

Practice Guidance for identifying Bruising/Marks in Non Mobile Infants

Introduction

Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises/marks or other injuries without a clear explanation. Numerous serious case reviews, both locally and nationally, have identified the need for heightened concern about any bruising in any pre-mobile baby. Any bruising is likely to come from external sources and should raise child protection concerns.

It is also important to be aware that serious case reviews have repeatedly shown that infants can sustain serious injuries without any visible bruising. Consider injury as a possible cause where an infant appears to be in discomfort or not using a limb.

Aim of Policy

This policy must be followed in all situations where an actual or suspected injury is noted in an infant who is not independently mobile.

This policy applies to all infants under the age of 6 months, and also to older children up to age 2 years who are not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently.

Target Audience

All those whose work brings them into contact with children.

Action to be taken on Identifying Actual or Suspected Bruising

See [Bruising Flow Chart](#)

If the infant appears seriously ill or injured;

- Seek emergency treatment at an A&E department;
- Notify Children's Social Care of your concerns and the child's location.

In all other cases:

- Record what is seen, using a body map or line drawing if appropriate ([Appendix A: Skin Map](#));
- Record any explanation or other comments by the parent/carer word for word;
- Inform parents/carers of your professional responsibility to follow NSCB policies and procedures and stress that any action by children's social care will be informed by a paediatrician's opinion;
- All Practitioners should make a telephone referral to Children's Social Care immediately in accordance with the [Referral Procedure](#) and should expect to speak to a senior Practitioner or qualified social worker who will take responsibility for further multiagency investigation including paediatric assessment. Written confirmation of the referral must be made subsequently;

- Do not photograph any marks or injuries. – this should be done through Clinical Photography as marks fade very quickly on children, but they should not be taken by staff with their mobile phone etc

Action Following Referral

Children's Social Care will follow the NSCB safeguarding procedures. This will include gathering background information about the family and arranging a medical opinion.

The child must be seen on the day of referral for a full paediatric assessment. This will be arranged via a telephone discussion with the on call paediatric consultant. This must include a detailed history from the carer, review of past medical history and family history including any previous reports of bruising, and enquiry about vulnerabilities within the family.

Specific Considerations

Birth injury: both normal births and instrumental delivery may lead to development of bruising and of minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse within a hospital setting and follow this protocol if there is any doubt about the origin of the features seen.

Birthmarks: these may not be present at birth, and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can mimic bruising. Where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance.

Self inflicted injury: It is exceptionally rare for non-mobile infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult's body should not be accepted without detailed assessment by a paediatrician and social worker.

Injury from other children: it is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents' ability to supervise their children.

Rationale and Evidence Base

Bruising is the commonest presenting feature of physical abuse in children. Systematic review of the literature relating to bruises in children shows that;

- Bruising is strongly related to mobility;
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual;
- Only one in five infants who is starting to walk by holding on to the furniture has bruises;
- Unintentional bruises in pre-mobile infants are rare, with a prevalence of <1% ('Those who don't cruise rarely bruise').

The message from this research is that Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation (RCPCH child protection companion 2013).[?insert link](#)

The National Institute for Clinical Excellence (NICE) [?insert link](#) guideline 'When to suspect child maltreatment', aimed at health professionals, categorises features that should lead staff to 'consider abuse' as part of a differential diagnosis, or 'suspect abuse' such that there is a serious level of concern. In relation to bruising, health professionals are advised to 'suspect abuse' and refer to children's services in the following situations:

- a. If a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement;
- b. If there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is unsuitable. Examples include:
 - Bruising in a child who is not independently mobile;
 - Multiple bruises or bruises in clusters;
 - Bruises of a similar shape and size;
 - Bruises on any non-bony part of the body or face including the eyes, ears and buttocks;
 - Bruises on the neck that look like attempted strangulation;
 - Bruises on the ankles and wrists that look like ligature marks;
 - Ear Bruising.

The NICE guideline also advises practitioners to 'suspect abuse' when features of injury such as bites, lacerations, abrasions, scars and thermal injuries are seen on a child who are not independently mobile and there is an unsuitable explanation.

Numerous serious case reviews, held following death or serious injury to a child in connection with abuse or neglect have identified situations where children have died because practitioners did not appreciate the significance of what appeared to be minor bruising in a non-mobile infant. National analysis of reports published as 'New learning from serious case reviews' (Department for Education 2012) reiterates the need for 'heightened concern about any bruising in any pre mobile baby....any bruising is likely to come from external sources. The younger the baby the more serious should be the concerns about how and why even very tiny bruises on any part of the child are caused'.

Reference

1. [Core Info Cardiff Child Protection Systematic Reviews](#);
2. Royal College of Paediatrics and Child Health Child Protection Companion 2nd Edition 2013;

3. When to suspect child maltreatment National Collaborating Centre for Women's and Children's Health 2009 ISBN 978-1-906985-15-8;
4. New learning from serious case reviews July 2012 ref DFE-RR226 ISBN 978-1-78105-123-8.

Appendix A: Skin Map

[Click here to view Appendix A: Skin Map](#)