

Bruises in infants and children: when to consider abuse.

Part 1: bruise or birthmark?

What are birthmarks?

Birthmarks are irregularities of the skin of congenital origin. They aren't always visible at birth and can take several weeks to appear. There are two types of birthmark – vascular and pigmented

Vascular birthmarks are caused by either abnormal growth of blood vessels (called haemangiomas) or, less commonly, by malformation of blood vessels. Lots of names are given to haemangiomas e.g. capillary haemangioma, infantile haemangioma, naevus simplex, naevus flammeus, stork mark, angel kiss, salmon patch. They often blanch on pressure, and can get darker / more visible when a child cries or is warm.



Bruises don't blanch on pressure, but vascular birth marks often do

Pigmented birthmarks are caused by overgrowth of melanin-producing cells. Like bruises, they do not blanch on pressure. Examples include Slate-grey naevi (also known as Mongolian blue spots), café au lait patches and moles



Slate-grey naevi often occur in the lower back or buttocks in dark skinned infants, but they can be found on the limbs and elsewhere. They may not appear for a few days, and take up to a few weeks to be visible. They can occur in white-skinned infants, e.g. if there is Mediterranean ancestry.

If a pigmented lesion can't be distinguished from a bruise and there is no documentation or photographs to show it has been there, unchanged for a period of time, it is sometimes necessary for a safety plan to be agreed between parents and social care, whilst the mark is kept under observation by a paediatrician. (for up to a week).

If you see skin changes that might be a birthmark, ask parents to scroll through their photographs. Birthmarks sometimes shows up on pictures parents hadn't realised were there

Always record birth marks (preferably in the personal child health record), even if it's obvious to you what they are. The next practitioner might mistake them for a bruise. Encourage parents to take photographs

The protocol for the management of actual or suspected bruising or other injury in infants who are not independently mobile has been updated and can be found on [HIPS Safeguarding Children Procedures](#) website.

Where a health practitioner suspects that a mark might be a bruise, they should refer directly to social care, who will arrange paediatric assessment. However, where a practitioner suspects a birthmark (but can't be sure), they should seek advice from a senior colleague within their service. The child should be seen the same day. If the colleague is also unsure about whether the mark is a birthmark the child should be referred to MASH who will arrange paediatric assessment.

This flowchart is for health practitioners regarding suspected birthmarks. It doesn't apply to suspected bruises. If a bruise is suspected, referral should be made directly to social care

Health practitioner suspects a birthmark in non-mobile infant, but isn't completely sure

Seek advice from a senior colleague. The child should be seen as soon as possible. They must be seen the same day.

Senior colleague is certain this is a birthmark

Advice given to parents

If there is still any uncertainty about the nature of the mark, refer to MASH, explaining who has seen the child and the findings. MASH will then arrange paediatric assessment.