Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

The Assessment of Sub-conjunctival Haemorrhage (SCH) in Infants

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Target audience:	All Clinical Staff

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 1		• This is a new procedural document, please read in full	K. Armistead

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1 INTRODUCTION

A sub-conjunctival haemorrhage (SCH) is a 'bruise in the eye': bleeding under the conjunctiva, the transparent layer that covers the sclera (white part of the eye). The bleeding is due to rupture and leaking of blood vessels in the conjunctiva and may occur as a result of:

• Normal birth process (birth-related event / injury)
• Non-accidental head injury

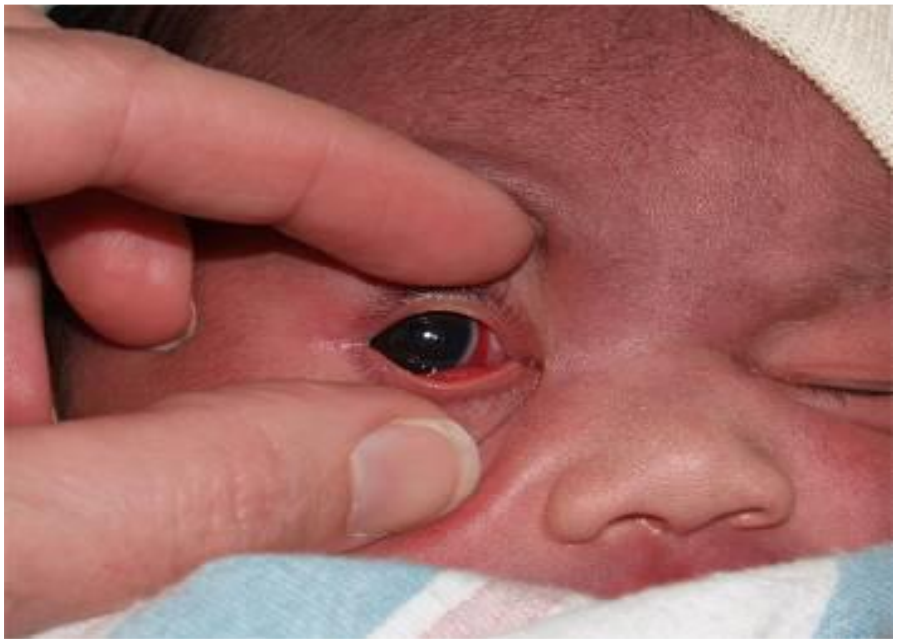
More rarely they may be caused by:

- Accidental head injury
- Forceful vomiting or coughing – typically paroxysms of coughing in pertussis like illness which result in increased pressure in the intracranial area
- Bleeding disorders
- Eye infection

Sub conjunctival haemorrhages' are a frequent finding in otherwise healthy new-born babies and may be caused by rupture of sub conjunctival vessels during vaginal delivery. The extent of the bleeding may be large or small but is always confined to the limits of the sclera. They are asymptomatic, do not affect the vision and resolve in ten to fourteen days.

All new-born babies must have their eyes examined at the first baby check (Newborn and infant physical examination - NIPE) and the following must be documented in the red book and NIPE record.

Eyes examined: SCH seen in the right eye YES/NO - SCH seen in the left eye YES/NO



This document is based on review of safeguarding literature and case reports; there is little evidence or reference to natural history of sub-conjunctival haemorrhage in the literature. The timescale chosen are recognising that babies often do not fully open there eyes until a few days old and therefore sub-conjunctival haemorrhage may not be noted initially. It is felt reasonable to expect a sub-conjunctival haemorrhage will be resolved by 14 days, however professional judgement should be used as this is not an absolute cut-off.

2 PURPOSE

To ensure professionals differentiate between a birth-related sub-conjunctival haemorrhage and one where there are safeguarding and health concerns and to make appropriate decisions when seeing neonates presenting with sub-conjunctival haemorrhage; thus avoiding unnecessary social care and hospital referrals and at the same time ensuring that cases with significant health and safeguarding concerns are not overlooked.

