



STARTING IN A FEW MINUTES AT 15:30

Safeguarding: Bruising in Non-Mobile Infants – Accidental, Medical or Non-Accidental?

20 February 2025

#iHVInsights

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Welcome



Make the most of the opportunity



Enjoy the whole hour



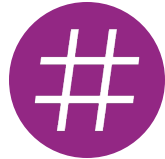
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The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

#iHVInsights

Safeguarding: Bruising in Non-Mobile Infants – Accidental, Medical or Non-Accidental?

Agenda



Welcome

- Alison Morton- CEO, iHV

Guest Speakers

- Dr Jamie Carter - Consultant Paediatrician, NHS Sussex Integrated Care Board
- Michele Lawrence - Head of Safeguarding and Workforce Development, Chief Public Health Nurse Office
- Dr Michelle Moseley - Head of the RCN Prince of Wales Nursing Cadet Scheme; and Health Visitor Researcher

Q&A with Speakers

Close and Evaluation

Next speaker



Dr Jamie Carter

Consultant Paediatrician, NHS
Sussex Integrated Care Board



Type your questions as you think of them during the presentations

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Bruising in Non-Mobile Infants; Accidental, Medical or Non-Accidental?

Dr Jamie Carter

Designated Doctor Safeguarding,
Sussex

20th February 2025

What is a bruise?




Definition

- Bruise...contusions.... petechiae
- “Traumatic injury of the soft tissues”
- Breakage of the local capillaries & leakage of red blood cells
 - Due to blunt force trauma
- Petechiae
 - Strong predicator of abuse with a bruise
 - RCPCH systematic review

















Paediatric/health assessment

- Does the injury fit with the explanation?
- Is it consistent with the developmental Stage of the child?
- Vague/changing history/delay in seeking advice?
- Inappropriate child response reported – eg “felt no pain”
- Any history of previous injury or repeated presentations with illness

NAI assessment

- Never interpret in isolation
 - **Developmental stage**
 - HISTORY
 - HISTORY
 - HISTORY... or lack of it!
- 


Motor skills

	stage1: Birth to 6 months	Stage 2: 6 to 12 months	Stage3: 12 to 24 months	Stage 4: 2 to 3 years
Head and Body control	 <p>Lies on stomach and holds head up pushes up on hands</p>  <p>Rolls from stomach to</p>	 <p>Rolls from back to stomach Rolls to side and gets into sitting</p>		
Sitting	 <p>Sits only with support</p>  <p>Sits leaning on hands</p>	 <p>Sits alone Twists and reaches</p>  <p>Catches self if pushed</p>	 <p>Moves into and out of sitting</p>  <p>Balances self if lifted</p>	
Moving from place to place	 <p>stand with support</p>	 <p>May crawl or shuffle</p>  <p>Pulls to stand</p>	 <p>Walks alone or with one hand</p>  <p>Squats to</p>	 <p>kicks a ball</p>  <p>Balances on one foot Jumps</p>

Bruises can inform about underlying injuries...

- Muscle
- Organs
- Bones
- Brain
 - Physical damage
 - Emotionally → **'Emotional injury'**
- Commonest injury in physical abuse
- Key issue = do physical findings match history?

Do they matter?

- 80% deaths due to AHT had previous signs of abuse
 - **ICON**
 - Related to intracranial & intra-abdominal injury + fractures
 - Indicator of sexual abuse – genital/inner thigh/buttock bruises
- 


Evidence-based positions of abusive bruises

- Babies (<1%)
- Buttocks
- Forearm, upper arm & hands
- **Face & ears**
- Abdomen
- Posterior leg & foot
- Neck

“Those who don’t cruise rarely bruise...”

- Prospective study of 973 infants attending well-baby clinic (*Sugar et al 1999*)
- 0.6% had bruising at < 6 mths
- 1.7% at < 9 mths
- Crawlers & cruisers: 17%
- Mobile children >50%
- Need to know developmental milestones

Features of abusive bruises

- Multiple bruises
 - Implements – uniform shapes, unusual patterns
 - Soft areas (away from bony prominences)
 - Fractures not always associated with bruise
- 
- The background of the slide features a dark blue gradient with several concentric, light blue circular ripples that resemble water droplets hitting a surface. These ripples are positioned in the lower half of the slide, with one large ripple on the left, a smaller one in the center, and a cluster of three overlapping ripples on the right.

Can you age bruises?

