

GUIDANCE FOR THE MANAGEMENT OF SUBCONJUNCTIVAL HAEMORRHAGE (one cause of a red eye) IN THE NEONATAL PERIOD

THE AIM OF THIS GUIDELINE IS TO:

- Help professionals differentiate between a benign subconjunctival haemorrhage and one where there are safeguarding or health concerns
- Give guidance to professionals to assist them to make appropriate decisions when seeing babies presenting with subconjunctival haemorrhage thus avoiding unnecessary social care and hospital referrals and at the same time reducing the risk that cases with significant health and safeguarding concerns are not overlooked

INTRODUCTION

A subconjunctival haemorrhage (SCH) is bleeding under the conjunctiva (the transparent layer that covers the sclera (white part of the eye)).



The bleeding is due to rupture and leaking of blood vessels in the conjunctiva and commonly occurs as a result of normal vaginal birth, but there have been reports of this being seen as a result of non-accidental injury.

More rarely SCH may be caused by:

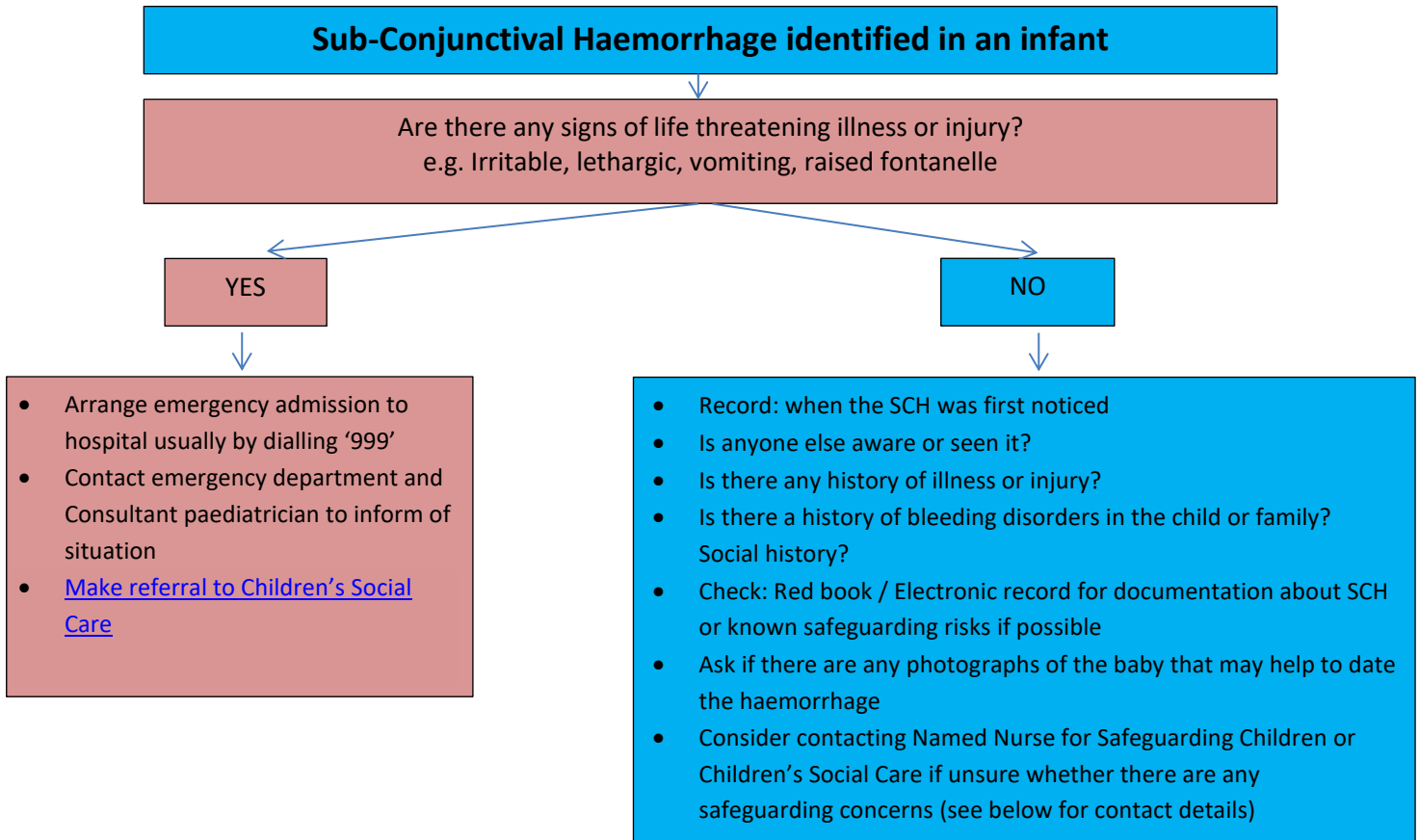
- Accidental head injury
- Forceful vomiting or coughing – typical paroxysms of coughing in pertussis like illness which result in increased pressure in the intracranial area (rare in neonates)
- Bleeding disorders
- Eye infection

