Doncaster and Bassetlaw Paediatric Department
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Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Welcome to the sixth issue, a child protection themed edition of '**The PEN'** – the Paediatric Education Newsletter. This is a monthly educational bulletin of cases, clinical questions and learning points from recent teaching.

What are the safeguarding concerns in this case? (recent case from DRI prepared by Thanihan Jeyapalan ST1)

An 11 y old boy presented with a 1 week hx of abdominal pain and reduced feeding. There was no vomiting or fever and last reported bowel movement was 4 days prior (type 6). He had a background of autism and PICA.

Weight on admission was 25kg (<0.4$^{th\ centile}$). He was noted to have a distended abdomen which was tender in the lower quadrants. He also appeared pale, had a prominent rib cage with a foul-smelling nappy and rash over his genital region.

AXR: Moderate faecal loading. Blood results: Marked iron deficiency anaemia

His notes showed previous CHOU attendance due to constipation with clinic follow-up. Last documented weight was 23kg (below 25$^{th\ centile}$) at 7y of age. There was documentation of WNB (was not brought). When last seen in clinic it was noted that mum was very tearful and struggling to cope as a single parent with his behavioural issues.

There was also pervious social service involvement due to concerns raised by the dental team due to multiple episodes of non-attendance to clinics/operations and concerns over possible maternal intoxication.

Red Flags
- Faltering growth
- Napkin dermatitis
- Multiple WNB to clinic
- Dental caries

Red Flags
- WNB to dental services
- Possible maternal intoxication
- Social services involvement
- Autistic child at higher risk of abuse

Learning Points from this month's departmental teaching

Antenatal steroids and Neonatal HPA – Axis suppression – Ben Ng & Eihab Abou-Ebid

1. Doncaster (and Sheffield) guidance is to do the Short Synacthen Test babies born to mothers on ≥ 5mg Prednisolone or equivalent for ≥ 4 weeks prior to delivery.
2. The evidence in the literature remains mixed and limited to date. Different units will have different thresholds and practices with regards to doing HPA axis testing in babies born to mothers on steroid therapy.

HSP – Laura Myers, Julie Riechmann & Alicia Gonzalez Fernandez

1. HSP is a clinical diagnosis
2. There is EMESSY and soon to be DRI guidance on when follow up is required depending on renal involvement

Postnatally acquired CMV in preterm infants - Khubaib Ahmed

1. Little or no virus is detected in colostrum. However, CMV DNA is increasingly detected in breast milk to a maximum level at 4–8 weeks of lactation, with decline in the subsequent weeks.
2. Complications: sepsis like symptoms, hepatitis, intestinal perforation, bone marrow suppression, pneumonitis.
3. Multiple population-based cohort studies have shown no association between pCMV infection and sensori-neural hearing loss.

Article Links

Maternal use of prednisolone is unlikely to be associated with neonatal adrenal suppression—a single-centre study of 16 cases. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5511318/

Kadambari S, Whittaker E, Lyall H Postnatally acquired cytomegalovirus infection in extremely premature infants: how best to manage? Archives of Disease in Childhood - Fetal and Neonatal Edition 2020;105:334-339.

Leung AKC, Barankin B, Leong KF. Henoch-Schönlein Purpura in Children: An Updated Review. Curr Pediatr Rev. 2020 May 7.

Child Protection MCQ
(Content provided By Dr Chadha and edited by Gavishsing Munbauhal GP ST2)

1. Parental Responsibility
Which of the following is true?

A. The biological father automatically holds parental responsibility, as would the mother.
B. Parental responsibility is only lost when a child is adopted.
C. A 'Gillick-competent' 16 yo mother holds parental responsibility for her baby.
D. Court-awarded special guardianship (eg to the Grandparent) means that parents do not need to be involved in key decisions for the child

2. Consent
Gillick competence helps to assess whether a child under 16 has the maturity to make their own decisions and to understand the implications of those decisions. Which of the following statements about consent are true?

A. Fraser guidelines specifically apply to advice and treatment relating to contraception and sexual health in children under 16.
B. A 'Gillick-competent' child can decide to decline treatment.
C. Foster carers cannot consent for the child unless they are granted special guardianship by the court.
D. Sharing information with other agencies, without consent, about a child protection concern is allowed by the GDPR and Data Protection Act 2018
E. It is not mandatory to report cases of FGM to the police if the child is 16 or over and does not consent.

3. Communication with Parents
When is it preferable not to disclose safeguarding concerns to the parents?
A. Child sexual abuse.
B. Aggressive/ violent / verbally abusive parents.
C. Suspicions of fabricated illness or induced illness (Munchausen's by proxy).
D. When doing so might put the child, yourself or anyone else at risk.
E. All of the above

Links to further reading

Child protection companion RCPCH – Child protection portal
https://childprotection.rcpch.ac.uk/child-protection-companion-content/

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years

Child maltreatment: when to suspect maltreatment in under 18s Clinical guideline [CG89] 2017

Faltering growth: recognition and management of faltering growth in children [NG75] 2017

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Answers

1. B 2. A/C/D 3. E

1. Parental Responsibility

Answer

A. False – Only if he is on the birth certificate/married to the mother at time of birth/has applied to the court to be given parental responsibility
B. TRUE
C. False- The maternal grandmother assumes parental responsibility until the mother reaches 18yo
D. False- Special guardianship lasts until 18yo and allows someone else to care for the child, made day to day and health decisions, and provide consent. It does not remove parental responsibility and parents should be party to any key decision.

2. Consent

Answer

A. True

B. False. Children can only consent to treatment and cannot refuse it

C. True. Health professionals should contact social care/parents unless emergency (then it is in the child's best interests)

D. True. Similarly, consent is not required if information is requested by court order/required by Law, or it is Justified in Public interest, or when a delay would put the child at significant risk of harm

E. False. It is mandatory to report all known cases (where child reports an act of FGM or a person observes relevant signs) of FGM in under-18s to the police. It is a form of child abuse and violence against women.

3. Communication with Parents

Answer

E. All of the above