

## Patient advice sheet - Important Information for parents and carers about: Injuries, bruises, marks or bleeding in non-mobile babies and children



### Questions and answers about bruising/marks/bleeding in non-mobile babies & children:

**Q: Why is bruising in babies and children who are not independently mobile such a concern?**

A: It is rare for babies and non-mobile children to sustain an injury or bleeding during normal day-to-day activities such as feeding, nappy changing and normal handling.

**Q: But I have explained how I thought this happened**

A: Even when babies and immobile children fall or get knocked, it is unusual for them to get injured or bleed (unlike children who are crawling or walking who often get bumps and bruises).

There are also some reasons and causes of injuries or bleeding which may seriously affect the child's health.

The child may bruise easily, for example due to haemophilia or suffer from a blood disease such as leukaemia or an infection such as meningitis.

Very occasionally bruising may be due to deliberate injury. Even where there is an apparently simple explanation it is important for professionals to make further enquiries. It also sometimes takes an expert or professional to tell the difference between a bruise and a certain type of birthmark.

**Q: I understand the need to see a Paediatrician but why do I need a referral to Children's Social Care?**

A: Although rare, injuries or bleeding are occasionally caused by deliberate acts. It is important that where this occurs, it is addressed as soon as possible in order to support the family and protect the child. Referral to Children's Social Care is not an accusation of wrongdoing, but a way of looking for causes of injuries in the same way that the Doctor looks for illness.

**Q: What will happen next?**

A: Arrangements will be made to have an appointment as soon as possible and preferably straight away, with a Paediatrician. The Paediatrician will talk to you about your baby/child, examine your baby/child fully and decide whether to do further investigations such as blood tests or x-rays and decide whether your child needs any further treatment. The Paediatrician will then talk to Children's Social Care.

**Q: What will Children's Social Care and the health specialist do?**

A: Children's Social Care will check whether you have received services from them in the past and may liaise with partner agencies such as the GP, Health Visitor and/or School Nurse and Police and will make arrangements to speak to you. This may be at the same time as your attendance with the specialist Paediatrician or at a separate appointment. They will then discuss their findings with the Paediatrician who examined your baby/child to decide together whether any further action needs to be taken or any treatment given

**Q All this is very upsetting. I/we feel as though I am/we are being accused of hurting my/our baby/child. Why do I/we have to be put through this?**

A: We understand this can be very upsetting but the only way of addressing serious causes for injuries, bruising and bleeding is to investigate every case where it occurs. You can be reassured that you will be treated with courtesy and sensitivity and your explanations will be listened to and discussed with you. You will always be kept fully informed so that you know exactly what is going on and why. You can ask questions at any time and will be given the opportunity to discuss your concerns fully at every stage.

**Q: Please describe duties of Professionals**

A: All professionals working with babies and children are expected, as part of their professional duties, to make enquiries to ensure children are kept safe from harm. Where bruising or injuries are considered non-accidental, immediate steps can be taken to protect the baby/child and potentially siblings from further harm. This may include having a discussion / meeting with partner agencies such as Social Care and the Police.

**Q: My baby / child is disabled, bruising is one of the consequences of their limited mobility. What will happen to my child?**

A: Professionals know that bruising in disabled young people especially those with additional communication difficulties is more difficult to assess. The same referral process will be followed as for children who are not independently mobile or in ambulant children where bruising is a concern. If the bruising is consistent with any explanation provided by the carer or the young person then, and in the context of their disability, a written record will be kept using a body map and advice will be given if that is considered appropriate.

It should be remembered however that disabled children, particularly those with additional communication and learning difficulties, are more likely to suffer abuse from carers and this must be explored.

## References:

[1 Guidance | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](#)

[Child abuse and neglect | NSPCC Learning](#)

[1346 NSPCC-All-babies-count-research\\_original.pdf \(childhub.org\)](#)

[RCPCH Child Protection Portal – Child protection and safeguarding in the UK: your essential resource to help inform clinical practice, child protection procedures, and professional and expert opinion in the legal system](#)

## Information for Parents & Carers:

**The Buckinghamshire Safeguarding Children Partnership has a wide range of information available for Parents & Carers.**

[Parent and Carers - Buckinghamshire Safeguarding Children Partnership \(buckssafeguarding.org.uk\)](#)

### **How can I help reduce healthcare associated infections?**

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

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### **Patient Advice Sheet**

If you would like a copy of this information on audiotape, **in large print** or translated, please call the Patient Advice Liaison Service on  
01296 316042

## **Legal Notice**

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor

Approvals:  
Paediatric Information and Guidelines Group – 04.03.2021  
Paediatric Clinical Governance – 09.03.2021  
CAP –





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