- **No evidence**
- Different colours appear in the same bruise at the same time
- Not all colours appear in every bruise
- Accuracy observers estimate the age of a bruise from a photograph approx 50% (24/44)
- Why important?
 - Explanation.... Focus on position/features/development stage

What can paediatricians opine about bruises?

- Physical abuse
 - Accident
 - Unsure
- Possible medical condition
 - Underlying secondary damage...
 - Congenital/normal variant

Salmon Patches / Stork Marks



- Red/pink patches often on eyelids, head & neck
- Common
- Worse when cries
- Fades over first few years usually

Strawberry marks / haemangiomas



- Raised red lumps
- Seen shortly after birth
- Blood vessels
- Enlarge over 6-12 months then shrink and disappear
- May look blue/purple under skin
- Can treat if affect vision, breathing or feeding
- More common in girls, prem, LBW, twins

Port wine stains



- Red / purple (darker on dark skin)
- Usually face / neck
- Present from birth
- Usually 1 side body, can be both
- Laser therapy can help
- Can become darker / lumpier
- Can be associated with other syndromes

Café au lait spots



- Light / dark brown patches
- Anywhere on body
- If multiple may be a sign of genetic conditions

Congenital dermal melanocytosis (blue spots)



- Blue – grey markings, can look like a bruise
- Often lower back, bottom, arms, legs
- Present from birth
- Most common in brown/black skin
- Disappear over time (by around 4y)

Brown or black moles (congenital naevi)



- Overgrowth of pigment cells in skin
- Can become darker/raised/hairy in puberty
- Increased risk skin cancer if large
- No treatment needed

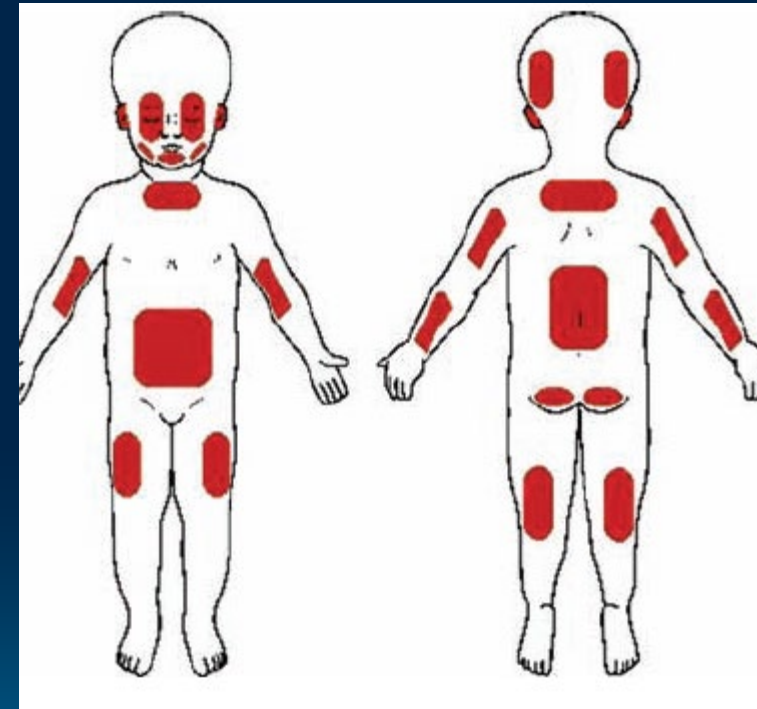
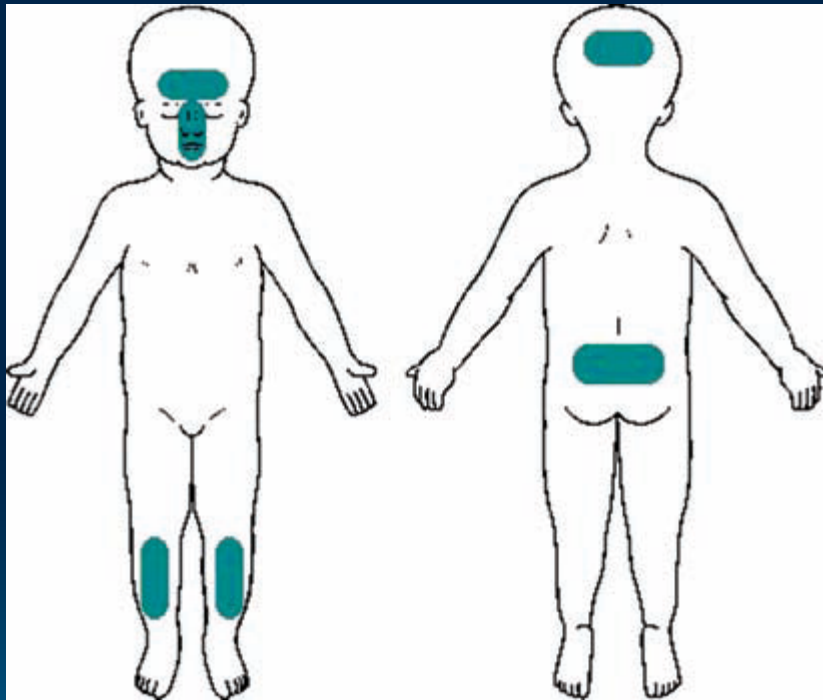
Is it a bruise or is it something else?

