Bruising in Non-mobile Babies

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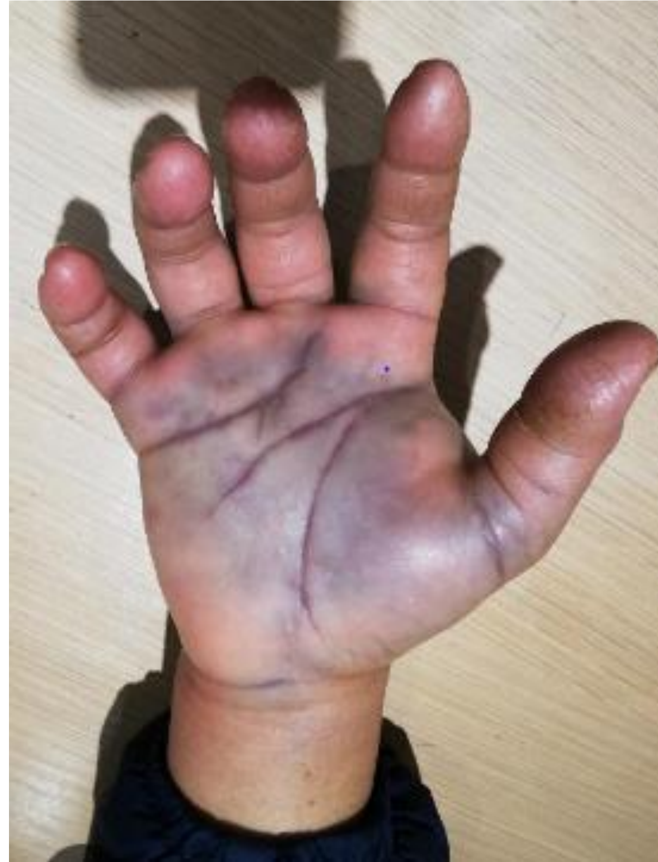
A baby with a bruise
Worried or not?



Bruising - Why is this important?

- Bruising is the most common injury in children who have been abused
- Bruising is also common in non-abused children

- **BUT accidental bruising in pre-mobile infants is rare (0-1.3%)**

Sentinel injuries

- A sentinel injury is a ‘minor’ injury often seen in non mobile children and is recognised as a precursor to a more significant injury
- A systematic review by the Royal College of Paediatric Health (2020) identified a bruise was the most frequent sentinel injury

Definitions

What is non mobile?

What is a bruise?

Definitions

- **What is non-mobile?**
- A child who is unable to move independently through crawling, cruising or bottom shuffling. Particular attention should be given to the risks in those chil dren who are unable to roll over
- **What is a bruise?**
- Any bruising, injury or mark on the skin that might look like bruising, in a child of any age or where a child is not independently mobile, that is observed by or brought to the attention of any professional must be taken as a matter for inquiry and concern
- **In pre-mobile infants accidental bruising is rare (0-1.3%)**

If you see a non-mobile baby with a bruise what do you want to know?

