**Non-Mobile Baby Procedure**

**Assessing Bruises, Burns and Scalds in Non-Mobile Babies**

Bruising is the most common accidental injury experienced by children, and research shows that the likelihood of a baby sustaining accidental bruising increases with increased mobility. The evidence suggests that it is extremely rare for a non-mobile baby, for example one that is not yet crawling, to sustain accidental bruising. Therefore, all such bruising should be suspected by professionals to be an indicator of physical abuse and should be thoroughly investigated.

It should also be borne in mind that other unusual marks on the skin or unusual sites of bleeding e.g. bleeding from the mouth in young children or bleeding within the whites of the eyes without a clear explanation may also be a sign of non-accidental injury and should also be referred according to this protocol if there is any uncertainty.

Published evidence suggests that children under the age of three and particularly those under one year, are most at risk of suffering physical abuse. However, practitioners are reminded that all children are vulnerable to harm and as such practitioners should remain alert to signs of abuse, unexplained or unusual injuries; or injuries where the explanation provided is not congruent with the injury sustained.

This protocol requires that **all** actual or suspected bruising, burns or scalds to babies who are not yet self-mobile should be subject to multi-agency investigation in order to assess risk of harm. For this reason, any professional who **identifies such an injury** to a non-mobile baby is **required to make a referral to the Children's Social Care**, Referral and Response Service regardless of the explanation offered by parents or carers, and regardless of the professional’s own opinion about how the injury may have been caused.

Working Together to Safeguard Children (2015) clearly identifies that no single professional can have a full picture of the child’s circumstances. This procedure is underpinned by the underlying principle that effective safeguarding systems are child centred and support clear local arrangements for collaboration between professionals and agencies.

A decision that the child has not suffered abuse must be a joint decision and must not be made by an individual or single agency.

There are a number of conditions that can mimic or present with bruises.

Birth marks, such as Mongolian Blue spots or Strawberry Marks/Haemangiomas, can frequently look like bruises.

If a trained health professional is confident that the mark is a birth mark and not a bruise this can be clearly documented in the records and a referral under this protocol is not necessary. Birth marks may not be apparent at the time of birth and may appear or become more obvious over the first few weeks or months of life. It would be appropriate in these cases to request a review by the GP, preferably within 24 hours or a paediatrician to determine the nature of the mark before a referral to social care is made.

Trauma around the time of birth is also very common in newborn babies and it is not uncommon to have injuries e.g. related to a forceps delivery or bleeding within the whites of the eyes (Subconjunctival haemorrhages) related to being squeezed during the birthing process. As with birth marks, if a trained health professional notes such an injury and is confident that it is related to birth, with no other safeguarding concerns, a referral under this protocol is not necessary. All findings and decisions should be clearly documented within the records. N.B Subconjunctival haemorrhages related to birth will usually have resolved by 2-3 weeks of age.

There are also a number of medical conditions that may present with bruising including conditions such as clotting disorders, leukaemia or infections such as meningococcal septicaemia. It is part of the child protection medical assessment to consider these possible causes and investigate further if clinically indicated. If there is a high level of suspicion that the marks seen are most likely related to an underlying medical condition then it may be appropriate to discuss the case with the on-call consultant paediatrician prior to a referral to Children's Social Care.

This procedure requires any professional who identifies an actual or suspected bruise, burn or scald to make a referral to Children's Social Care. This is because there is a significant possibility that such injury in a non-mobile baby may have arisen as a result of abuse or neglect.

The referrer should treat Children's Social Care as the first point of contact. They are a 24/7 service that deals with all requests for a children's social care service, including concerns related to child abuse and neglect.

Informing the Parents/Carers and Obtaining Consent

It would be expected that in most cases the professional will inform a parents/carer of their intention to make a referral and obtain their consent. However, in judging whether or not to inform the parent/carer that a referral is to be made, the professional who has identified the suspected injury must consider the possibility that to do so may increase the level of risk to the baby. In this instance the professional does not need to obtain consent to make a referral.

If the professional concludes that informing the parent/carer may increase the level of risk to the baby, they should consult with Children's Social Care or the child’s allocated Social Worker before speaking to the parent in order to obtain advice.

In all cases, Children’s Social Care must be advised if the parents or carers are aware of the referral.

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