- Be empowered to use your professional opinion/judgement
 - Maternity records, Red Book, photographs
- If it's a bruise.....follow the bruise protocol
- If not a bruise - document it & inform parents/carer
- If you're not sure?
 - **Phone** a friend/ask a colleague
 - Is there an immediate concern or could you see it again in a few days to see if it has changed?
 - Who can give you a second opinion?

Bruising in disabled children

- Bruising to the hands, arms & abdomen significantly more common in disabled vs able bodied children
- Feet, knees & thighs as frequent sites of accidental bruising.
- Rarely bruised accidentally = lower legs, ears, neck, chin, anterior chest & genitalia.
- Bruising significantly increased with increasing independent mobility when stratified into categories of unrestricted walker, restricted walker & wheelchair dependent ($p=0.001$). 30

Pattern of Bruising – mobile children



What is a Sub Conjunctival Haemorrhage (SCH)?


- = bright red or dark red patch in the white areas of the infant's affected eye.



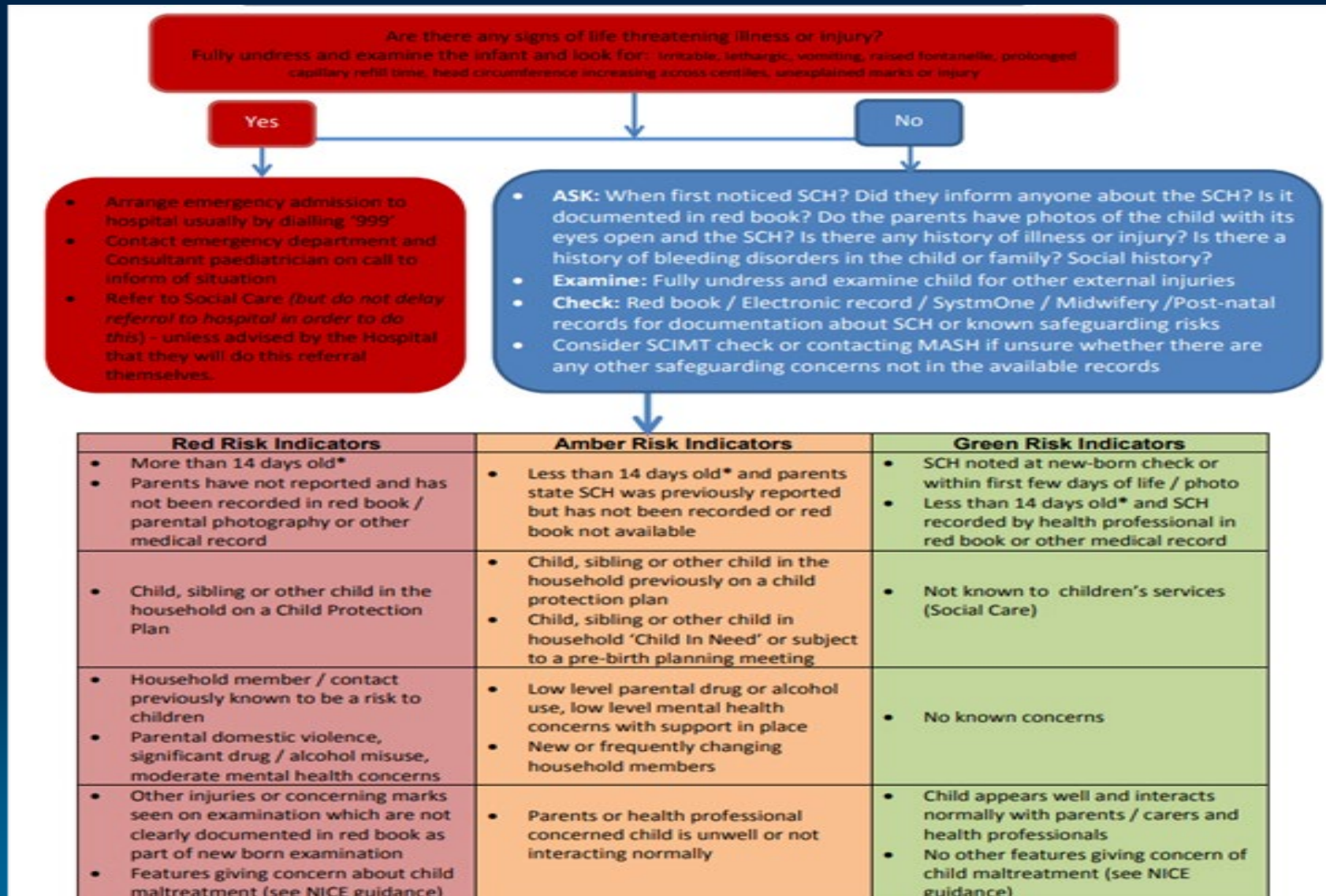
Birth-related SCHs

- frequent in healthy new-born(1/3) infant
 - caused by rupture of sub-conjunctival vessels during vaginal delivery.
- extent of the bleeding may be large or small but always confined to the sclera
- asymptomatic, do not affect the infant's vision & usually resolve in 10 – 14 days.