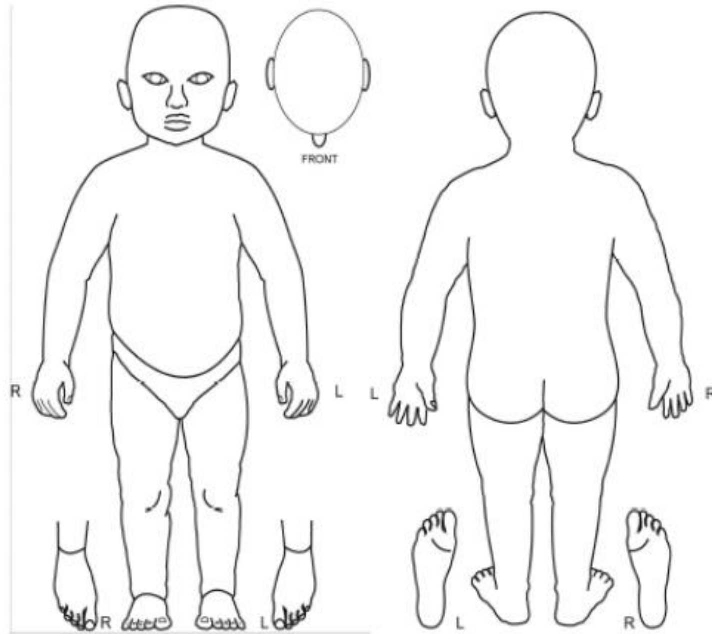
History

- Where is the mark?
- How long has it been there?
- Has any explanation been given?
- Is the explanation give plausible?
- Is there any documented birth injury or birth mark?
- Can anyone verify the history? Is it changing?
- Other concerns about the family? Open to social care, previous safeguarding concerns? Consider Siblings children of partners
- You may not be the right person to interpret this information but it is appropriate to ask – **professional curiosity**

What to ask yourself

- Is the child well?
- Do they need urgent admission to hospital?
- Could there be a medical cause needing urgent assessment?
- Could this be a sentinel injury ?
- Does the injury seen fit with the explanation given based on the child's age and developmental level?

Recording Information



Child's name:

Date of birth:

Date/time of skin markings/injuries observed:

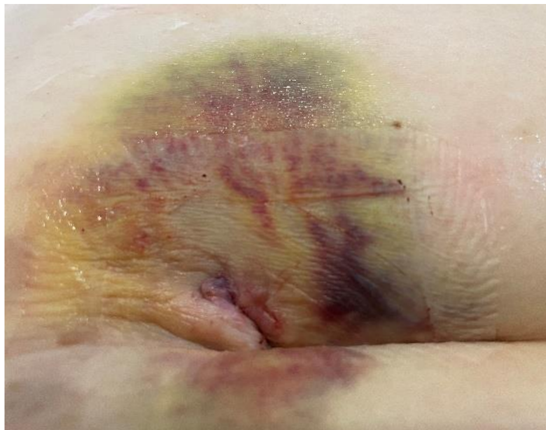
Who injuries observed by:

Information recorded: Date: Time:

Name: Signature:

Aging bruises and describing bruises

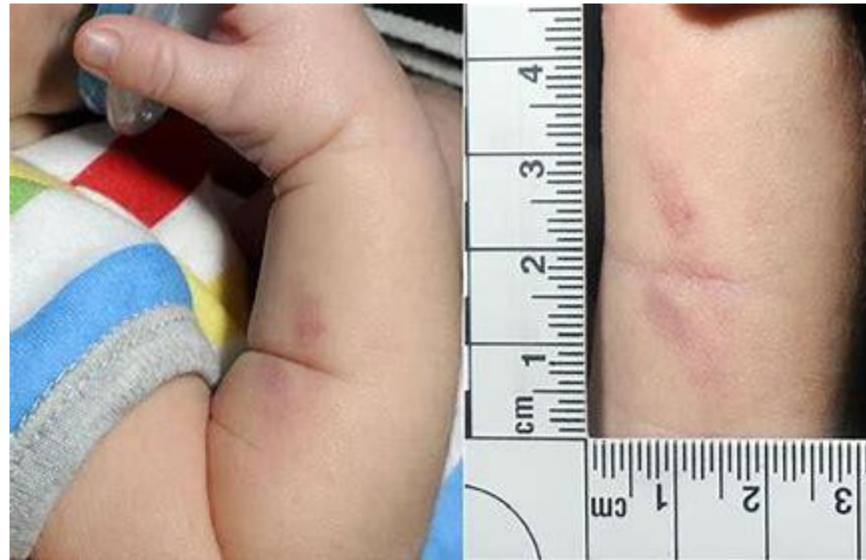
- Bruises cannot be accurately aged
- Colours difficult to describe



Photographs

- Photographing injuries is very helpful to ensure they are accurately documented, these photographs can be shared with partners to help assess risk. They can also be requested by the police to form part of the evidential package as proof of injury

- It is also helpful to measure injuries, ensuring the scale is included in the photograph. If a measure is not available then an item of common size can be used, eg a standard Bic pen



What to do?

