2012

## **Additional Reading**

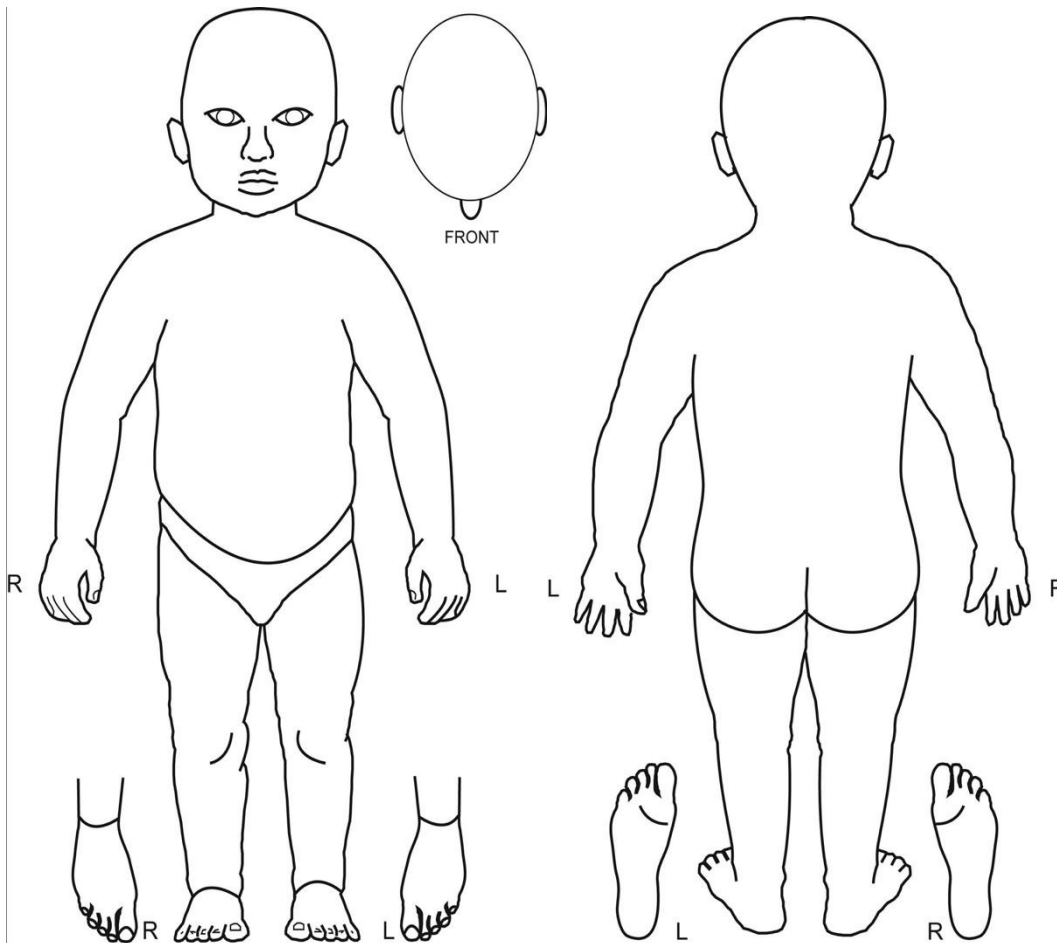
- Working Together to Safeguard Children, HM Government, March 2015
- Hampshire 4lscb Procedures, online at:  
<http://4lscb.proceduresonline.com>
- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014, DfE May 2016
- Bruising in young babies – Information for parents and carers, NHS WHCCG Sept 2016