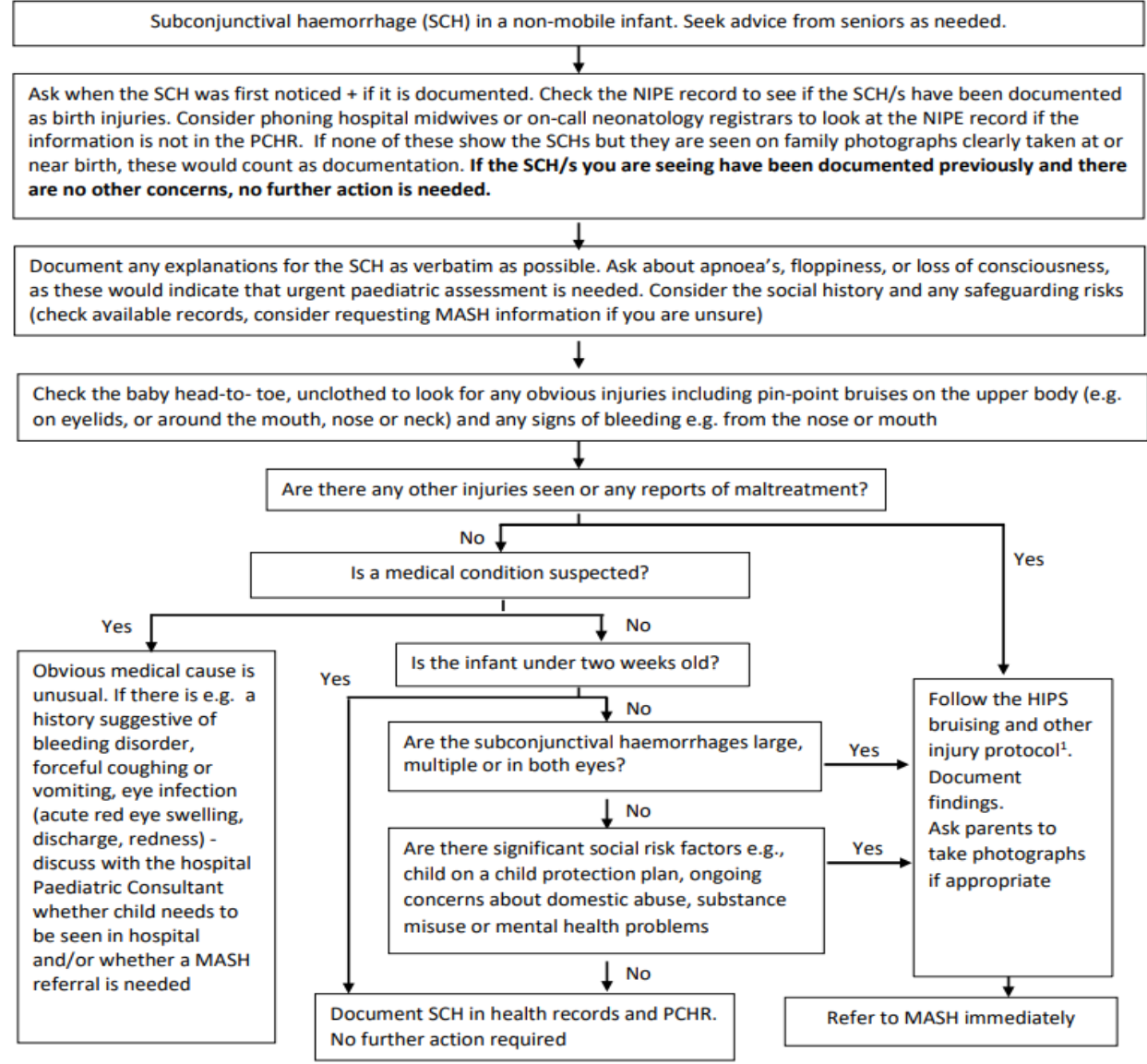
SCHs – other causes

- Non-accidental head injury, including shaking
 - Accidental head injury
 - Forceful vomiting or coughing – typically paroxysms of coughing in pertussis like illness
 - Bleeding disorders
 - Eye infection
- 

SCHs



Flowchart for management of subconjunctival haemorrhages (SCH) in non-mobile infants



Assessment of SCHs in community

➤ Head-toe assessment (undressed) & look specifically for:

- bruising, bleeding, swelling, petechial rash including the scalp & fontanelle.
- is the baby coughing or vomiting, pale, irritable, cold)
- Is the baby feeding well.

- Document findings & record conversations with parents/carers (verbatim)
- Record observations on parent/carer interactions & handling of child + child's general appearance, cleanliness/clothing.
- Review available health information in records/electronic systems (current & historical).
- Explain to parents/carers findings, concerns & next steps.

Case studies – pick red, amber or green

- 1. 15 days old, SCH noted @ birth, red book & photos. No injuries on full examination
- 2. 15 d, no SCH in red book. Parents lawyers, large house in HPP. 1 linear red mark on R thigh.
- 3. 5 d, baby not feeding well. Previous sibling on CIN, parents report SCH noted day 2 (not in red book or discharge summary)
- 4. 14 d, bilateral SCH (R>L); SCH noted in red book; NVD, well child & no injuries on full examination/no concerns

Case studies – pick red, amber or green

- 1. 15 days old, SCH noted @ birth, red book & photos. No injuries on full examination [GREEN]
- 2. 15 d, no SCH in red book. Parents lawyers, large house in HPP. 1 linear red mark on R thigh [RED]
- 3. 5 d, baby not feeding well. Previous sibling on CIN, parents report SCH noted day 2 (not in red book or discharge summary) [AMBER]