- **Follow the BSW bruising in non-mobile babies protocol**
- B&NES, Swindon and Wiltshire (BSW) policy on suspected brusing or injuries, in children who are not independently mobile. (bathnes.gov.uk)
- **A multi-agency discussion** to consider any other information on the child and family. Consider any known risks and jointly decide whether any further assessment, investigation or action is needed to support the family or protect the child. This multi-agency discussion should always include the professional who referred the child
- **A review by a paediatrician** who has the appropriate expertise to assess the nature and presentation of the bruise, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the child, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, and consider whether there is a plausible explanation for the bruising

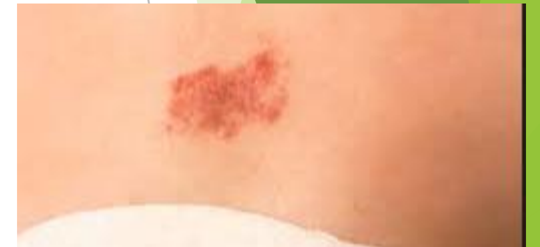
Child Safeguarding Practice Review (CSPR) Panel Briefing Paper - September 2022

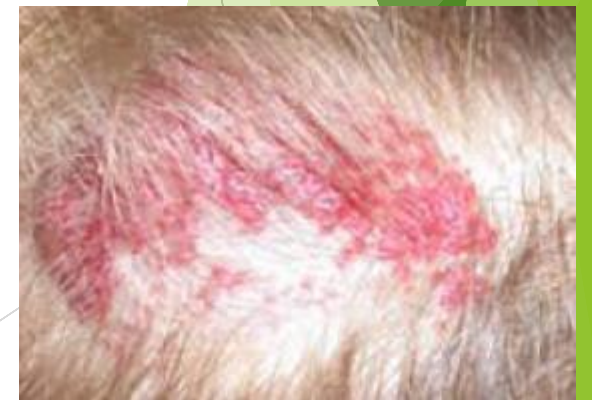
Recommend that in all cases of bruising in children who are not independently mobile there is:

- a review by a health professional who has the appropriate expertise
- a multi-agency discussion to consider and jointly decide whether any further action is needed to protect the child

Medical Input

- You can't age a bruise
- You can't know how an injury happened unless you were there
- Looking for other injuries
- Differentiating injuries from birth marks
- Checking child is well? – If concerned a child is unwell request admission to hospital
- Remember…this is a vulnerable group of children and accidental bruising is rare





Police protection powers

- Police protection is an emergency power which enables any police officer to protect a child who is reasonably believed to be at risk of significant harm. Home Office circular 017/2008: The duties and powers of the police under The Children Act 1989(opens an external website in the same tab) provides further information on how to use police protection powers for children.
- Section 46 of the Children Act 1989(opens an external website in the same tab) empowers an officer to remove a child to suitable accommodation or prevent the removal of a child from a hospital or other place in which that child is being accommodated. When these powers are exercised, the child is considered to be in police protection. Police protection does not give the police parental responsibility and does not, for example, give the police the ability to consent on behalf of the child to a forensic medical examination. No child may be kept in police protection for more than 72 hours.
- Under the Children Act 1989 s 46(5)(opens an external website in the same tab), once the designated officer has completed their enquiries, they must release the child from police protection, unless the designated officer has reasonable cause to believe that the child is likely to suffer significant harm if released. This applies even if the child has been placed in accommodation. No child may be kept in police protection for longer than 72 hours.