This document aims to establish the assessment and management of sub-conjunctival haemorrhage in neonates and infants and includes the recognition and response to safeguarding concerns which may arise when sub-conjunctival haemorrhage is identified. Appendix 1 and 2 provide further details.

3 DUTIES AND RESPONSIBILITIES

All employees of the Trust have a responsibility to work within this guideline and ensure that Safeguarding procedures and processes are followed and safeguarding escalations are undertaken in line with Trust Safeguarding Policies

4 IDENTIFICATION AND MANAGEMENT

If in doubt contact a senior paediatric colleague or safeguarding lead. DBTH safeguarding policy should also be read in conjunction with this guideline. Appendix 1 and 2 highlight further details to be followed that support the identification and management of SCH.

Remember that whilst SCH may rarely be a manifestation of a bleeding disorder the combination of SCH and bruising/other bleeding in an infant should initially give rise to concern regarding non-accidental injury. Assessment and investigation for bleeding disorders is a routine part of child protection medical examination.

5 CONSIDERATION OF CHILD MALTREATMENT

When examining the baby, take care to do a full head to toe inspection with the baby completely undressed and look specifically for:

• Other signs of injury including bruising, bleeding, swelling, petechial (pinprick) rash.
• Other signs of illness (is the baby coughing or vomiting?)

The baby's head circumference should be measured, documented and plotted. Check their scalp and fontanelle.

Features of shock (pallor, prolonged capillary refill and tachycardia), head injury (raised fontanelle, vomiting, irritable, changes in conscious level or muscle tone and seizures) or severe eye infection (swelling, erythema or discharge, abnormal eye movements/pupil reflexes) should all prompt urgent review in hospital. Speak to Consultant Paediatrician and if instructed to do so, transport via ambulance to the Emergency Department.

Features giving rise to suspicion of child maltreatment in infants with sub-conjunctival haemorrhage

• Other bruises, marks or injuries which are not consistent with birth injury
• Report of maltreatment, or disclosure from other members of the family or third party

Features giving rise to consider child maltreatment in infants with sub-conjunctival haemorrhage

• Abnormal interaction between the parent or carer and child

Any red flag features (see Appendix 1)–Take ABC approach to ensure all clinical needs are addressed promptly to ensure stability. Refer to on-call paediatrician (see below). If there are red flag features of illness or injury. If life threatening illness/injury and external to the hospital call 999. Make a referral to Children's Social Care.

If there are amber features and no red features (see Appendix 1) – *NOTE: there is no evidence to support that a history of forceful coughing or vomiting causes SCH in young babies.*

If the baby is not in hospital consider examination by the infant's GP to exclude medical causes (e.g. eye infection). If this is not possible in a timely fashion or GP review is unable to exclude a non-medical cause, then consider discussion with a senior paediatrician:

- Doncaster Royal Infirmary

  Paediatrician on call (01302 366666)

- Mexborough Montague

  Paediatrician on call via DRI (01302 366666)

- Bassetlaw

Paediatrician On Call (01909 500990)

They will advise whether further assessment is required and the urgency of any further assessment. DO NOT send the infant to the Emergency Department unless Life Threatening features or specifically instructed to do so by the Consultant Paediatrician.

Advice may include: Social Care referral and to be seen in clinic maybe same day or next day for a medical assessment.

Only green features (see Appendix 1) – document presence of SCH in record. No further action required.

Remember to:

• Document your findings and record conversations with parents/carers including a verbatim account of what was said.

• Record your observations on parent/carer interactions and handling of baby as well as his/her general appearance, cleanliness and clothing.

• Review all available health information in records and on electronic systems to ensure current and historical safeguarding information is not overlooked including child's red book.

• Explain to parents/carers what you have found, your level of concern and what you are going to do (including MASH / Social Care referral if this is planned).

