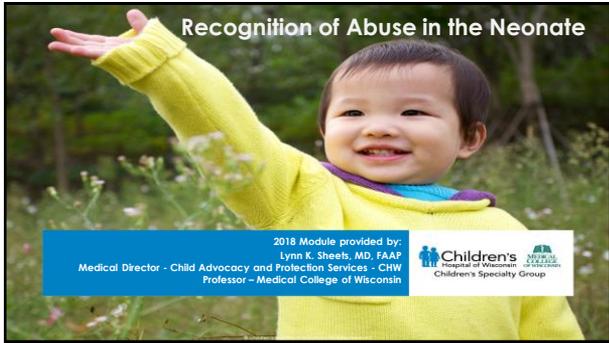


Recognition of Abuse in the Neonate



2018 Module provided by:
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- Lynn K. Sheets, MD has documented that she has no relevant financial relationships to disclose or conflicts of interest to resolve
- Not legal advice
- Contains topics that could be upsetting



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Learning Objectives

- Describe how bias can lead to cognitive errors in recognition of child physical abuse
- List neonatal skin findings that could raise concerns for child physical abuse
- Explain how to make a report of suspected child physical abuse

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Outline

- Cognitive errors as a barrier to recognition
- Bruises and skin findings – when to worry
- Mandated reporting

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AVOIDING COGNITIVE ERRORS – THE RESULT OF “MENTAL SHORT-CUTS”

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Common Land Mines in Accurate Identification of Child Abuse

- Human nature dictates that unintentional injury is the most likely diagnosis. All of us have an inherent COI – our work is easier if it is not abuse.
- Even if aware of your own biases, it is challenging to resist their influence. (“Nice family”)
- The human mind has a tendency to fill in gaps in the history and make assumptions. (“I could see how that could happen”)

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"ABA" Bias – Anything But Abuse – Strategies to Mitigate

- Abuse should be considered in any injury of a child
- **Pay attention** to the fleeting thought that injury is unexpected!
- Consult a colleague to check your thinking
- Consult a child abuse expert early if unsure
- If suspicion for abuse or neglect, report!



BRUISING – WHEN TO WORRY IN THE NEONATE



Mimic of abuse and demonstration of blanching

- If the lesion won't blanch, it **could** be a bruise or something else
- Non-blanching 'marks'
 - Dyes (these wipe or wear off unless deep in the skin = tattoo)
 - Skin pigment
 - blue spots of infancy
 - Nevi (moles)
 - Post-inflammatory hyperpigmentation


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COMMON LESIONS PRESENT AT BIRTH


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Birth Injury

- Common and expected
- Document bruises and subconjunctival hemorrhages CAREFULLY
- MANY examples including those from electrodes, vacuum extractor

<https://med.stanford.edu/newborns/professional-education/photo-gallery/>
accessed 9.20.18


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Birth Injuries

- Common birth injuries include generalized bruising, iatrogenic bruising (forceps, electrodes, vacuum), subconjunctival hemorrhage
- Bruise mimics are also common
- **Document** and, if possible, photograph!
- Consider asking to see photos of the newborn if you are unsure



Bruising from birth – Often Difficult Birth

For excellent images of neonatal dermatologic conditions and birth injuries see:

<https://med.stanford.edu/newborns/professional-education/photo-gallery/> accessed 9.20.18



Sick Neonates and Bruising

- Expected from medical procedures – extremely premature at highest risk from minor procedures
 - Needle/heel sticks
 - Petechiae from tourniquet
 - Tape
- Bruising in ANY location without a recent medical procedure in that location should raise concerns for abuse
- Bruises cannot be dated with accuracy!



Location Matters

- Bruises from handling (bumps) of a sick neonate are more likely over bony prominences
- Unexpected or unusual locations include:
 - Palms
 - Soles or heel without a recent needle stick
 - Neck
 - Abdomen
 - Soft, padded areas - buttocks or cheeks
 - Ears



When to Worry

- Bruising is not expected in normal infants until they start to cruise
- Sick neonates - bruise is in an unexpected location, not associated with medical treatments, or has a pattern
- Patterns to know
 - Palms - from fingers 'digging' in when hand is squeezed
 - Squeezing bruises
 - Fingertip contusions or grabbing bruises
 - Bites
 - Pinch