	Police Protection Powers	Emergency protection orders
Definition	A Police Constable has the legal right to remove a child from accommodation or prevent removal, where they have reasonable cause to believe the child would otherwise be likely to suffer significant harm.	The Local Authority has the legal right to remove a child from accommodation or prevent removal, where they have reasonable cause to believe the child would otherwise be likely to suffer significant harm.
Where can this be found in legislation?	Section 46 Children Act 1989.	Section 44 Children Act 1989.
Timescales	The child may be kept at the Police Station or removed to a suitable accommodation (e.g. relative's home, Foster Care via Children's Services) for up to **72 hours**.	An EPO can be made for a maximum period of 8 days, with a possible extension of up to a further seven days,to a maximum of **15 days**.
Who can apply?	There is not necessarily an application as such because there is no court order required in order to for the Police to exercise their powers under Section 46. Their powers are enforced where a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm.	Any person The local authority An authorised person, for example, the NSPCC. C110a form.
What are the effects of such powers/orders?	The designated officer shall do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare (having regard in particular to the length of the period during which the child will be so protected). Provides for the removal of the child to suitable accommodation, or alternatively it governs the prevention of the child's removal from a hospital or other place in which they were accommodated immediately prior to the Police exercising their powers.	Provides for the removal of the child to accommodation provided by the applicant, or alternatively it governs the prevention of the child's removal from a hospital or other place in which they were accommodated immediately prior to the order. The Court is also able to issue a Police warrant to enable them to support Children's Services if the parent(s) refuses entry or access to the child. Confers limited Parental Responsibility for the child to whoever applied for the order. This parental responsibility is limited to whatever is required in order to safeguard the child.
What are the duties on the Police/Children's Services?	**The Police constable must:** inform the relevant Local Authority where the child resides; (The local authority children's services department should undertake enquiries under Section 47 of the Children Act to determine whether an application for an emergency protection order should be made). inform the child's parents, any persons with Parental Responsibility or the child's carer of the steps which have been taken and the steps which they intend to take; inform the child of the steps being taken and where practicable find out the child's wishes and feelings; and allow the parent, any persons with Parental Responsibility or the child's carer to have a reasonable amount of contact.	**Children's services must:** consult with the parents or those with Parental Responsibility as to their plans for the child; draw up a written care plan; provide a reasonable amount of contact to parents and to any person with whom the child was living with immediately before the order was made; keep the case under review day by day so as to ensure that parent and child are separated for no longer than it is necessary to secure the child's safety. Inform the relevant parties of their right to apply to discharge the Emergency Protection Order within 72 hours of it being granted by the Court. However, this will only be valid if the relevant parties were not present at the hearing, or if they were not given notice of the hearing.

Case 1

- 9 week old Jenna is brought to the health visitor due to a bruise on their cheek. Dad says he thinks it happened when he was carrying her in the night and bashed his teeth as he was kissing her when he tripped.
- Jenna looks well but has a large bruise on her cheek, Dad tells you she has been feeding normally. Both parents are young and this is their first child.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Follow: BSW policy on suspected bruising or injuries, in children who are not independently mobile

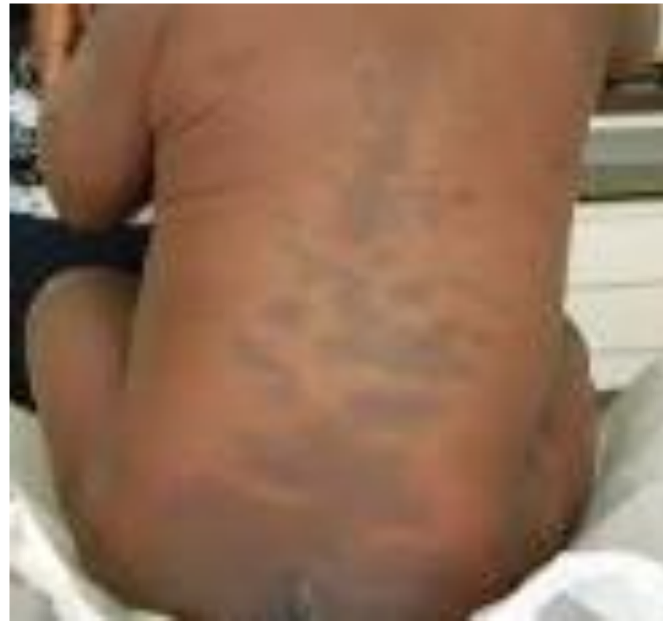
- Explain to family (if safe to do so) the need for immediate referral to Children's Social Care
- Provide the parent/carer with the leaflet for parents
- Document bruises and injuries on the body map
- **Immediate referral to children's social care**
- MASH/Safeguarding Teams to arrange strategy discussion at which the paediatrician/hospital representative attends in order for multi-agency decision to be made about whether a child protection medical is required and next steps to safeguarding child/and siblings where relevant

