Appendix A

Guidance on Managing Babies with Suspected Birth Marks including Blue/Grey Spots, and other "Innocent Skin Marks".

1. The aim of this guidance is to reduce the number of inappropriate referrals to child protection processes, whilst ensuring genuine bruising is not overlooked.

2. Bruising in non-mobile children is rare but significant as it may indicate abuse or neglect. However, birth marks are relatively common, especially blue/grey Spots (previously known as Mongolian blue spots), and can mimic bruising.

3. Since most (but not all) birth marks, such as blue/grey Spots, are present from birth**, when present it is crucial to document them as soon as possible to ensure information is shared and available at future health practitioner consultations.** Documentation includes lesions described and drawn on a body map, with a note made of the site, size, colour and appearance and allows further examiners to compare their findings with previous observations. This can be done by the midwife, GP, paediatrician or health visitor, and part of 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 health record (red book) or the health visiting records.

4. Blue/grey spots are a form of birth mark. They are rare in white European children but very common in children of African, Middle Eastern, Asian or Mediterranean ethnicity including those of descent. Although the birthmark is congenital it may not be visible at birth but become apparent some weeks later; parents may not have noticed the mark before the professional.

5. Blue/grey spots can be single or multiple marks, vary in size from few centimetres to extensive. They can be present anywhere on the body; common on buttocks, lower back, occasionally on limbs but rarely on head or face. They are flat and predominantly a uniform colour ranging from light grey to very dark blue. Unlike a resolving bruise there is no variation of colour over days with no other signs sometimes associated with bruising such as tenderness and swelling. Blue/grey spots fade with time and are usually not visible after a number of years.

6. It is important that should a health professional identify birth marks that they are recorded in the "red book" ideally with a body map.

What are blue/grey Spots?

- Areas of skin hyperpigmentation – flat, not raised, swollen or inflamed.
- Not painful to touch.
- Usually present at birth but can develop some weeks later.
- 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, Asian children and those of mixed ethnicity.
- Whilst 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 or multiple and vary in size.
- Gradually fade over many years.
- Do not require treatment.

a. Strawberry Nevus

A strawberry nevus is a form of 'birthmark' that is often not present at birth. It may appear anywhere on the body. Over the first few weeks of life, it can initially appear as a small, flat red mark though with time can develop into a raised red lesion.

A strawberry nevus usually flattens and reduces in size by 5-6 years of age.

A strawberry nevus occasionally requires treatment by a specialist paediatric surgeon. If near the eye it can have a long term effect on the child's vision and requires a referral for an ophthalmology assessment.

Whilst an experienced clinician may be confident in the diagnosis without further action, when flat it and can be difficult for a less experienced practitioner to distinguish a strawberry nevus from bruising. If the practitioner is uncertain, specialist / senior advice should be sought.

b. Marks related to delivery

It is common for babies to have findings on the skin usually noted immediately after delivery, including bruises, abrasions and swellings, particularly over the scalp area.

In the case of new-born infants where bruising may be the result of birth trauma or instrumental delivery, professionals must still remain alert to the possibility of physical abuse, even in a hospital setting. In this situation clinicians should consider the birth history, the degree and continuity of professional supervision and the timing and characteristics of the bruising before coming to any conclusion.

Marks should correlate with the delivery history. It is particularly important that accurate details of any birth related bruising should be communicated to the infant's general practitioner, healthy visitor and community midwife. Where practitioners are uncertain whether bruising is the result of birth injury they should immediately seek advice from the duty senior safeguarding paediatrician.

All marks related to delivery are present from birth and most settle over the first 2 - 3 weeks of life. It is crucial to document them in the maternity record and when available the baby's red book and as soon as possible. The lesions should be drawn on a body map, and a note made of the site, size, colour and appearance and allows further examiners to compare their findings with previous observations. The midwife who has visited the baby after birth will be aware of these marks.

- **Forceps marks**: appear as linear/patterned bruises over one or both cheeks.

- **Ventouse marks**: large circular marks over the scalp; there may be associated swelling.

- **Fetal blood sampling / fetal scalp electrode**: small circular 'punched out' breaks to the skin over the baby's scalp from monitoring baby's condition prior to delivery.

- **Cephalhaematoma:** boggy swelling over one or both sides of the scalp, limited to the scalp attachment/suture lines. It can occur in any type of vaginal delivery. Sometimes the swelling can 'calcify' – i.e. it becomes firmer over time and stay as a rounded hard lump over one or both parietal areas at the back of the head. Cephalohaematomas can take several weeks to resolve.

Arranging a further opinion:

Contact GP surgery first to request same day review of the baby. If this is not possible or if the GP is not confident to give a further opinion, then contact the paediatrician on call for child protection, who can liaise with the paediatrician on call for a medical review if it is still a possible innocent/birth mark.

Innocent Bruising / mark

Rarely, bruising in children who are not independently mobile may have an innocent explanation such as an underlying medical condition. Nevertheless because of the difficulty in excluding non-accidental injury, practitioners should seek advice from Children's Social Care in all cases to establish if the child and/or family are known to services in respect of any ongoing or previous concerns, though this should not influence initial concerns. Advice may also be sought from a consultant paediatrician and from Children's Social Care in all cases.
It is a safeguarding risk for professionals to diagnose innocent bruising, without significant expertise and if required timely access to investigations.

c. Occasionally spontaneous bruising may occur as a result of a medical condition, such as a bleeding disorder, thrombocytopenia or meningococcal or other acute infection. **Child protection issues should not delay the referral of a seriously ill child to acute paediatric services.**

d. Practitioners must take into consideration cultural practices and racial characteristics when assessing bruising, including communication difficulties. However no cultural practice should harm a child.

e. Where a history of previous child protection concerns is given by Children's Social Care, this information must be recorded in the health record.

f. An individual practitioner must not be afraid to challenge the opinion of a colleague if they believe in their own judgement that a child might be at risk of harm. Any professional can invoke the Pan Cheshire Multi Agency Escalation Policy