



# Guidance on managing babies with suspected birth marks, including Congenital Dermal Melanocytosis (previously Blue Spot)

**November 2023**

**This guidance is for all health professionals working with babies, including Midwives, Health Visitors, GPs and Paediatricians**

## Version Control

This document replaces all other previous published versions and should be read in conjunction with the <a href="#">Derby and Derbyshire Safeguarding Children Procedures</a>					
Ver	Author/s	Updated by	Signed off by	Date	Review Date
1.	Consultant Paediatrician and Designated Doctor for Derby City	-	DSCB Policy and Procedures Group	November 2018	November 2021
2.		Consultant Paediatrician and Designated Doctor for Derby City	DDSCP Policy & Procedures Group	June 2023	June 2025
3.		Consultant Paediatrician and Designated Doctor for Derby City	DDSCP Policy & Procedures Group	November 2023	November 2025

## **Guidance on managing babies with suspected birth marks, including Congenital Dermal Melanocytosis (previously Blue Spot)**

Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Congenital Dermal Melanocytosis, can mimic bruising; the aim of this guidance is to reduce the number of inappropriate referrals to child protection processes, whilst ensuring genuine bruising is not overlooked.

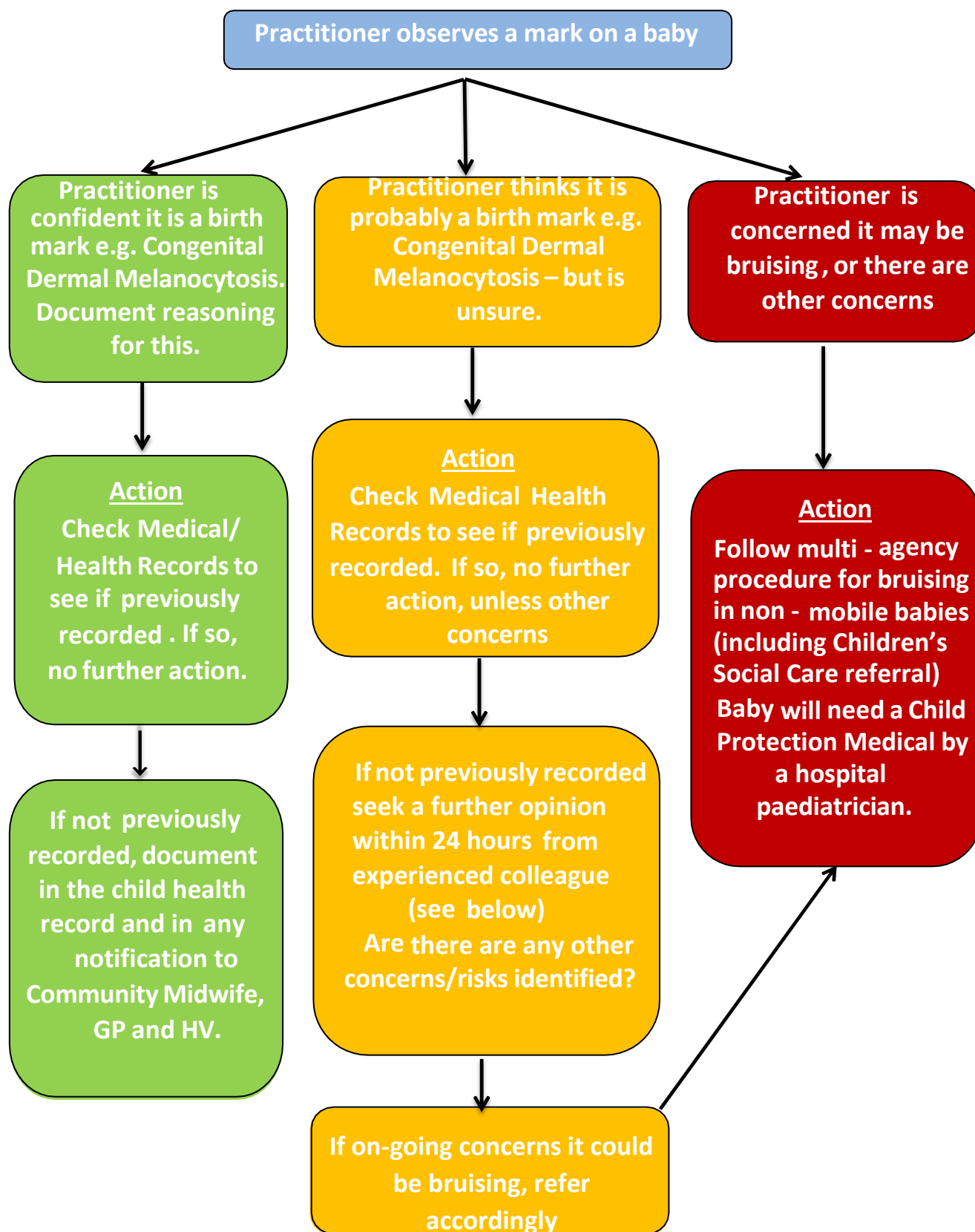
*Note: June 2021 - The terminology “Mongolian Blue Spots” is no longer considered appropriate and in conjunction with guidance from the Royal College of Paediatrics and Child Health – the preferred name should be **Congenital Dermal Melanocytosis**.*

