

Safeguarding Unborn Babies and Under 1s

WSCB receives more concerns regarding cases of injuries to babies and under 1s than any other age group. These concerns often start during pregnancy. Learning from a recent review of a case with practitioners involved highlighted the need for us all to consider the increased risks to unborn babies and under 1s. In this case the mother was a serial victim of domestic abuse and suffered from anxiety and depression.

Practice in this case has highlighted the importance of the following when working to safeguarding unborn babies and under 1s:

- **Understanding that victims of domestic abuse may minimise the risk;** practitioners need to keep a focus on the child when considering risk
- Previous history and involvement with services should be taken into account when considering risk
- **information sharing** helps to ensure there is a **shared analysis and understanding of risk**
- a medical assessment which does not identify further injuries should not detract from the fact that there was bruising and an appropriate response to it is still required
- MARAC notes should be recorded in individual agency case notes

“Infancy remains the period of highest risk for serious and fatal child maltreatment; there is a particular risk of fatality for both boys and girls during infancy”

(Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011-2014, Brandon et al 2016)

Messages from Research

- Bruising is the most common injury to a child who has been physically abused
- Bruising in a baby who has no independent mobility is very uncommon (Kemp, 2015)
- Severe child abuse is 6 times more common in babies aged under 1 year than in older children. Infants under the age of one are more at risk of being killed at the hands of another person (usually a carer) than any other age group of child in England and Wales
- Infant deaths from non-accidental injuries often have a history of minor injuries prior to hospital admission
- Multi-agency information sharing allows for sensible, informed judgements regarding the child's safety to be made
- the pattern, number and distribution of accidental bruising in non-abused children is different to that in those who have been abused. Accidental bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, back, buttocks, abdomen, upper limbs or soft-tissue areas such as cheeks, around the eyes, ears, palms or soles of the feet

A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given.

If you are **concerned about a child** contact Wiltshire Multi-Agency Safeguarding Hub (MASH) on 0300 4560108 or Emergency Duty Service: 0845 6070 888 (5.30pm- 9.00am)

For more information:

- Refer to the WSCB's [Pre-birth Protocol to Safeguard Unborn Babies](#) to support you in assessing risk and [Bruising and Injuries to Non-Mobile Children](#) for further guidance
- Download the NSPCC Core Information leaflet on bruising in children :<https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/bruises-children-core-info>
- Look at the information available on the South West Child Protection Procedures - http://www.proceduresonline.com/swcpp/wiltshire/p_bruising.html
- Talk to your colleagues: How does your agency or service consider the increased risk of harm to under 1s? What do you, in addition, to better protect this vulnerable group?