

## Multi-Agency management of children presenting with bruising, bites or suspicious marks

**Bruising in a baby less than 6 months old should always raise a suspicion of maltreatment and requires further parental discussion and multi-agency investigation**

### Any Professional observes a bruise or suspicious mark:

#### SUSPECT child maltreatment

Always consider the mark in the context of the developmental age and ability of the child. An immobile baby or child is described as those not yet crawling, cruising or walking independently - typically under six months old. Consider the explanation provided of the mechanism of injury with the injury sustained along with the child's medical and social history.

### THINK, RECORD, RESPOND

How and when did the mark occur?

Confirm back the explanation given, document in the PCHR (red book) if available.

Is the mark already recorded, consider birth marks/Mongolian blue spots: refer to [pathway of care for birthmarks](#)

Ensure you have details of all those who reside in the home.

If any safeguarding concerns are raised advise the parent you are duty bound to refer to MASH.

If you suspect the injury has been inflicted upon the child or is as a result of neglect consider informing the Police.

Give out the parent information leaflet\*\*

**If abuse is suspected refer immediately to MASH DO NOT directly refer to a Paediatrician for a CP Medical**

### Refer to MASH and provide clear details of:

Where the mark is positioned on the body

Include the size, shape and colour

Detail the explanation given by the parent

Include the demeanour of parent at time of discussion

Detail the developmental ability or physical disability of the baby or child

Share your agency information in relation to any relevant safeguarding, medical and social history

Provide information on all individuals in the home

Police to record CP CRI to investigate potential NAI

Ensure registered GP is advised of the incident/injury

### MASH

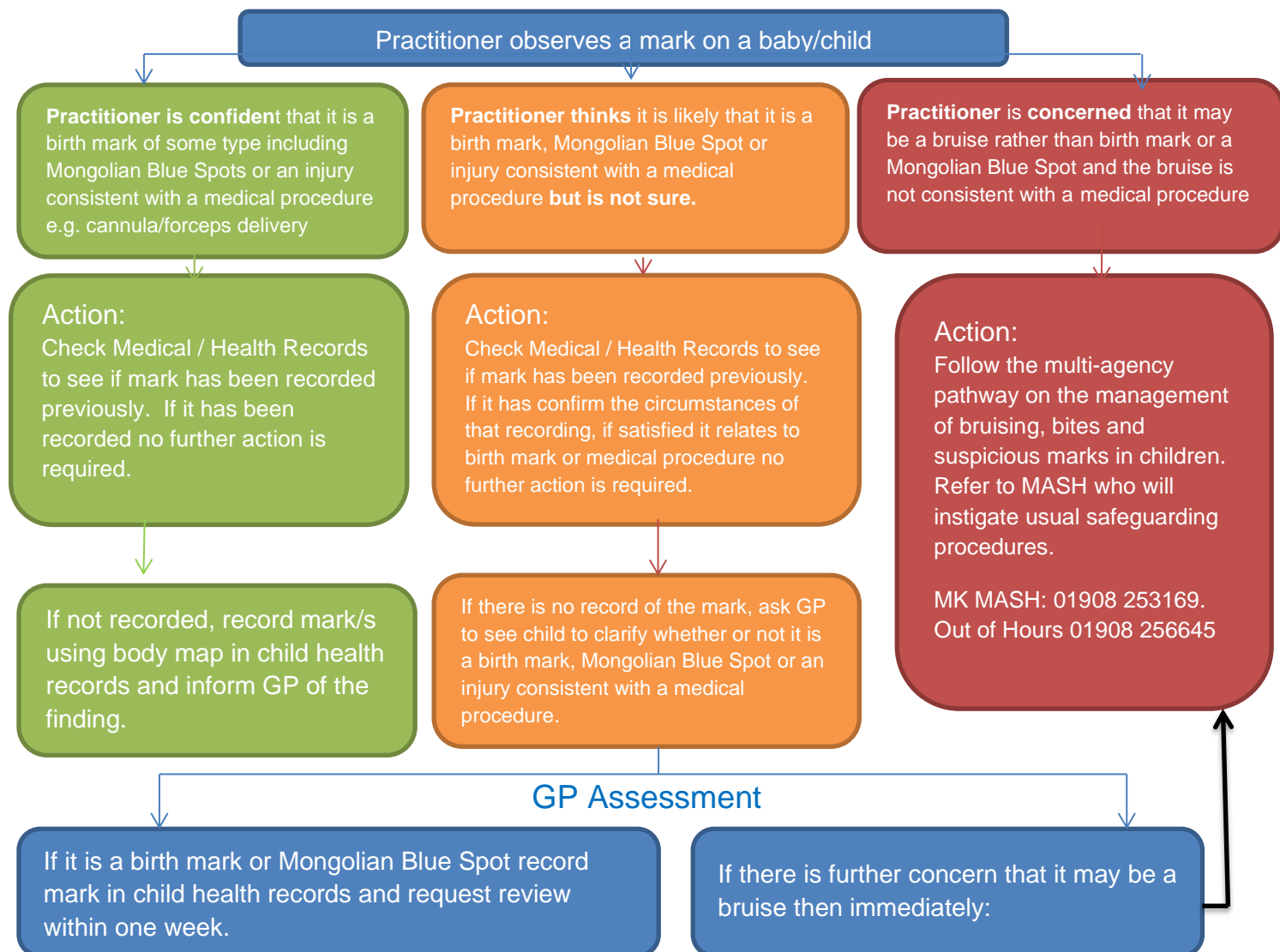
Professionals must not make their own assessment of the injury. A strategy meeting is needed.

Police and relevant agencies to be included in the decision-making process whether a CP Medical/SARC assessment is required.

Following strategy discussion: If a CP Medical is required MASH to ring **Milton Keynes Hospital Switchboard 01908 660033** for the Safeguarding Children's Lead (in hours 8-4pm) and out of hours for the Paediatric Consultant on call. MASH will organise who is appropriate to transfer and escort the child to hospital.

SARC: Police and MASH will coordinate with SARC. For urgent queries contact forensic service at **SARC on 0300 130 3036** (24 hours).

## Pathway of care regarding suspected medically induced injury or birth mark including Mongolian Blue Spots



### What are Mongolian Spots?

- Hyper pigmented 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:

- Usually present at birth or soon after
- Typical sites – buttocks or lower back, and less commonly appear on arms or legs
- Non-tender
- Usually homogeneous in colour
- Don't change colour and take months/years to disappear
- Practitioners must always document presence of Mongolian spots, including how extensive, site and shape.