

Wednesday, 16 May 2018

Dear Colleagues,

RE: Policies on bruises in premobile children: Why we need improved standards for policymaking, A. Bilson

I am writing on behalf of the RCPCH to all designated and named doctors for safeguarding to clarify the College's response following the publication of an [article](#) in Child and Family Social Work Journal and subsequent [media coverage](#)^{i,ii}.

The recent article by Bilson (2016) raises concerns about over investigation of bruises in babies by Local Safeguarding Children's Boards (LSCBs), suggesting potentially negative consequences to individual families and to the child protection system as a whole. The author concludes that based on current research, bruising in non-mobile babies is not that unusual and that some LSCBs are overreacting with procedures which do not allow for any professional judgement.

The College would like to direct members to the RCPCH [systematic review](#) on abusive and non-abusive bruising in children, last updated in February 2016. This includes a [study](#) by Kemp et alⁱⁱⁱ which found that on single inspection 93.3 percent of pre-mobile infants do not have a bruise rising to 97.8% in pre-rolling infants, indicating that bruising in children not independently mobile is rare. It is important to note, however, that 'a bruise must never be interpreted in isolation and must always be assessed in the context of the medical and social history, developmental stage, explanation given, full examination and relevant investigations'.^{iv}

The RCPCH cannot comment on LSCB guidance or how it is working in practice as this will be influenced by many factors including research evidence, learning from serious case reviews and local circumstances, however, the College expects designated and named professionals to be key partners in formulating LSCB procedures on the issue of management of bruising in pre-mobile infants. We would also expect suitably qualified healthcare professionals to be present at all strategy discussions/meetings about potential inflicted injury.

The consultant paediatricians' role in contributing to the assessment of potential inflicted injury in pre-mobile infants is an essential one, bringing to bear their clinical knowledge and experience of accidental injury as well as inflicted injury, along with a knowledge of potential underlying medical causes which may require further intervention. Any assessment of this nature is likely to be stressful for families. However, regardless of the cause of the injury, paediatricians must always have the child's safety as their paramount consideration, especially for vulnerable pre-mobile infants where risk of serious injury is highest if inflicted injury is missed.

Yours sincerely,



Dr Alison Steele
RCPCH Officer for Child Protection

The RCPCH is updating our records to capture contact details of all named and designated doctors (and equivalent roles across the UK). This will allow us to communicate with you after every Child Protection Standing Committee meeting and as and when may be necessary. If you currently hold such a post, please send your name, job title and email address to health.policy@rcpch.ac.uk.

ⁱ Bilson, Andrew. 2018. Policies on bruises in premobile children: Why we need improved standards for policymaking. Child & Family Social Work. <https://onlinelibrary.wiley.com/doi/full/10.1111/cfs.12463>

ⁱⁱ Parents facing 'unfair child abuse claims' over bruising- <http://www.bbc.co.uk/news/health-43865226>

ⁱⁱⁱ Kemp AM, Dunstan F, Nuttall D, et al Patterns of bruising in preschool children—a longitudinal study Archives of Disease in Childhood 2015;100:426-431. <http://adc.bmj.com/content/100/5/426>

^{iv} RCPCH. 2016. Child Protection Evidence Systematic review on Bruising. https://www.rcpch.ac.uk/sites/default/files/Child_Protection_Evidence-Chapter_Bruising_Update_Final_020817.pdf