Bruising in Non-Mobile Babies
SOT C10

Practice Guidance for Assessment, Management and Referral

The aim of this guidance is to support practitioners by providing guidance about the management and referral of babies and non-mobile children who have presented with bruising or otherwise suspicious marks.

It does not reiterate the process to be followed once a referral to Children’s Services has been made.

Date written: October 2014

Approved by: Staffordshire and Stoke-on-Trent Safeguarding Children Boards
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/child 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 child, the greater the risk that bruising is non-accidental and greater the potential risk to the child.

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

It is recognised that in some non-independently mobile children with bruising there will be an innocent explanation (including medical causes). This practice guidance should be followed nevertheless because of the difficulty in excluding non-accidental injury.

2. Definitions/Scope of guidance

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.

Practitioners will need to exercise professional judgement in deciding whether an observed mark is bruising or is suspicious of injury. Where they judge a mark to be bruising, or to be suspicious of injury, they should refer under this practice guidance. In making that judgement, consultation with a colleague or line manager is recommended.

What to do if bruising/suspicious marks are seen on a non-mobile child/baby

Health Care Professionals

Should assess the “mark” on the baby/child and enquire into its origin, characteristics and history to seek an explanation. All findings should be carefully documented in the child’s records.

If a “medical” cause is suspected, this should be managed appropriately. This may include reassurance and/or referral for assessment and treatment.

If a satisfactory explanation is given, following the checks outlined in the flowchart and appropriate documentation no further action needs to be taken.

If a “medical” cause is not suspected, professionals should advise and frankly explain to the parents/carers of the need to refer to Children’s Social Care (CSC).

The child should be asked to remain on the premises until there is a discussion with the social worker as to the next steps. If you have concerns about the
safety of the child, yourself or other staff or if the child is removed from the premises you should call the police immediately and refer to CSC.

All discussions, decisions and actions should be recorded and referral to CSC should be confirmed in writing within 24 hrs as per policy.

Any child who is found to be seriously ill or injured, or in need of urgent treatment or further investigation, should be referred immediately to hospital. Such a referral should not be delayed by a referral to CSC; however it is the responsibility of the professional first dealing with the case to ensure that, where appropriate, a referral to CSC has been made if abuse is suspected.

See Flow Chart

All other practitioners – including Nursery Staff, Children Centre, Education, Social Workers

Should discuss the bruise/suspicious mark with the parent/carer and enquire into its explanation, origin, characteristics and history. Detailed documentation of this discussion should be made in the child’s records.

Should advise and frankly explain to the parents/carers of the need to refer to CSC.

Should make a telephone referral to CSC, followed up with a written referral within 24 hours as per policy, using the Multi Agency Referral Form (MARF).

References/Resources


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