- 4. 14 d, bilateral SCH (R>L); SCH noted in red book; NVD, well child & no injuries on full examination/no concerns [GREEN]

Summary

- Bruising in children who are not independently mobile
- Bruises seen away from bony prominences
- Bruises to face, abdomen, arms, buttocks, ears, neck & hands
- Multiple bruises in clusters
- Multiple bruises of uniform shape
- Bruises that carry the imprint of implement or a ligature
- Bruises that are accompanied by petechiae, in the absence of underlying bleeding disorders
- Document & seek timely advice (**phone call**)
- Cannot date bruises

Next speaker



Michele Lawrence

Head of Safeguarding and
Workforce Development, Chief
Public Health Nurse Office



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Office for Health
Improvement
& Disparities

Bruising in non – mobile infants

**Michele Lawrence Head of Safeguarding in the Chief Public Health Nurse
Office – OHID**

20th February 2025

Background

“Bruises are a very much neglected branch of injuries.”

Remarkably, in 2008, the words of Sir Spilsbury continue to be true; bruises remain a very much neglected branch of injuries.

This is important, especially, in the case of the physically abused child; bruising may be the only warning before a fatal or near-fatal outcome. Medical recognition of these (sometimes subtle) warning signs coupled with appropriate action is critical in the prevention of recurrent abusive events.



Evidence

Most comprehensive summary – Child protection evidence systematic review on bruising (Royal College of Paediatrics and Child Health, 2020)

‘Bruising was the most common injury in children who have been abused’

The incidence of bruising correlates to developmental stage, with non-mobile infants least likely to incur bruising (0-1.3%).

