**Bruising in children who are not independently mobile**

Infants who have yet to acquire independent mobility (rolling/crawling) should not have bruises without a clear explanation.

Bruising is the commonest presenting feature of physical abuse in children and therefore bruising in a child of any age is a matter for enquiry and concern. While a high proportion of bruising in older children will be of accidental origin, bruising in children who are not independently mobile (that is not crawling, pulling to stand, walking or confined by disability) is highly predictive of maltreatment. Bruising occurs in less than 1% of children in this group.

In 2008 an independent management review (IMR) by NHS Hampshire indicated that health professionals and social work staff, often underestimate the significance of bruising in children not independently mobile and are ready to accept the explanations of parents or carers that the bruising was accidental. In fact, babies rarely sustain innocent bruising unless involved in major trauma or subject to medical conditions such as haemophilia or acute infection. Bruising in this group should lead to a suspicion of maltreatment, as the recent NICE Guidance 89, When to Suspect Child Maltreatment, July 2009 makes clear.

Staff should be aware of the following:

* Recording what is seen, using a body map or line drawing if appropriate . Recording any explanation or other comments by the parent/carer word for word. Refer to the first response hub who will take responsibility for further multiagency investigation including paediatric assessment which must be arranged as soon as possible the same day
* If the infant appears seriously ill or injured: Seek emergency treatment at an emergency department. Notify children’s services of your concerns and the child’s location
* Informing parents/carers of your professional responsibility to follow policies and procedures and stress that any action by the MASH team will be informed by a paediatrician’s opinion. Give parents a written information leaflet and answer any questions they may have.

This protocol must be followed in all situations where an actual or suspected bruise is noted in an infant who is not independently mobile. The term not independently mobile applies to those infants who are not yet rolling or crawling.

Specific considerations

Birth injury: Both normal birth and instrumental delivery may lead to development of bruising and to minor bleeding into the white of the eye. However, staff should be alert to the possibility of physical abuse and follow this protocol if they believe the injury was not due to the delivery.

Birthmarks: These may not be present at birth, and appear during the early weeks and months of life. Certain birthmarks, particularly Mongolian blue spots, can look like bruising. These are rare in children of white European background, but very common (as many as three-quarters) in children of African, Middle Eastern, Mediterranean or Asian background. These do NOT need to be referred under this protocol, but where there is uncertainty about the nature of a mark, the infant should be discussed with the primary care team in the first instance. If there is still uncertainty the GP should consider an urgent paediatric opinion.

Self inflicted injury: It is exceptionally rare for non independent mobile children and infants to injure themselves during normal activity. Suggestions that a bruise has been caused by the infant hitting him/herself with a toy, falling on a dummy or banging against an adult’s body or the bars of a cot, should not be accepted without detailed assessment by a paediatrician and social worker.

Injury from other children: It is unusual but not unknown for siblings to injure a baby. In these circumstances, the infant must still be referred for further assessment, which must include a detailed history of the circumstances of the injury, and consideration of the parents’ ability to supervise their children.