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**Appendix A Skin Map**

Skin map and box to record name and signature



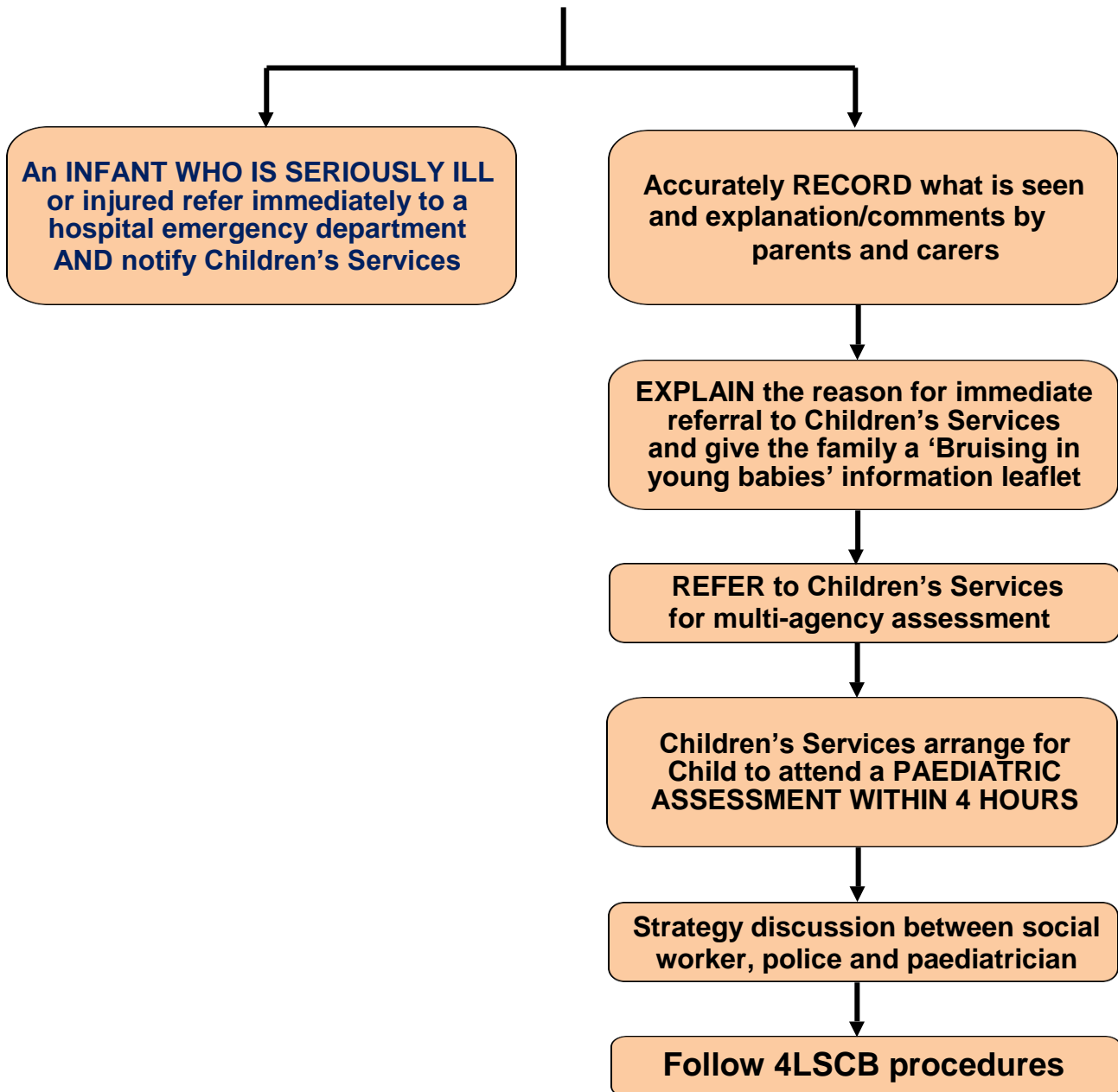
<b>Child's name:</b>		
<b>Date of birth:</b>		
<b>Date/time of skin markings/injuries observed:</b>		
<b>Who injuries observed by:</b>		
<b>Information recorded:</b>	<b>Date:</b>	<b>Time:</b>
<b>Name:</b>	<b>Signature:</b>	

Appendix B

Flow Chart for the Management of actual or suspected bruising in infants who are not independently mobile

**PRACTITIONER OBSERVES BRUISE**

**Suspect child maltreatment**



**CONTACT NUMBERS FOR LOCAL AUTHORITY CHILDREN'S SERVICES:**

	Hampshire	Southampton	Portsmouth	Isle of Wight
Office Hours	01329 225379	023 8083 2300	023 9283 9111	0300 300 0901
Other times	0300 555 1373	023 8023 3344	0300 555 1373	0300 300 0117