Northamptonshire Safeguarding Children Partnership

Practice Guidance for identifying Bruising/Marks in Non-Mobile Infants

Introduction

Infants who have yet to acquire independent mobility (unable to move independently through crawling, bottom shuffling, pulling to stand, cruising or walking) should not have bruises/ marks or other injuries without a clear explanation. Numerous child safeguarding practice reviews (CSPR), both locally and nationally, have identified the need for heightened concern about any bruising in any pre-mobile baby. Any such bruising is likely to come from external sources and professionals must exercise professional curiosity to identify whether there is a plausible explanation for any bruising in a non-mobile infant

CSPRs have also 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 Procedure

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

This procedure applies to all infants under the age of 6 months, and 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.
- Record the voice of the child - observing the baby/child's demeanor and any interactions between the child and parent/carer
- 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 pediatrician's professional assessment
- Professional judgment should be used to identify whether there is a plausible and consistent explanation for the bruise/mark or injury or whether there is cause for concern

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 congenital dermal melanocytosis (previously known as Mongolian blue spots), can mimic bruising. Where there is uncertainty about the nature of a mark, the infant should be discussed with a medical professional, such as 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 pediatrician 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.

Where there is no plausible explanation for the bruise or there is any concern that the bruise may be the result of an inflicted injury, 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 pediatric assessment. Written confirmation of the referral must be made following the telephone referral.

Where the child already has a social worker, the concern should be shared with the child's social worker. Where the child does not have a social worker, a referral should be made to MASH. Should immediate action or advice be required out of hours, concerns should be directed to the Emergency Duty Team.

Practitioners should be mindful of timeliness and share information without delay where there is a concern.

Do not photograph any marks or injuries. In such circumstances it is only deemed acceptable for photographs to be taken by a police, forensic or medical photographer. This is because they have received the appropriate training and have the relevant equipment to take such photographs to such a level that they would be deemed permissible in court. Immediate Safety Planning

Upon making a referral, the referee should discuss an immediate safety plan for the infant, all discussions should be documented including risks of not staying with the infant until a social worker arrives. If there are immediate concerns about the safety of a child, the police should be called. Specialist police officers will work with professionals to ensure an appropriate response.

Action Following Referral

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

Bruises may resolve over just a few days in young infants so the child should be seen as soon as possible, ideally on the day of referral for a full child protection medical or hospital pediatric assessment. If it is considered safe for a child to remain in family care overnight, for example where possible injury has occurred outside of the parents care, the child protection medical examination may take place the next day. Some babies may need to be admitted to hospital for assessment out of hours - particularly where bruises come to the attention of professionals later in the day on a Friday.

Medical assessment will be arranged by Children's social care via a telephone discussion with the on call pediatrician in the community paediatrics service (daytime hours) or hospital (out of hours) The child protection medical assessment will 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.

Multi – agency discussion (Strategy discussion)

A multiagency discussion should be held to consider any other information on the infant and family and any known risks, and to jointly decide whether any further assessment, investigation or action is needed to support the family or protect the child. This multiagency discussion should always include the health professional who reviewed the child.

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 uncommon

A review of the studies included in the Child Protection Evidence Systemic Review on Bruising (Royal College of Paediatrics and Child Health, 2020) suggest that accidental bruising is uncommon in pre-mobile infants, particularly in those who are younger, unable to roll and unable to crawl.

The National Institute for Clinical Excellence (NICE 2009) guideline 'When to suspect child maltreatment', aimed at health professionals, categories 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 CSPRs 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'.

References

1. Core Info Cardiff Child Protection Systematic Reviews;
2. Royal College of Paediatrics and Child Health (2013) Child Protection Companion 2nd Edition
3. National Institute for Health and Care Excellence (2009) When to suspect child maltreatment National Collaborating Centre for Women's and Children's Health
4. New learning from serious case reviews July 2012 ref DFE-RR226 ISBN 978-1-78105-123-8.
5. The Child Safeguarding Practice Review (2022) Bruising in non-mobile infants Panel Briefing 1

Appendix A: Skin Map

Click here to view Appendix A: Skin Map