Case 2

- 4 week old Kayla has been brought to you by her Mum, she has noticed a blue bruise on the base of her spine. Mum has no idea how it got there and is very worried. Kayla has been with her Dad over the weekend who has recently got out of prison.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Congenital Dermal Melanocytosis



Congenital Dermal Melanocytosis

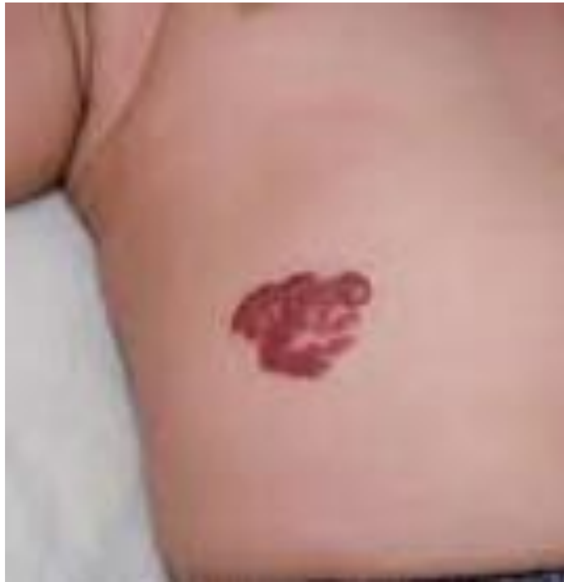
- Hyperpigmented skin areas – may be referred to as blue spots, Mongolian spots or Mongolian blue spots
- Usually seen at birth or early life
- Often familial
- Common in children of Asian / African descent
- Rarer in Caucasians
- Usually bluish / slate-grey in colour
- Usually flat and not raised, swollen or inflamed
- Can be single or multiple marks
- Usually on the lower back / sacrum / buttocks
- Trunk, extremities (rarer)
- Face or scalp (extremely rare)
- DOCUMENT IN HEALTH RECORDS AND RED BOOK

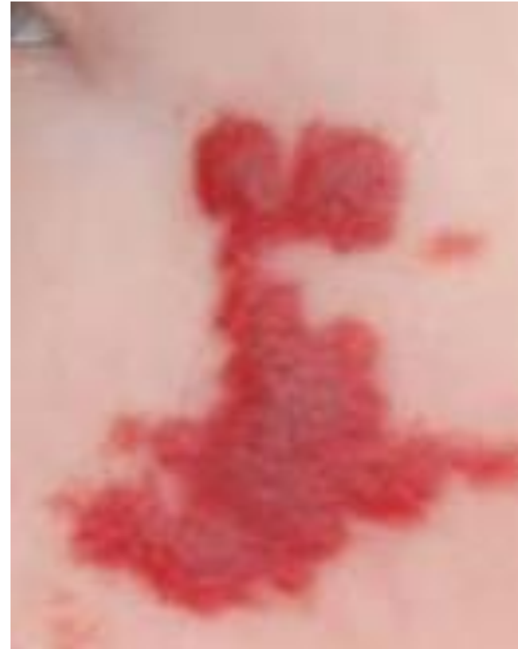
Case 3

- Cristoff is one month old, his Dad has noticed a mark on his ankle. Dad thinks it could have happened when he was holding him to change his nappy but says he is always careful so isn't sure. The mark is 0.5 x 1cm and looks a pale purple colour and is more noticable when he cries. Cristoff is well in himself and has been feeding normally.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Haemangioma





Haemangioma

- Vascular birthmarks are caused by either abnormal growth of blood vessels or less commonly, by malformation of blood vessels
- Common - can affect one in ten babies
- Normally appear around week two of age
- Occur more often in girls, premature babies and multiple births
- They may increase in size during the first three months, but it is unusual for them to get bigger after ten months - they then generally settle and then start to shrink in size
- Bruises do not blanch on pressure, but vascular birthmarks often do. They can get darker and become more visible when a child cries or is warm
- May also be referred to as capillary haemangioma, infantile haemangioma, naevus simplex, naevus flammeus, stork mark, angel kiss, salmon patch

