

**Pathway for non-mobile baby with bruising or a suspicious mark** (AKA: 'Bruising in Babies' pathway, applicable to all agencies: e.g. GPs, Health Visitors, Midwives, Social Workers, Adult, Education, Community Teams, ED)

**REMEMBER: Those that don't cruise rarely bruise!**

- Research shows it is very unusual for babies under 9 months to have bruises (even rarer if under 6 months old)

To be considered accidental:

- Clear, consistent and plausible history in keeping with developmental ability
- Appropriate parental response to event/injury

**Seek Explanation:** do NOT ask leading questions or offer suggestions as to how mark may have occurred.

If possible and appropriate, examine for other marks / bruises

If proposed to be a birthmark: check Red Book / SystmOne / GP record, postnatal ward notes, ask parents if they have old photos of mark

*If in doubt – follow right-hand pathway - Do not refer to GP or ED (see box to right)\**

**\*Only refer to Emergency Department (ED) if in need of emergency medical attention to treat serious illness/injury**

- This **must** be by 999 ambulance arranged by the professional
- **Also** phone Paediatrician On Call (see numbers below) to inform of transfer – they will speak to ED
- **Refer** to Social Care and request a social worker meets the family in ED – SW will still need to arrange paediatric assessment in usual way (see below)

- Adequately explained injury in keeping with child's developmental ability AND
- No further concerns around safeguarding, supervision and safety of index child OR siblings / household members (*Consider gathering background information about risk: CP-IS, SystmOne, GP records, SCIMT*)

- Discuss with parents including wider safeguarding issues and document clearly your assessment and agreed actions
- Consider if other measures are required to support the child and family

**Further actions for professional**

- Document assessments and actions in records
- Confirm any referral to Social Care in writing within 24hr
- Share information with other professionals (e.g. health, GP, FSW) as appropriate

- No explanation, inadequate or unlikely explanation, or explanation does not adequately rule out physical abuse/neglect/poor supervision
- Inform parents of need to refer for further assessment **and** of the need for Social Care referral
- **Immediate** referral to Children's Social Care as per [local procedures](#)
- The risks of not remaining with the child until the SW arrives should be fully assessed and documented.
- If there are concerns regarding the immediate safety of the child or the professional the police should be called.

- Social Care to immediately arrange social worker to meet with child and family
- Telephone strategy discussion with CSC, Police & Consultant or Senior Paediatrician (contact numbers below) to discuss the appropriateness and timing of a paediatric assessment
- If required this will usually be arranged in working hours. Arrangements for a place of safety should be decided by social care in the meantime. The social worker must be present along with a person with parental responsibility for consent.
- **Do NOT** send direct to ED unless (1) urgent medical attention needed (see red box above) or (2) specifically instructed by Paediatrician

- **Contact numbers for Consultant/Senior Paediatrician involvement in strategy discussion**
- **QMC - Mon-Fri (9am-5pm):** 0115 875 4595, **Out of Hours:** Paediatrician On Call (0115 924 9924)
- **KMH - Mon-Fri (9am-5pm):** 01623 622515 ext. 6460, **Out of Hours:** Paediatrician On Call (01623 622515)
- **Bassetlaw - Anytime:** Paediatrician On Call (01909 500990)

If at any time you are dissatisfied with the response to your concerns, challenge decision or escalate to your organisation's Safeguarding Lead