Social Care Referral numbers:

• Nottinghamshire County: 0300 500 80 90 (08:30-17:00), 0300 456 4546 out of hours
• Doncaster Area: 01302 737033 (8.30-16.30), 01302 796000 out of hours

Remember that whilst sub-conjunctival haemorrhage is a relatively common event which can happen during normal vaginal birth process, in a minority of cases it may also be indicative of child maltreatment. It is uncertain whether the risk of sub-conjunctival haemorrhage is different in instrumental or operative delivery; the mode of delivery (forceps/caesarean section) should therefore not be used as a key determinant of whether to proceed to safeguarding medical.

When sub-conjunctival haemorrhage is observed by professionals it warrants a thorough and systematic assessment of the infant and review of all available information. The results of this assessment should then inform further action as outlined above – if in doubt discuss with your own team's Safeguarding Lead, Safeguarding Lead GP, or your local safeguarding team.

If you require further advice or support at any point please contact your Manager or Safeguarding Doctor/Nurse/Midwife to seek advice.

As per the NICE guidance on Child Maltreatment:

Consider

For the purposes of this document, to consider child maltreatment means that maltreatment is one possible explanation for the alerting feature or is included in the differential diagnosis.

Suspect

For the purposes of this document, to suspect child maltreatment means a serious level of concern about the possibility of child maltreatment but is not proof of it.

Unsuitable explanation

For the purposes of this document, an unsuitable explanation for an injury or presentation is one that is implausible, inadequate or inconsistent with the child or young people:

- Presentation
- Normal activities
- Existing medical condition
- Age or developmental stage
- Account compared to that given by parent and carers

– Between parents or carers

– Between accounts over time.

An explanation based on cultural practice is also unsuitable because this should not justify hurting a child or young person.

6 TRAINING / SUPPORT

SCH awareness is included within Level 3 Safeguarding Children training that is delivered to relevant roles within the Trust.

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Quarterly monitoring of all safeguarding referrals is undertaken by the Trust Safeguarding team to identify any themes of concern.

8 DEFINITIONS

Neonate: A baby less than 28 days old

Infant: A baby under twelve month's old

MASH: Multi-agency Safeguarding Hub

NCSCB: Nottingham City Safeguarding Children Board

NIPE: Newborn and infant physical examination

NSCB: Nottinghamshire Safeguarding Children Board

SCH: Sub-conjunctival Haemorrhage

SCIMT: Safeguarding Children Information Management team

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This guideline should be read and used in conjunction with NICE Clinical Guidance (CG89) on When to Suspect Child Maltreatment and Local Safeguarding Children Partnership Child Protection procedures for Doncaster and Nottinghamshire Children Partnership/Board.

