

Plymouth Safeguarding Children Board Guidance Document

Bruising on pre-mobile babies

Guidance on the detection and management on bruising in pre-mobile babies

Babies don't bruise, break or bleed

Bruising, or what is believed to be bruising, in any pre mobile (not independently mobile) baby/child should prompt an immediate referral to Children's Social Care; alongside this there should be an urgent paediatric opinion.

1. Introduction

This guidance has been developed for the detection and management of bruising in pre mobile babies and the process by which such children should be referred to Children's Social Care and a Paediatrician for further assessment and investigation of potential child abuse.

There is substantial and well founded research based on the significance of bruising in children. For further information please see [core info leaflet bruises](#)

2. Definition

Pre-mobile baby - A baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of 12 months.

Bruising - Bruises are bluish or purple-coloured patches that appear on the skin when tiny blood vessels, called capillaries, break or burst underneath. The blood from the capillaries leaks into the soft tissue under the skin, causing the discoloration and overtime this fades.

3. Facts

- Bruising is the commonest presenting feature of physical abuse in children.
- 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 are starting to walk by holding on to the furniture has bruises.
- Most children who are able to walk independently have bruises.
- Bruises usually happen when children fall over or bump into objects in their way.

- Bruising in any child 'not independently mobile' should prompt suspicion of maltreatment.
- Non accidental head injury or fractures can occur without bruises.

For further information please see:-

[NICE Guidelines When to suspect child maltreatment](#)

It is recognised that a small percentage of bruising in pre-mobile babies will have an innocent explanation (including medical causes). Nevertheless, because of the difficulty in excluding non-accidental injury, practitioners should follow this guidance.

4. Think About

The child's age and developmental stages.

The explanation of the bruise may be inconsistent, vague or not compatible with the mechanism of injury given or there may be no explanation at all.

There may be a delay in seeking medical help or no help at all.

Older children who are not independently mobile by reason of a disability.

5. Remember

A bruise should never be interpreted in isolation and should always be assessed in the context of medical and social history, developmental stage, explanation given and full clinical examination.

6. Response

The presence of any bruising in pre-mobile babies of any size, in any site, should initiate a referral to Advice and Assessment Service (Children's Social Care) and a detailed examination, enquiry into its explanation, origin, characteristics and history will then take place.

You must:

- Document the explanation of the bruise.
- Log all injuries on a body map.
- Be open and honest with the parents about your concerns unless you are concerned that the child may be at further risk.
- Advise the parents of the need to make a referral to Advice and Assessment Service (Children's Social Care) with a view to an examination by a paediatrician.
- Record all discussions, decisions and actions and confirm referral in writing to Advice and Assessment Service (Children's Social Care) within 48 hrs.
- Refer any child that is found to be seriously ill or injured, or in need of urgent treatment or further investigation, should be referred immediately to hospital or taken to directly to the emergency department.

In situations where the bruising is being reported by non-health professionals, Advice and Assessment Service (Children's Social Care) will make the referral for a paediatric assessment.

A referral to hospital should not be delayed by a referral to Advice and Assessment Service (Children's Social Care), which can be undertaken from the hospital setting. However, it is the responsibility of the professional first dealing with the case to ensure that, where appropriate a referral to Advice and Assessment Service (Children's Social Care) has been made.

Occasionally spontaneous bruising may occur as a result of a medical condition such as a bleeding disorder, thrombocytopenia or meningococcal or other acute infection.

This guidance is necessarily directive. While it recognises that professional judgement and responsibility have to be exercised at all times, it errs on the side of safety by requiring that all pre-mobile babies with bruising must be referred to Advice and Assessment (Children's Social Care) and for a senior paediatric opinion.

If staff are uncertain about what to do when presented with an injured child/baby then you must share your concern immediately with a colleague, child protection lead or Advice and Assessment.