SENTINEL INJURIES



Sentinel Injuries

- Bruising is **not normal** in healthy, young infants
- Sentinel injuries are unexpected, poorly explained, minor injury in a pre-cruising or young infant concerning for physical abuse
 - Bruise
 - Intra-oral injury such as a frenum injury
 - Subconjunctival hemorrhages
- Injuries other than abrasions are rare in pre-cruising, non-abused infants
- Often precede more serious abuse

 **Learn About Sentinel Injuries**

- <http://uwm.edu/mcwp/sentinel-injuries/>
- 25-minute module developed in collaboration between CHW, Milwaukee Child Welfare Partnership, WI DCF, CANPB, and UWM Helen Bader School of Social Welfare

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 **Consider Alternatives**

- Does it blanch? If so, it is not a bruise!
- Skin erythema due to inflammation – blanches
- Injury from birth
- "Birthmarks"
 - Vascular
 - Benign blue spots of infancy (AKA "Mongolian" spots)
 - Café-au-lait
 - Other
- Other

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 **Documentation**

- Avoid words that minimize the injury or lack specificity
 - "Vascular staining"
 - "Bruise-like macules"
 - "Purple macules"
 - "Bruising/abrasion" – which is it?
 - "Bruising erythema"
- If it is a bruise, document that then take appropriate actions. Bruise = contusion

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Mandated Reporting

- "Report when there is a **reasonable cause** to suspect that a child seen by the person **in the course of professional duties has been abused or neglected** or who has reason to believe that a child seen by the person **has been threatened with abuse or neglect** and that abuse or neglect of the child will occur. . . ." WI 48.981(a)



Reporting

- Reasonable suspicion
- If unsure about reasonable suspicion or how to report, consult with someone who has more experience
- Reporting suspicions to your supervisor does not fulfill mandate to report.
- Individual mandated reporters are responsible – comply with the law and potentially save a life!
- Failure to report is punishable – potential civil and criminal penalties!
- Report to **both** CPS (county where family lives) and police (jurisdiction where the injury likely happened)
- For on-line training: <https://media.wcwpds.wisc.edu/mandatedreporter/>



Telling the Parents

- Telling family is best practice but consider safety of you, your staff, sibling(s), the patient
- Avoid confrontation
 - Medical role is to care for child medically and report
- Emphasize your joint desire to ensure safety, health of child
- Be honest, non-judgmental
- Remember - the parent you are talking to may honestly not know what happened

Modified from Yates



Physical Abuse: Reporting Script

- Even a small bruise in a baby of this age is not normal. More medical testing is needed and an investigation is needed.
- I know you want your child to be healthy and safe
- Required by law to report and these are the tests we must perform

Modified from Yates



References

Sugar NF, Taylor JA, & Feldman KW. Bruises in infants and toddlers: Those who don't cruise rarely bruise. *Archives of Pediatrics & Adolescent Medicine*. 1999;153(4):399-403.

Labbe J, & Coquette G. Recent skin injuries in normal children. *Pediatrics* 2001;108(2):271-276.

Croskerry P. From mindless to mindful practice: cognitive bias and clinical decision making. *N Engl J Med*. 2013;368(26):2445-8. <http://dx.doi.org/10.1056/NEJMp1303712>. PMID:23802513.

Thackeray JD. Frenia leas and abusive head injury: A cautionary tale. *Pediatric Emergency Care*. 2007;23(10):735-737.

Smeeta R, Sardesai, Maria K, Kornacka, Wojciech Walas & Rangasamy Ramanathan (2011). Iatrogenic skin injury in the neonatal intensive care unit. *The Journal of Maternal-Fetal & Neonatal Medicine*, 24(2), 197-203. DOI: 10.3109/14767051003728245

Sheets LK, Leach ME, Koszewski JJ, Lesmeier AM, Nugent M, Simpson P. Sentinel Injuries in Infants Evaluated for Child Physical Abuse. *Pediatrics*. 2013;131:701-707.

Petska HW and Sheets LK. Sentinel Injuries: Subtle Findings of Physical Abuse. *Pediatr Clin N Am*. 2014;61:923-935.

Laskey AL. Cognitive Errors: Thinking Clearly When It Could Be Child Maltreatment. *Pediatr Clin N Am*. 2014;61:997-1005.

Christon CW and the AAP. Clinical Report: The Evaluation of Suspected Child Physical Abuse. *Pediatrics*. 2015;135(5):e1337.

August DL, et al. Frequency, location and risk factors of neonatal skin injuries from mechanical forces of pressure, friction, shear and stripping: A systematic literature review. *Journal of Neonatal Nursing* 24 (2018) 173e180

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Questions?



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