DBTH

PAT PS 10 - Safeguarding Children Policy

CORP/EMP 4 – Fair Treatment for All Policy

CORP/EMP 27 – Equality Analysis Policy

PAT PS 8 - Safeguarding Adults Policy

PAT PA 19 - Mental Capacity Act 2005 Policy

PAT/PA 28 - Privacy and Dignity Policy

11 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

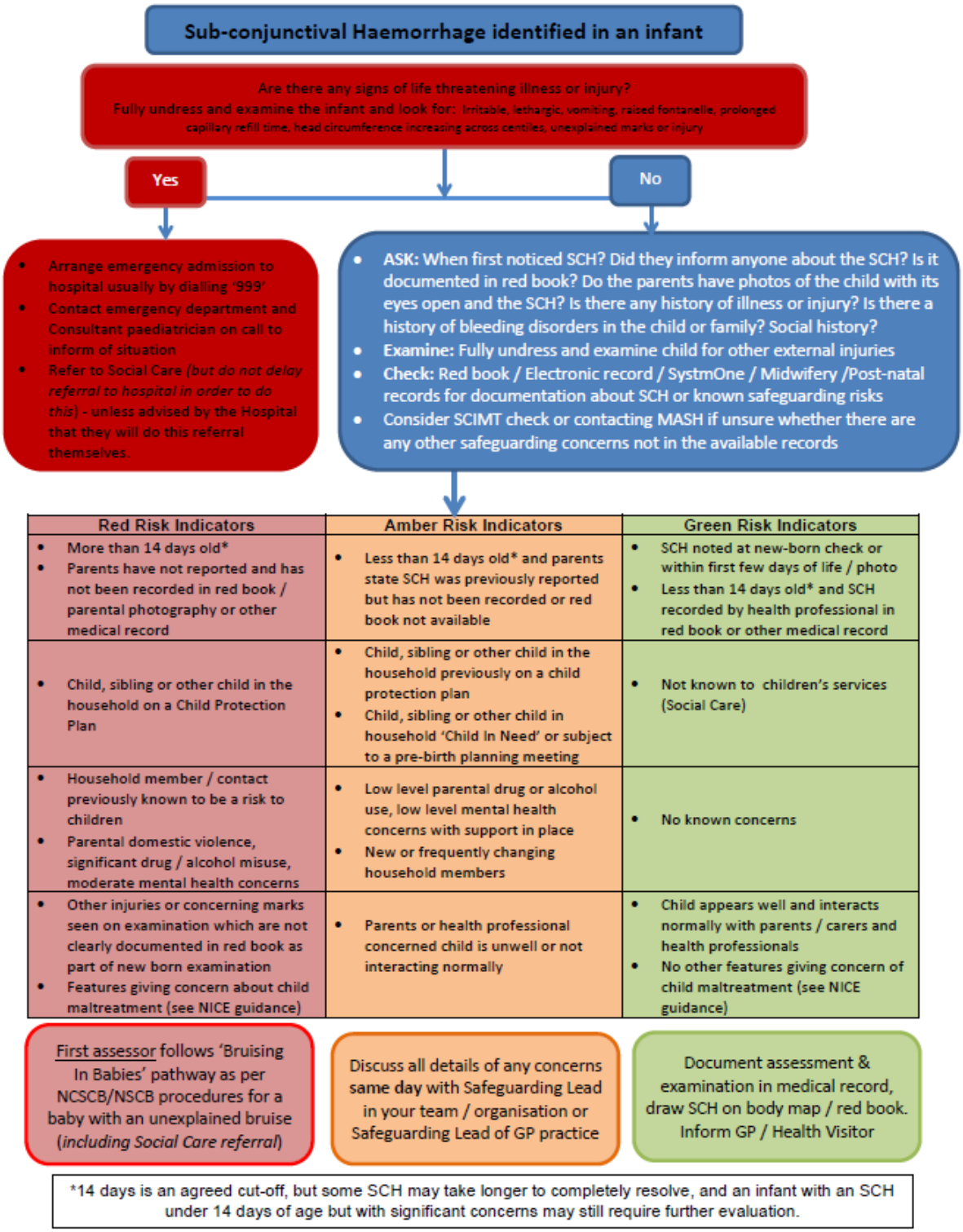
For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12 REFERENCES

