Management of Suspicious Bruises/Marks in Infants Under 6 Months Policy (Bruising Policy)



To be used at Team Meetings - 7 MINUTE BRIEFING

policy that requires you to refer ANY BABY UNDER 6 MONTHS with a bruise or suspicious mark to Children's Services?

Read on to see why

A Royal College of Paediatrics and Child Health Study (2020) found that bruising was the most common injury in children who have been abused and a common injury in non-abused children, the exception to this being in non-mobile infants where accidental bruising is rare and can be a precursor to subsequent serious injury or death

THE POLICY tells you to first undertake an assessment of the mark and how to refer/respond to bruising or marks. It also tells you NOT TO SEND THE CHILD TO THE GP and that there needs to be a multi-agency response – Please view video

Professional Curiosity: THINK ABOUT HOW A BRUISE OCCURS

Can a baby bruise itself on face/ears? Can a rattle cause a bruise on a cheek? Can clothing bruise a baby's inner arm? **THINK** – is it really plausible



Here are some of the facts

Babies that are not independently mobile rarely bruise. Most ordinary injuries lead to a single bruise; bruising on an immobile baby is rare; accidental bruises to ear, neck and genitalia are rare

How do bruises occur?

A **breakage** in the tiny blood vessels (capillaries) under the skin; **Force** is needed to break these capillaries; even more **FORCE** is needed when there is soft/fleshy skin; some individuals bruise more than others

THINK

Babies do not apply FORCE to themselves, what FORCE is needed to break capillaries? Rough handling that causes bruising is abusive handling

A CHILD PROTECTION INVESTIGATION IS NEEDED

EVERY TIME