**GUIDANCE FOR THE MANAGEMENT OF SUBCONJUNCTIVAL HAEMORRHAGE**

One cause of a red eye in the neonatal period

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The aim of this guideline is to:

• Help professionals differentiate between a benign subconjunctival haemorrhage and one where there are safeguarding or health concerns

• Give guidance to professionals to assist them to make appropriate decisions when seeing babies presenting with subconjunctival haemorrhage to standardise management, ensure that cases with significant health and safeguarding concerns are not overlooked, and to avoid unnecessary social care and hospital referrals.

Introduction

A subconjunctival haemorrhage (SCH) is 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 commonly occurs as a result of any vaginal birth, but there have been reports of this being seen as a result of inflicted injury.

More rarely SCH may be caused by:

• Accidental head injury

• Forceful vomiting or coughing – typical paroxysms of coughing in pertussis like illness which result in increased pressure in the intracranial area (rare in neonates)

• Bleeding disorders

• Eye infection

SCHs are common and occur in about a third of otherwise healthy new-born babies. They may be caused by rupture of subconjunctival vessels during 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 generally resolve in ten to fourteen days, although where haemorrhages are more extensive, this may take longer.

Although all newborn babies will have their eyes examined at the first baby check and findings documented on the body map, some babies may open their eyes less widely in the first day or two of life. Forcible opening of the eyes may result in trauma and so it may not have been possible to observe and record haemorrhages at the first examination. Any difficulty in examination should however be documented.

Whilst SCH is a relatively common event which can happen during the birth process, in a minority of cases it may also be indicative of child maltreatment. Therefore when a subconjunctival haemorrhage is observed by a practitioner it warrants a thorough and systematic assessment of the baby and a review of all the available information.

The results of this assessment should then inform further action.

INITIAL ASSESSMENT

**Sub-Conjunctival Haemorrhage identified in an infant**

* Arrange admission to hospital usually by dialling 999
* Contact emergency department to inform of situation / impending arrival
* Make a referral to social care unless the hospital tell you they will do this following assessment. You will still need to share your own information up to the point of handover.
* Record – when the SCH was first noticed, its anyone else aware or seen it?
* Is there a history of illness or injury?
* Is there a history of bleeding disorders in the child or family?
* Check – red book, electronic record for documentation about SCH or known safeguarding risks if possible – see next page
* Are there any photos of the baby which may help to date this?
* Consider contacting your safeguarding lead if unsure about whether there are safeguarding concerns. See below for contact details.

NO

YES

Are there any signs of life threatening illness or injury?

Eg irritable, lethargic, vomiting raised fontanelle?

|  |  |  |
| --- | --- | --- |
| Red risk indicators | Amber risk indicators | Green risk indicators |
| * More than 14 days old
* Parents have not reported and has not been recorded in red book or other medical record
* Child or sibling on a child protection plan
* Parental domestic violence, drug and or alcohol misuse, moderate / significant mental health concern
* Household member / contact previously known to be a risk to children
* Other injuries seen on examination, not clearly documented in the Red Book or as part of the newborn examination
* Features giving concern about child maltreatment (see SWCPP policies and procedures)
 | * Less than 14 days old and parents report SCH was previously reported but has not been recorded or red book not available
* Child or sibling previously on a child protection plan
* Child or sibling ‘child in need’ or subject to a pre-birth planning meeting
* Child or sibling previously subject to S47 enquiries
* Parental drug or alcohol use, low level mental health concerns with support in place
* New or frequently changing household members
* Parents or health professional concerned child is unwell or not interacting normally
 | * SCH noted at new-born check or within first few days of life
* Less than 14 days old and SCH recorded by health professional in red book or other medical record
* Not known to children’s services
* No known concerns
* Child appears well and interacts normally with parent / carer and health professionals
* No other features giving concern about possible child maltreatment
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| Follow BNSSG policies and procedures for referral of baby with an unexplained injury [non-mobile-baby-injury-policy-july-2023.pdf (icb.nhs.uk)](https://remedy.bnssg.icb.nhs.uk/media/6502/non-mobile-baby-injury-policy-july-2023.pdf) | Discuss all details of any concerns same day with community midwife / health visitor, Safeguarding Team in Sirona as appropriate, or Consultant Community Paediatrician on call (see next page for contact details) | Discuss with health visitor so that assessment and examination can be recorded in child’s medical / electronic record including SCH on body map |

**CONTACT DETAILS**

**Consultant Community Paediatrician on call:**

Via UHBW switchboard – 0117 923 0000 and ask for the community paediatrician on call

**Sirona Safeguarding Team (specialist nurses)**

Bristol – 0300124 5801 Email: sirona.safeguardingchildren-cchp@nhs.net

North Somerset - please refer to the North Somerset Team on-call rota which is posted in the Integrated Safeguarding Group on Workplace each week, and contact the Specialist Nurse that is covering on-call. Email: sirona.safeguardinghealth@nhs.net

South Gloucestershire - 0300 124 6879 Email: safeguarding.children1@nhs.net

**Safeguarding Midwives for UHBW babies:**

University Hospital Bristol and Weston

Tel: 0117 342 7329 / 21696

Email: MaternitySafeguarding@uhbw.nhs.uk

**Safeguarding Team for NBT babies**

Integrated safeguarding team – Tel 0117 4149054

Email: safeguarding@nbt.nhs.uk

**Referral to Children’s Social Care:**

Bristol – First Response – 0117 903 6444

South Gloucestershire – Access and Response Team – 01454 866 0000

North Somerset –Care Connect – 01275 808 888

**Useful websites**

South West Child Protection Procedures <https://swcpp.trixonline.co.uk/>

Bristol social care - [Concerns about a child (bristol.gov.uk)](https://www.bristol.gov.uk/residents/social-care-and-health/children-and-families/concerns-about-a-child)

South Glos social care - [Report a child safeguarding concern | BETA - South Gloucestershire Council (southglos.gov.uk)](https://beta.southglos.gov.uk/report-child-safeguarding-concern/)

North Somerset social care - [Get help or report abuse | Childrens Safeguarding Board (nsscp.co.uk)](https://nsscp.co.uk/get-help-or-report-abuse)

Investigation of unexplained bruising in a non mobile baby - [non-mobile-baby-injury-policy-july-2023.pdf (icb.nhs.uk)](https://remedy.bnssg.icb.nhs.uk/media/6502/non-mobile-baby-injury-policy-july-2023.pdf)