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

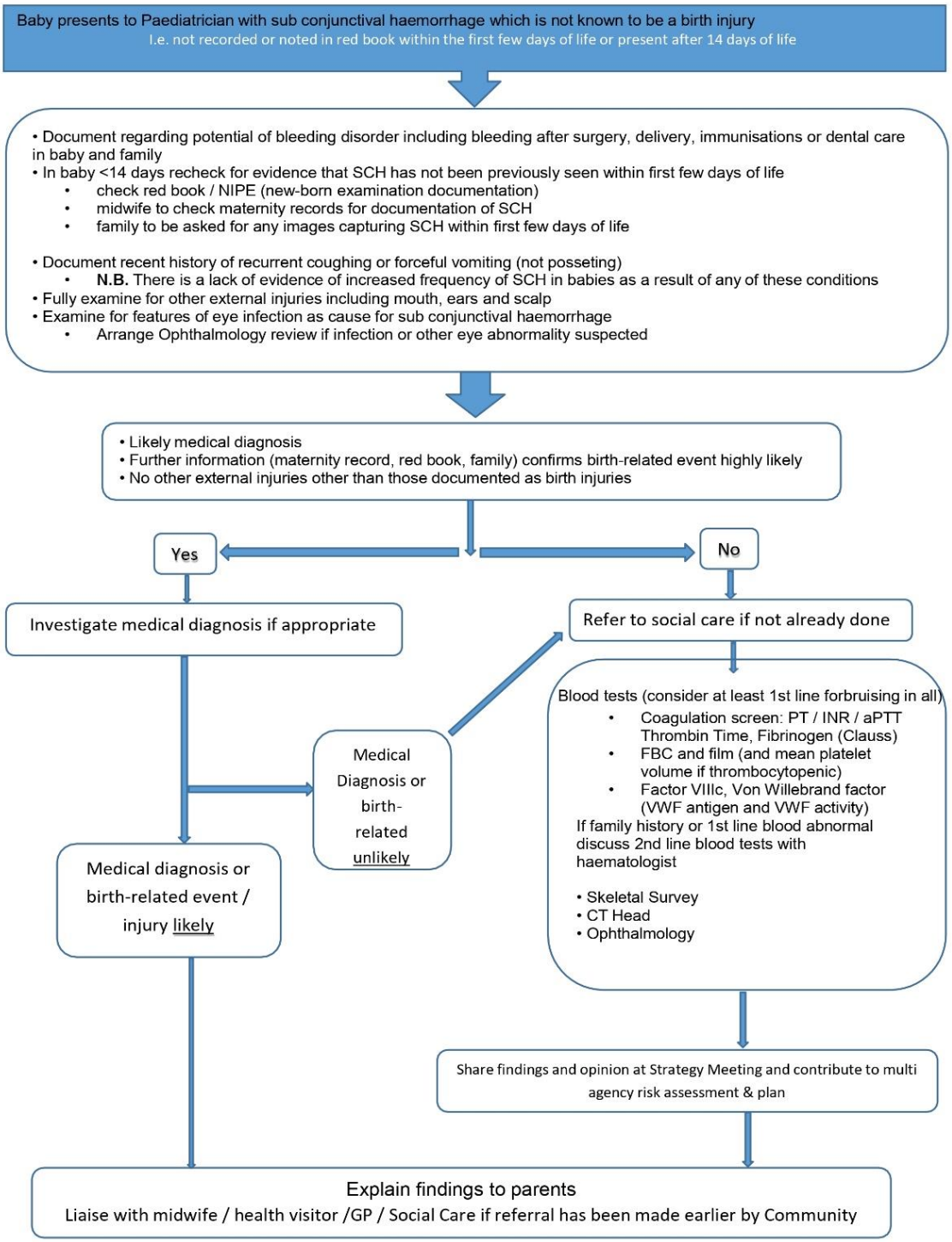
NICE Clinical Guidance (CG89)

13 APPENDIX 1



For Doncaster follow the [partnership procedures for responding to Injuries or Abuse in Babies]

14 APPENDIX 2



15 APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Sub-conjunctival Haemorrhage	Safeguarding	Kim Armistead	New guidance	October 2023

1) Who is responsible for this policy? Safeguarding

2) Describe the purpose of the service / function / policy / project/ strategy? To enable identification and management of SCH

3) Are there any associated objectives?

4) What factors contribute or detract from achieving intended outcomes? – Prompt recognition and adherence to policy

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? NO

- **If yes, please describe current or planned activities to address the impact**

6) Is there any scope for new measures which would promote equality? None

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	Policy only applies to females
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: September 2026

Checked by: Elizabeth Richardson **Date: 2nd October 2023**