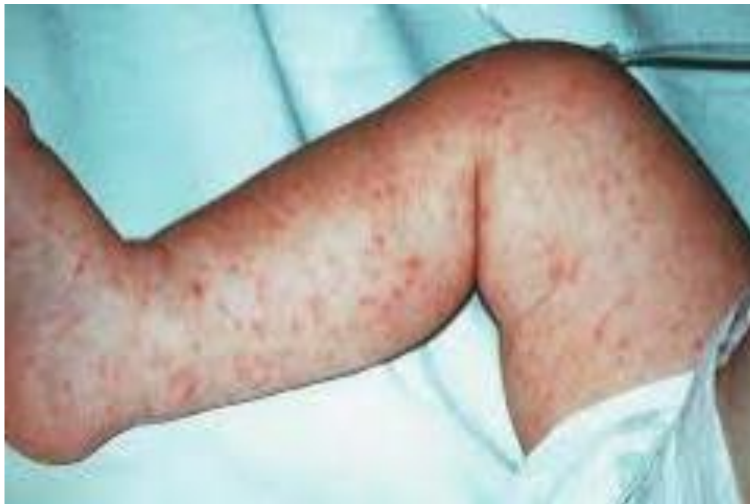
Case 4

- Heath is brought to you by his Mum, he is 6 weeks old. She had been out last night and is worried Heath isn't quite himself this morning. You notice Heath has a small bruise by his ear measuring 1cmx1cm. Heath seems quite sleepy which Mum says is unlike him. He hasn't fed this morning and you can't wake him up.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Sepsis

- Sepsis can present in many ways in babies
- They may be quieter than usual or very sleepy, and may have poor feeding
- Initially babies may not have a temperature
- Meningococcal meningitis can present with or without a rash
- If concerned - **get urgent medical attention**



Meningococcal disease

MENINGOCOCCAL DISEASE

can attack without warning and

EARLY SYMPTOMS

can often be mistaken for the flu.

And the really scary part... it can kill in a matter of hours.

Or cause permanent complications: brain damage, hearing loss, learning disabilities or limb amputations.

Get protected.

info@meningitisbactionproject.org

MeningitisBActionProject.org

MeningitisB Action Project

Case 5

- Joey is 11 months old, he has cerebral palsy after being born prematurely. You notice a bruise on his thigh measuring 2cm x 2cm. His Mum doesn't remember how it could have happened. Joey seems well in himself but cries when you move his leg.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Remember

- Consider prematurity and ‘corrected age’
- Children with disabilities may be non-mobile at any age
- Assess for other injuries
  - Skeletal survey - fractures
  - Ophthalmology review – retinal haemorrhages
  - CT scan brain – cerebral haemorrhages

Case 6

- Harry is 7 months old, he is on a child in need plan for neglect. You are routinely visiting the home and notice Harry has a bruise on his forehead. Mum says he was crawling and banged his head on the table. Harry is well in himself and eating a biscuit

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Development

- Remember to check child’s development!

Case 7

- Reuben is 5 months old, his Mum has noticed a red mark on his tummy. It looks like lots of small red dots with some bruising. It measure 1cm x 1cm. As you undress Reuben you notice another similar mark on his leg and some blood on his blanket which his mum explained was due to a nose bleed. Reuben is well and is feeding normally.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

Clotting problems

- Haemophilia
- Von Willebrands disease
- Idiopathic thrombocytopenia (ITP) – low platelet count
- Leukaemia
- Vitamin K deficiency

- Can present at birth with excess bleeding from the umbilical cord or extensive bruising following forceps delivery
- May notice easy bruising, nose bleeds or rectal bleeding
- May have a family history of easy bruising or bleeding disorder
- Investigate with blood tests – full blood count, clotting studies

Case 8

- Harry is 4 months old, his Mother has brought him to clinic as she is worried about how her partner handles him. She saw him him put him down roughly last night and noticed a red mark on Harry's leg afterwards. Harry looks well and well grown, he has a blue mark measuring 2cm x 1cm on his left thigh.
- Mum and Dad both work as teachers in a local school.

