

A background to -

- **Pathway of care regarding suspected birth marks including Mongolian Blue Spots**
- **Protocol for the assessment of Bruising and other possible injuries in Non-Mobile Children.**

Bruising in non-mobile children is rare and there is therefore a significant risk that bruising may indicate abusive or neglectful care. Unfortunately nationally and locally bruising is not always responded to appropriately by Midwives, Health Visitors, Doctors, GPs and other health professionals. As a result a significant number of abusive events have been missed resulting in children being placed at risk, serious untoward incidents and serious case reviews.

This Safeguarding Children standard operating procedure (SOP) sets out to address this by requiring all professionals to refer bruising in non-mobile children for assessment by Consultant Paediatrician and Social Care.

The above has proved successful in identifying concerns in a significant proportion of the children referred.

Unfortunately issues around birth marks including **Mongolian Blue spots** have led to a small number of families being inappropriately referred causing significant distress and inconvenience. Such birth marks are sometimes not being recognised and in particular are often not documented in the child's records when firstseen.

It is therefore essential to learn how to recognise birth marks in small infants and to document them in the child's health records, including any maternal record. New guidelines and processes are being devised to support this in Maternity practice and during 'baby checks' in the community.

Any Mongolian blue spots, marks observed at birth by midwife/obstetrician/paediatrician needs to be recorded in baby's and maternity record. Information also requires recorded in discharge notification to GP, Community Midwife and Health Visitor. Midwife to record information in Parent Held Child Health Record (red book). Health Visitor to record this information in the Health Visitor child health record.

Hopefully this will reduce the incidents of confusion and it makes it even more important that new bruising in non-mobile children is referred for expert assessment.

Examples of Mongolian Blue Spot



Pathway of care regarding suspected birth mark including Mongolian Blue Spots

Practitioner observes a mark on a child

Practitioner is confident that it is a birth mark of some type including Mongolian Blue Spots.

Action:

Check Medical / Health Records to see if mark has been recorded previously. If it has been recorded no further action is required.

If not recorded, record mark/s in child health records and inform GP of the finding.

Practitioner thinks it is likely that it is a birth mark or Mongolian Blue Spot but is not sure.

Action:

Check Medical / Health Records to see if mark has been recorded previously. If it has been recorded no further action required.

If there is no record of the mark, ask GP to see child to clarify whether or not it is a birth mark or Mongolian Blue Spot. Within same day. Referring health visitor to ascertain outcome with GP

Practitioner is concerned that it may be a bruise rather than birth mark or a Mongolian Blue Spot.

Action:

Follow the multiagency policy for the Assessment of Bruising in Non-Mobile Babies & Children; child will require child protection medical examination by hospital paediatrician; Refer to Children's Social Care

G.P. Assessment

What are Mongolian Spots?

- Hyper pigmented skin areas
- 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
- Usually round / ovoid but can be triangular, heart-shaped or linear
- Can be single or multiple marks
- Usually on the lower back / sacrum / buttocks
- Trunk, extremities (rarer)
- Face or scalp (extremely rare)
- Usually fade with age

If there is further concern that it may be bruise then immediately

Differentiation Mongolian Spots from Bruising:

- Typical sites
- **Non-tender**
- Usually homogeneous in colour
- Don't change colour and take months / years to disappear
- Must always document presence of Mongolian spots, including how extensive, site and shape.

(refer to photographs for examples)

Standard Operating Protocol for the assessment of bruising and other possible injuries in 'immobile' babies and children

Any Health Professional Observes Bruise or suspicious mark.

SUSPECT child maltreatment

A child who is seriously ill should be referred immediately to hospital

Seek an explanation, record accurately and refer

**Explain to the family the reason for
immediate referral to the Hospital
Paediatrician via children's social care**

**Complete a telephone child protection referral to
Children's social care followed up in writing
within 24 hours on a child protection referral
form**

For Stockport Children's Social Care phone:

0161 217 6028

Out of Hours Social Care: 0161 718 2118

**Hospital safeguarding children nurses; 0161 419
2136/2122**

**Community based safeguarding children nurses; 0161 426
9622**

Greater Manchester Safeguarding Procedures:

http://greatermanchesterscb.proceduresonline.com/chapters/pr_bruising_babies_child.html?zoom_highlight=mongolian+blue+spot

Expectations of Practitioners.

1. When abuse is suspected in a **seriously ill or injured child**, that child should be referred immediately to hospital and transported by ambulance. A referral should be made as soon as possible to children's social care.
2. Any bruising in a non-mobile child should raise suspicion of maltreatment and should result in an immediate referral to children's services and an urgent Paediatric opinion. This referral is the responsibility of the first professional to learn of or to observe the bruising. A discussion should be held between the professional concerned and children's social care as to the safe transport and escort of the child to hospital. The request for a child protection medical is made by children's social care to the "hotweek" Paediatrician at the hospital to which the child will be taken.
3. Bruising must never be interpreted in isolation and must be assessed in the context of medical and social history, developmental stage and explanation given. A full examination and relevant investigations must be undertaken by a Paediatrician. It is the responsibility of Children's Social Care and the Paediatrician to decide whether bruising is consistent with an innocent cause or not and this is a fundamental part of a strategy meeting with the police present.
4. Immobile children are defined as not yet rolling, crawling, cruising or walking independently or are older children who are not mobile because of a disability. RCPCH (2013)

Definition of bruising: Extravasation of blood in the soft tissues, producing a temporary, non-blanching discoloration of skin however faint or small with or without other skin abrasions or marks. Colour may vary from yellow through green to brown or purple. This includes petechiae, which are red or purple non-blanching spots, less than two millimeters in diameter and often in clusters.

References:

- Royal College of Paediatrics and Child Health (2013), Child Protection Companion 2013 2nd Edition.

Links:

- Greater Manchester Safeguarding Children Procedures 'Bruising in immobile babies protocol' via Intranet microsite/safeguarding children or www.safeguardingchildreninstockport.org.uk
- www.nspcc.org.uk/core-info/bruising