SCHs are common and occur in about a third of otherwise healthy new-born babies. They may be caused by rupture of subconjunctival vessels during vaginal delivery. The extent of the bleeding may be large or small but is always confined to the limits of the sclera. They are asymptomatic, do not affect the vision and generally resolve in ten to fourteen days, although where haemorrhages are more extensive, this may take longer

Although all newborn babies will have their eyes examined at the first baby check and findings documented on the body map, some babies may open their eyes less widely in the first day or two of life. Forcible opening of the eyes may result in trauma and so it may not have been possible to observe and record haemorrhages at the first examination. Any difficulty in examination should however be documented

Whilst SCH is a relatively common event which can happen during the normal vaginal birth process, in a minority of cases it may also be indicative of child maltreatment. Therefore when a subconjunctival haemorrhage is observed by a practitioner it warrants a thorough and systematic assessment of the baby and a review of all the available information. The results of this assessment should then inform further action.

INITIAL ASSESSMENT



MANAGEMENT

Red Risk Indicators	Amber Risk Indicators	Green Risk Indicators
<ul style="list-style-type: none"> • More than 14 days old Parents have not reported and has not been recorded in red book or other medical record • Child or sibling on a child protection plan • Household member / contact previously known to be a risk to children • Parental domestic violence, drug and or alcohol misuse, moderate / significant mental health concern • Other injuries seen on examination, not clearly documented in the Red Book or as part of the newborn examination • Features giving concern about child maltreatment (see DSCB policies and procedures) 	<ul style="list-style-type: none"> • Less than 14 days old and parents report SCH was previously reported but has not been recorded or red book not available • Child or sibling previously on a child protection plan • Child or sibling 'child in need' or subject to a pre-birth planning meeting • Parental drug or alcohol use, low level mental health concerns with support in place • New or frequently changing household members • Parents or health professional concerned child is unwell or not interacting normally 	<ul style="list-style-type: none"> • SCH noted at new-born check or within first few days of life • Less than 14 days old and SCH recorded by health professional in red book or other medical record • Not known to children's services • No known concerns • Child appears well and interacts normally with parent / carer and health professionals • No other features giving concern about possible child maltreatment
↓	↓	↓
<p>Follow DDSCP policies and procedures for referral of baby with an unexplained bruise Practice Guidance on bruising in babies and children</p>	<p>Discuss all details of any concerns same day with Safeguarding Team in Derby City or Derbyshire as appropriate, or Consultant Paediatrician on call (see next page for contact details)</p>	<p>Discuss with health visitor so that assessment and examination can be recorded in child's medical / electronic record including SCH on body map</p>

LINKS TO USEFUL DOCUMENTS / CONTACT DETAILS

Consultant Paediatrician on call:

North Derbyshire: Chesterfield Royal Hospital 01246 277271
Derby City and South Derbyshire 01332 340131

Safeguarding Teams (Named Nurses):

Derbyshire County Main Office 01773 850000
Derby City 01332 623700 ext 31537

Referral to Children’s Social Care:

Starting Point (in Derbyshire) 01629 533190
Initial Response Team (in Derby City) 01332 641172, out of hours 01332 956606

Named Midwife:

University Hospital of Derby & Burton
Tel: 01332 787547
Email: uhdb.safeguarding@nhs.net

Named Midwife:

Chesterfield Royal Hospital
Tel: 01246 513122
Email: crhft.safeguardingchildren@nhs.net

[Derby and Derbyshire Safeguarding Children Partnership website](#)

[Derby and Derbyshire Safeguarding Children Procedures](#)

[Derby City and Derbyshire Threshold Document](#)

[Derby City and Derbyshire Dispute Resolution and Escalation Policy](#)

Version control

Policy to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures				
Version	Author/s	Signed off by	Date	Review Date
1.	DDSCP Designated Doctor	DDSCP Policy and Procedures Group	27th August 2020	September 2022
2.	DDSCP Designated Doctor	DDSCP Policy and Procedures Group	May 2021	May 2023