- What will you do immediately?
- What do you need to do next?
- Why are you worried about this child?
- What is reassuring in this situation?

LADO/DOFA

- Immediate concerns about the Harry and supporting Mum
- Being aware that the fact Dad is a teacher - information needs to be shared with the LADO/DOFA (local authority designated officer/designated officer for allegations)

Summary

- Bruising in non-mobile babies needs to be taken seriously
- Immediate action should be taken to protect them
- Protocols should be followed
- Each professional has a responsibility to make the referrals and share their concerns, you should not rely on somebody else
- A multi agency strategy discussion will be required with social care, police and health to explore the concerns and agree a multi-agency action plan
- If concerns are not taken seriously – use escalation policy
- Some babies will need admission to hospital if they are unwell - this should take priority
- These are complex cases and you will need the support of your safeguarding lead

Suspected Bruising on Children

BABIES THAT DON'T CRUISE RARELY BRUISE

Background

Bruising is the most common presenting feature of physical abuse in children. The Triennial analysis of Serious Case Reviews (SCR's) identified that those under the age of 1 year are consistently over presented in SCR's as a result of a severe injury or death as a result of physical abuse (Sidebotham et al, 2016).
This short clip (from Nottinghamshire Council) describes the action a practitioner should take if they become aware of a bruise/suspicious mark on a non-mobile baby.

7 Minute Briefing

1. Why it matters

Recent Rapid Reviews in Swindon have highlighted a lack of awareness of the Suspected Bruising or Unexplained Injury in a child who is not independently mobile policy. The younger the child, the greater the risk that bruising is non accidental and therefore there is a greater potential risk. Infants under the age of 1 are more at risk of being killed by another person, usually a carer, more than any other age group of children.

2. What to look for

Bruises away from bony prominences
Bruises to soft areas such as face, abdomen, arms, buttocks, ears and hands
Multiple or clustered bruising
Imprinting or Petechiae (small red or purple spots caused by bleeding into the skin)
Symmetrical Bruising

3. Use of professional judgement

Professional judgement is based on your role, training and experience. However, it is important to recognise that non accidental injuries often occur on the same areas as accidental ones.
It is vital that a professional demonstrates professional curiosity when seeking explanations, this is especially important if the professional feels as though they know the family well.

4. Questions to ask

Have carers been asked for an explanation? Record the explanation.
Do not suggest how it may have occurred
When was the bruising first noticed?
Is the injury consistent with child's developmental stage?
It is also important to document the injury on a body map

5. Sentinel injuries

A sentinel injury is a 'minor' injury often seen in non mobile children and is recognised as a precursor to a more significant injury.
A systematic review by the Royal College of Paediatric Health (2020) identified a bruise was the most frequent sentinel injury.

6. What to do when you suspect a Non Accidental injury or bruise

If the child has been seriously injured call 999 immediately
Refer to MASH who will convene a strategy discussion.
Provide parent/carer with Bruising in non mobile babies leaflet
Do not ask the parents to attend hospital or GP at this stage
If the child is already open to Children's Social Care contact the allocated social worker or their manager.

Head injuries tend to involve the parietal bone, occiput or forehead

Forehead

Nose

Chin

Palm of hand

Elbows

Knees

Shins

REMEMBER

Accidental injuries typically:

- involve bony prominences
- match the history
- are in keeping with the development of the child

(a) Typical accidental injuries

Ears – especially pinch marks involving both sides of the ear

The "triangle of safety" (ears, side of face, and neck, top of shoulders): accidental injuries in this area are unusual

Inner aspects of arms

Back and side of trunk, except directly over the bony spine

Black eyes, especially if bilateral

Soft tissues of cheeks

Intra-oral injuries

Forearms when raised to protect self

Chest and abdomen

Any groin or genital injury

Inner aspects of thighs

Soles of feet

REMEMBER

Concerns are raised by:

- injuries to both sides of the body
- injuries to soft tissue
- injuries with particular patterns
- any injury that doesn't fix the explanation
- delays in presentation
- untreated injuries

(b) Typical abusive injuries

Thank you!