Since most birth marks and Congenital Dermal Melanocytosis are present from birth it is crucial to document them in the baby’s red book and the maternity record as soon as possible. The lesions should be drawn on a body map, and a note made of their site, size, colour and appearance. This can be done by the Midwife, GP, Paediatrician or Health Visitor and allows further examiners to compare their findings with previous observations. This information should be included in the discharge notification to GP, Community Midwife and Health Visitor. When marks are first noted in the community, the same details should be recorded in the Maternity record, the Child’s Health record (red book) or in the Health Visiting records.

### **What are Congenital Dermal Melanocytosis?**

- Areas of skin hyperpigmentation – flat, not raised, swollen or inflamed
- Not painful to touch
- Usually present at birth/ develop soon afterwards
- Will not change in shape or colour within a few days
- Normally uniform blue/grey in colour across the mark
- Common in African, Middle Eastern, Mediterranean and Asian children
- While most occur at the lower back and buttocks, they can appear anywhere (e.g. back of shoulder or limb). Scalp/face rarely affected
- Can be single/multiple, vary in size, but mostly few centimetres diameter
- Gradually fade over many years

**Pathway for managing babies with suspected birth marks, including  
Congenital Dermal Melanocytosis (previously Blue Spot)**



### **How to arrange a second opinion (Amber pathway):**

#### **Derby City and South Derbyshire:**

Contact GP surgery first to request same day review of the baby. If the GP is not confident in the diagnosis, phone call to be made to the Paediatric Consultant On-call mobile number 07385374106 (this is carried by service week consultant 9am to 5pm Monday to Friday). If not reachable or out of hours, through Royal Derby Hospital switch board 01332 340131 asking for on-call paediatric consultant. It may be appropriate, following discussions between the GP and Paediatrician, that photos are securely emailed by the GP to the Paediatrician to review 1st. This is case by case basis and if any doubt the child must be seen by a Paediatrician.

#### **North Derbyshire:**

Contact GP surgery first to request same day review of the baby. If the GP is not confident in the diagnosis, then they should contact the paediatric consultant on call at Chesterfield Royal Hospital via switchboard **01246 277271**. It may be appropriate, following discussions between the GP and Paediatrician, that photos are securely emailed by the GP to the Paediatrician to review 1<sup>st</sup>. This is case by case basis and if any doubt the child must be seen by a Paediatrician.

### **Useful numbers:**

**Named Nurses - Derby City: 01332 623700 ext 31537**

**University Hospital of Derby & Burton (UHDB) Safeguarding Team - Tel: 01332 787547 Or Duty phone 07471 140537**

**Named Nurses - Derbyshire County: 01773 850000**

**Safeguarding Team at Chesterfield Royal Hospital on 01246 512468**

### **Childrens' Social Care**

**Derby City Initial Response Team: 01332 641172. Out of hours: 01332 956 606**

**Derbyshire Starting Point: 01629 533190. Out of hours: 01629 532600**

### **Further Reading/Guidance:**

Further guidance can be found in the policies and procedures, paediatric assessment section of the [Child Protection S47 Enquiries](#)

Further practice guidance on Bruising in Babies & Children which includes a flowchart for assessment of bruising in a child who is not independently mobile can also be found in the [documents library](#)