

# Bruising in Non-mobile Babies

## 7-Minute-Briefing

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### Background

Bruising is the commonest presenting feature of physical abuse in children, however, bruising in a baby or child who has no independent mobility, is very unusual. A bruise is the breakage in the tiny blood vessels (capillaries) under the skin; **Force** is needed to break these capillaries.

**Think** - Babies do not apply **Force** to themselves, what type of **Force** is needed to break capillaries? Rough handling that causes bruising is abusive handling.

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### Definition

#### **Not Independently Mobile:**

A child of any age who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. It should be noted that this guidance applies to **all babies under the age of six months and children who are immobile**, for example those with immobility due to disability/illness.

It is recognised that bruising to very young babies may be caused by medical issues e.g. birth trauma or blood abnormality however this is rare.

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### What to do

If a bruise is seen on a baby of less than 6 months of age, or older if still not independently mobile, the professional observing the bruise/mark should always enquire as to the cause of the mark. A record should be made of the characteristics, position and explanation given for the bruise/mark. In circumstances such as this you should seek advice from your line manager and refer to the bruising in non-mobile babies guidance.

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**What if? The baby is unwell** or there are other indicators of a possible medical cause for bruising then appropriate medical intervention should be sought. The doctor should make the decision to refer to [Staffordshire Childrens Advice Service](#).

**The baby is well** – you should consider explanation, family history, environment and the voice of the child as well as the possibility of medical conditions. Contact [Staffordshire Childrens Advice Service](#) with your concerns. A bruise in a non-mobile baby/ child, where the cause has not been independently witnessed requires referral to [Staffordshire Childrens Advice Service](#). Multi-agency discussion is essential.

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### Sharing information with parents

It is important to be open and honest with parents regarding your concern raised by bruising in non-mobile babies and children and that you may need to discuss this with the [Staffordshire Childrens Advice Service](#). The exception to this would be if such a disclosure would increase the risk of harm to the baby. If a parent or carer is uncooperative this should be reported immediately to the [Staffordshire Childrens Advice Service](#).

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### Essential

**Record keeping** - Keep contemporaneous notes detailing the findings, explanation and analysis of the contact and actions taken giving clear rationale. Early Help or Child Protection referrals and the information shared should be recorded and filed in the baby's/child's record used by that particular agency.

**Professional Disagreement** - At no time must professional disagreement detract from ensuring that the baby/child is safeguarded. If there is a disagreement, the practitioner must consider applying the SSCB [Escalation Policy](#) in order to reach a resolution.

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### Questions and links

- Have I been professionally curious
- Do I feel I have listened to the child's voice and understood the child's lived experience
- Have I recorded all my observations and conversations

Bruising in non-mobile babies and children [guidance](#)

Bruising in non mobile babies and children [flow chart](#)

For further information and guidance please refer to the [Threshold document](#)