Guidance on managing babies with suspected birth marks, including Mongolian Blue Spots

November 2018

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 Derby and Derbyshire Safeguarding Children Procedures

<table>
<thead>
<tr>
<th>Ver</th>
<th>Author/s</th>
<th>Updated by</th>
<th>Signed off by</th>
<th>Date</th>
<th>Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consultant Paediatrician and Designated Doctor for Derby City</td>
<td>-</td>
<td>DSCB Policy and Procedures Group</td>
<td>November 2018</td>
<td>November 2021</td>
</tr>
</tbody>
</table>
Guidance on managing babies with suspected birth marks, including Mongolian Blue Spots

Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Mongolian Blue Spots, 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.

Since most birth marks and Mongolian Blue Spots 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 Health record (red book) or in the Health Visiting records.

What are Mongolian Blue Spots?

- 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 Mongolian Blue Spots

1. Practitioner observes a mark on a baby

   a. Practitioner is confident it is a birth mark (e.g. Mongolian Blue Spot). Document reasoning for this.
      - Action: Check Medical/Health Records to see if previously recorded. If so, no further action.
      - If not previously recorded, document in child health record and in any notification to Community Midwife, GP and HV.

   b. Practitioner thinks it is probably a birth mark (e.g. Mongolian Blue spot), but is unsure.
      - Action: Check Medical/Health Records to see if previously recorded. If so, no further action, unless other concerns.
      - If not previously recorded, seek a further opinion within 24 hours from an experienced colleague (see below)

   c. Practitioner is concerned it may be bruising, or there are other concerns.
      - Action: Follow multi-agency procedure for bruising in non-mobile babies (including Children’s Social Care referral). Baby will need a Child Protection Medical by a hospital paediatrician.

   If on-going concerns it could be bruising, refer according to above procedures.

   Are there any other concerns/ risk factors?
How to arrange a second opinion:

Derby City and South Derbyshire:

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 second opinion, then contact the Children’s Emergency Department referral line at the University Hospital of Derby & Burton on 01332 785572.

North Derbyshire:

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 second opinion, ring the paediatric consultant on call at Chesterfield Royal Hospital via switchboard 01246 277271 to request a review of the baby.

Useful numbers:

Named Nurses - Derby City: 01332 623700 ext 31537
Named Nurses - Derbyshire County: 01773 850000

Childrens’ Social Care

Derby City First Contact Team: 01332 641172. Out of hours: 01332 786968
Derbyshire Starting Point: 01629 533190. Out of hours: 01629 533190

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