It is also a common injury in non-abused children. Any bruising in any region for an infant less than four months of age were predictive of abuse.

23.3% of 137 infants aged less than six months that were investigated for an isolated bruise were found to have occult fractures.



Themes

Role of the father [The Myth of Invisible Men](#)

Infants were more likely to be killed by a father (as the main perpetrator) than by a mother in the approximate ratio 2:1

Missed opportunity for intervention

Bruising in the pre-mobile infant is significant and requires immediate assessment, as it may be an indicator of abuse.

Holistic assessment including evaluation of explanation, social history and identification of risk factors is necessary

Early intervention is key in establishing professional relationships with families in providing support and preparation for parenthood



Current policy framework

NICE guidance [Recommendations | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

- Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, a causative coagulation disorder) and if the explanation for the bruising is in a child who is not independently mobile:
- If an alerting feature or considering child maltreatment prompts a healthcare professional to suspect child maltreatment they should refer the child or young person to children's social care, following local multi-agency safeguarding arrangements.
- The core principle underlying policy is that bruising in non-mobile infants should be treated as a potential indicator of abuse until proven otherwise through proper medical and social evaluation.



Child safeguarding practice review panel briefing paper bruising in non-mobile infants

The aim of the briefing is to support safeguarding partners in reviewing their current policies on bruising in non-mobile infants and to make recommendations on how the evidence base and national guidelines can be further developed

The Child Safeguarding Practice Review Panel reviews cases where children have died or been seriously harmed, and abuse or neglect is known or suspected.

37% of serious incident notifications in 2020 were about children less than a year old. [Bruising in non-mobile infants](#)



Recommendations

- Guidance extended to all professionals, children's social care, early years setting and the police.
- Clarification on what is meant by a child not being independently mobile.
- In all cases of bruising in children (non – mobile)
 - a review by a health professional who has the appropriate expertise to assess the nature and presentation of the bruise
 - A multi –agency discussion to discuss and consider any other information on the child and family
- Initial appraisal of the circumstances before blanket policies that require section 47 enquiries or interventions



Recommendations

- All safeguarding partners review their current policies to check for consistency with the evidence base and national guidelines.
- DHSC works with NICE and the RCPCH to review the evidence and consider whether the current guidance could be updated to present a more consistent and clearer message.



Role of the Health Visitor

Having built a relationship of trust, parents are more likely to disclose domestic violence or adverse experiences that may have an impact on positive parenting (Cowley et al, 2015).

They have the opportunity to establish relationships with parents during the antenatal and postnatal periods. The unique skill set health visitors possess includes the ability to communicate sensitively, allowing them to establish a rapport easily and encouraging parents to receive appropriate health and parenting information



Next speaker



Dr Michelle Moseley

Head of the RCN Prince of Wales Nursing Cadet Scheme; and Health Visitor Researcher



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Bruising in non- mobile infants: The Health Visitor response

Dr Michelle Moseley





A case study

- Newly qualified HV home visit to 6-week-old infant.
- Weighed and examined in family home.
- Complex family history, various risk factors.
- Presentation: slightly unsettled, fading bruising on left and right side of rib cage.

Action

- Examination of infant
- History taking
- Observation of interaction
- Observation of home
- Assessment of parental story
- Concern
- Relayed concern to parent
- What shall I do next?
- Lead Nurse Safeguarding
- Referral for Paediatric safeguarding examination
- De-brief



The outcome

- Rib fractures – bilateral
- Femur fracture
- Tibia fractures – bilateral
- Baby moved to a place of safety
- **NEVER** ignore a bruise in an immobile baby.



The importance of Safeguarding Supervision

- If in doubt ALWAYS seek advice.
- National safeguarding legislation/policy adherence
- Ad-hoc supervision, 1: 1 supervision, group supervision
- Prioritise safeguarding supervision...







We will aim to answer as many questions as possible during the live session.

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Watch #ShapingUs - The Princess of Wales spotlights the vital role of Health Visitors



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Future iHV Member Benefit Event Dates



TOPIC	DATE
Retired Networking Event – Coffee with Alison	26 February 2025
Practice Education Networking Event	12 March 2025
SEND Special Interest Group event	12 March 2025

All future dates can
be found at:
bit.ly/4enHn2H



Join us again!



Protecting lives: Health Visitors' role in vaccination success

20 March 2025 at 3:30pm

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Thursday 8 May 2025



Manchester | King's House Conference Centre



Healthier Beginnings



iHV Evidence-based Practice Conference



Hybrid Conference