



Bruising in Non Mobile Babies

Practice Guidance for Assessment, Management and Referral

The aim of this guidance is to support professionals in the management and referral of babies who have presented with bruising.

It does not reiterate the process to be followed once a referral to children's social care services has been made.

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Introduction

Bruising is the commonest presenting feature of physical abuse in children. Reviews of the research conclude that bruising is strongly related to mobility and that bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual. It is found in **less than 1% of infants who are not independently mobile**. The younger the baby, the greater the risk that bruising is non-accidental and the greater the potential risk to the baby.

In light of the research evidence this guidance has been developed to inform professionals about the appropriate management of bruising seen in babies who are not independently mobile.

It is recognised that bruising to very young babies may be caused by medical issues e.g. birth trauma or blood abnormality however this is rare. In addition, some medical conditions can cause marks to the skin in very young babies that may resemble a bruise e.g. Mongolian blue spot.

2. Definitions

Not Independently Mobile: A child of any age who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. It should be noted that this guidance applies to **all babies under the age of six months**. The guidance also applies to older immobile children, for example those with immobility due to disability/illness.

A Bruise is caused by the leakage of blood into surrounding soft tissue. This produces a temporary, non-blanching discolouration of skin, however faint or small, with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. This includes petechiae, which are red or purple spots, less than two millimetres in diameter and often in clusters.

What to do if bruising is seen on a non-mobile baby. (See flow chart)

If a bruise is seen on a baby of less than 6 months of age, or older if still not independently mobile, the professional observing the bruise should always enquire as to the cause of the injury. A record should be made of the characteristics, position and explanation given for the bruise.

If the baby is unwell or there are other indicators of a possible medical cause for bruising then appropriate medical intervention should be sought. The doctor who sees the child will consider whether a referral to children's social care is required and make a referral as appropriate.

If the baby is well and there is no other indication of a medical cause the professional who has seen the bruise should ascertain the explanation for the bruise from the parent/carer. If there is a bruise on a non mobile baby a referral should be made to children's social care unless there is very good evidence that the history is true. For example, there are other witnesses as to how the bruise occurred. It is important to be open and honest with parents with regard to the concern raised by bruising in non-mobile babies and the need to discuss this with children's social care. The exception to this would be if such a disclosure would

increase the risk of harm to the baby. If a parent or carer is uncooperative this should be reported immediately to children's social care.

If there is any doubt about a medical cause then refer to children's social care.

Please note that all agencies must ensure they keep a detailed record of how the bruising has occurred.

References/Resources

CG 89 "When to Suspect Child Maltreatment" (December 2009) National Institute of Health and Clinical Excellence.

Bruising – A systematic review. (September 2010) Welsh Child Protection Systematic Review Group.

<http://www.core-info.cf.ac.uk/bruising/index.html>

http://www.nspcc.org.uk/Inform/publications/downloads/bruisesonchildren_wdf48018.pdf