7. Contact Numbers

Advice and Assessment Service Children's Social Care 01752 306800 (Out of Hours 01752 346984)

Derriford Hospital Main Switchboard 08451558155 (they will radio page Paediatrician)

8. References

Carpenter RF. (1999) The prevalence and distribution of bruising in babies. *Archive Dis Child* 80: 363-366

Children Act (1989)

Information Sharing: Guidance for Practitioners and Managers (2008) HM Government

Maguire, S, Mann, M (2013) Systematic reviews of bruising in relation to child abuse- what have we learnt: an overview of review updates. *Evidence Based Child Health* 8:255-263

NICE (2009) NICE guideline. When to Suspect Child Maltreatment

Sugar NH, Taylor JA, Feldman KW (1999) Bruises in infants and toddlers: those that don't bruise rarely bruise. *Archives of Dis Child* 153: 399-403

Wedgewood J (1990) Childhood bruising. *Practitioner* 234: 598-601

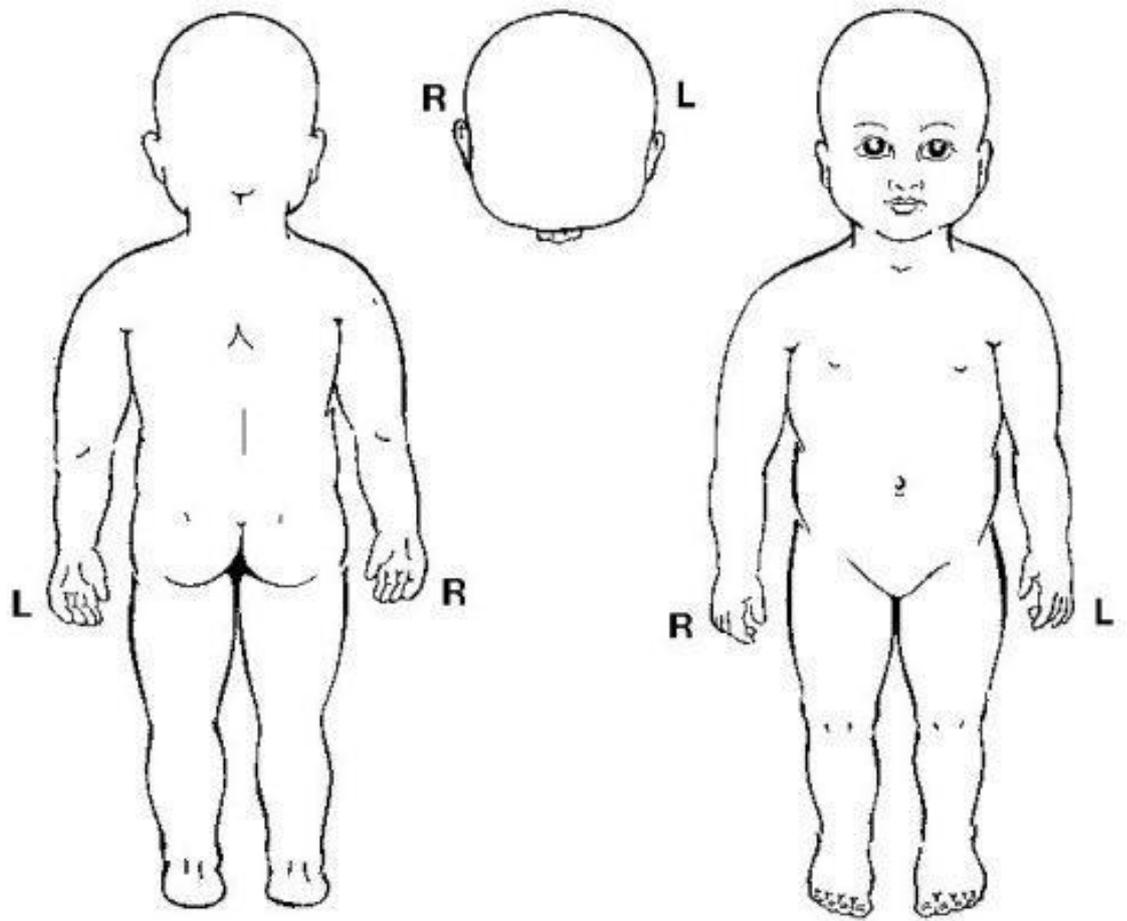
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Appendix I

Baby/infant Body Map

Child's Name

DOB



Completed by.....

Job Title.....

Signed.....

Date and Time.....

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