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 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.

The above protocols sets out to address this by requiring all professionals to refer bruising in non-mobile children for assessment by Consultant Paediatrican 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 first seen.

**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 the parent hand held record. New guidelines and processes are being devised to support this in Maternity practice and during “baby checks” in the community.

**Hopefully this will reduce the incidence 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

![Mongolian Blue Spot Examples](image1)

![Mongolian Blue Spot Examples](image2)

![Mongolian Blue Spot Examples](image3)
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.

- Practitioner is concerned that it may be a bruise rather than birth mark or a Mongolian Blue Spot.
  - Action: Follow the Protocol for Assessment of Bruising in Non-Mobile Children, referring both to Children’s Social Care and the Hospital Consultant Paediatrician on call.

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

- Action: GP Assessment
  - If it is a birth mark or Mongolian Blue Spot record mark in child health records and request review within one week.
  - If there is further concern that it may be a bruise then immediately:
    - GP Assessment
      - If it is a birth mark or Mongolian Blue Spot record mark in child health records and request review within one week.
      - If there is further concern that it may be a bruise then immediately:

What are Mongolian Spots?
- Hyperpigmented 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

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)
Protocol for the assessment of bruising and other possible injuries in “Non-Mobile” 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 Children’s Social Care and Hospital Paediatricians and provide them with the “What’s Going On’ leaflet

**Immediate Phone Referral to Children’s Social Care**
for multi-agency assessment and information sharing

**Immediate Phone Referral to Hospital Duty Consultant Paediatrician**
child seen urgently for further assessment and to exclude a medical condition

Inform GP and Health Visitor also the Midwife if within 10 days of delivery

**Follow the County Durham or Darlington Local Safeguarding Children Boards Child Protection Procedures**

For Children’s Social Care phone:

**DURHAM**
First Contact
24 Hour line
03000 267979

**DARLINGTON**
Children’s Access Point (CAP)
Monday - Thursday:
8:30am - 5.00pm
Friday: 8:30am – 4.00pm
01325 406222
**Out of Office Hours**
Call the Emergency Duty Team
0870 2402994

To contact a Paediatrician:
Please call the appropriate switchboard and ask to speak to the on call Paediatrician.

**DURHAM**
University Hospital
North Durham
0191 333 2333

**DARLINGTON**
Darlington Memorial Hospital
01325 380 100

Adapted with permission from Hampshire LSCB
Updated 25/10/13 Final version
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 Duty Paediatrician should be contacted 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 Consultant 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.

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)

References:

NICE clinical guidelines 89: When to suspect child mistreatment, July 2009 (SUSPECT means a serious level of concern about the possibility of child maltreatment but not proof of it)


Links:

www.core-nfo.cardiff.ac.uk/reviews/bruising
http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89
www.durham-lscb.gov.uk
www.darlington-lscb.gov.uk
http://adc.bmj.com/content/early/2015/01/14/archdischild-2014-307120.full