Bruising in Pre-Mobile Infants (babies) Protocol

This protocol provides frontline multi-agency professionals with a knowledge base and action strategy for the assessment, management and referral of pre-mobile infants who present with bruising or otherwise suspicious marks.

A pre-mobile infant is a baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. This includes all babies under the age of 6 months.

Bruising is the commonest presenting feature in physical abuse in children.

The younger the child, the higher the risk that bruising is non-accidental, especially where the child is under the age of 6 months. (see www.core-info.cardiff.ac.uk/reviews/bruising)

Bruising in any pre-mobile infant should prompt an immediate referral to children’s social care, who will arrange an urgent medical assessment by a senior paediatrician.

Any child who is found to be seriously ill or injured in whom abuse is suspected, or in need of urgent treatment or further medical investigation, should be referred immediately to hospital at the same time as referral to children’s social care.

Consideration should be given to applying this protocol to older children who are not independently mobile by reason of a disability. If in any doubt, professionals should discuss the case further. Bruising in any child ‘not independently mobile’ should prompt suspicion of maltreatment.

A referral to Children’s Social Care should be made by the first professional to learn of or observe the bruising. (See below for contact numbers).

All telephone referrals should be followed up within 48 hours with a written referral.

Children’s Social Care will take any referral made under this protocol as requiring further multi-agency investigation.

Children’s Social Care will take responsibility for making an urgent referral to paediatric services. For the paediatric opinion, they will contact the duty paediatrician by phoning North Tyneside General Hospital switchboard (See below for contact number).

The professional making the referral and the social worker receiving the referral must reach a decision about whether or not the child can be safely transported to hospital by the child’s parent/adult carer alone, or whether the child should be transported to hospital by some other method.

Non-attendance at the hospital should initiate immediate Child Protection procedures between Children’s Social Care and the Police.

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken under the care of a Consultant Paediatrician.

Innocent bruising in pre-mobile infants is rare. It is the responsibility of Children’s Social Care and the paediatrician to decide whether bruising is consistent with an innocent cause or not.

Parents and carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children’s Social Care.

Information should be shared with the child’s GP and Health Visitor or Public Health Nurse.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasised.

It is not always easy to identify with certainty a skin mark as a bruise. Less clear cut lesions such as Mongolian Blue Spots or birthmarks should be promptly discussed with the child’s Health Visitor or GP.

If a practitioner has any concerns about any mark, caution should be exercised and discussion should be made with Children’s Social Care and/or paediatric services.

This protocol is necessarily directive. While it recognises that professional judgement has to be exercised at all times, it errs on the side of safety by requiring that all pre-mobile infants with bruising be referred to Children’s Social Care and for a senior paediatric opinion.

For Children’s Social Care, phone:-

| NORTH TYNE SID FRONT DOOR |
| NW TYNE SID GENERAL HOSPITAL SWITCHBOARD |
| | |
| 0345 2000 109 | 0191 200 6800 |
| 9am-5pm (Mon-Fri) | |

For a paediatric opinion phone:-

| NORTH TYNE SID GENERAL HOSPITAL SWITCHBOARD |
| |
| 0191 203 1200 |
| Ask to speak to the duty consultant paediatrician. |