

<b>Reference Number: UHBOBSI96</b> <b>Version Number: 3</b>	<b>Date of Next Review: 30/3/2027</b> <b>Previous Trust/LHB Reference Number:</b>
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**Guidance regarding Congenital Dermal Melanocytosis (slate grey nevi)**

**Introduction and Aim**

*Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Congenital Dermal Melanocytosis, can mimic bruising; the aim of this guidance is to reduce the number of inappropriate referrals to Children's Services as a Child Protection Referral, whilst ensuring genuine bruising is not overlooked.*

**Objectives**

- To increase practitioners' knowledge of Congenital Dermal Melanocytosis.
- To reduce the number of inappropriate referrals to Children's Services
- Improve the process for affected families and in turn reduce potential distress.

**Scope**

This guidance applies to all healthcare professionals in all locations including those with honorary contracts

**Equality Health Impact Assessment**

*An Equality Health Impact Assessment (EHIA) has not been completed.*

**Documents to read alongside this Procedure**

*Wales Safeguarding Procedures 2019  
Postnatal care guideline (maternity guideline)*

**Approved by**

*Maternity Professional Forum and Obstetrics & Gynaecology Quality & Safety  
Cardiff and Vale University Health Board Safeguarding Steering Group Meeting*

**Accountable Executive or Clinical Board Director**

*Jason Roberts, Executive Nurse Director*

**Author(s)**

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**Disclaimer**

**If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author. or the [Governance Directorate](#).**

**Summary of reviews/amendments**

<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	<i>April 2020</i>	<i>April 2020</i>	
2	July 2021		Name changed to congenital dermal Melanocytosis (slate grey nevi)
3	November 2023		QR code updated

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## **Introduction**

*“We recognise maternity and gynaecological services will be accessed by women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth. Therefore, we believe delivery of care must at all times be appropriate, inclusive and sensitive to the needs of everyone.” (RCOG, 2022)*

Bruising in non-mobile children is rare and may indicate abuse or neglect. Birth marks, especially Congenital Dermal Melanocytosis (previously known as Mongolian Blue Spots or slate grey nevi), can mimic bruising; the aim of this guidance is to reduce the number of inappropriate referrals to Children’s Services, whilst ensuring genuine bruising is not overlooked.

Since most birth marks including Congenital Dermal Melanocytosis are present from birth it is crucial to document them in the neonatal record as soon as possible. The marks should be drawn on a body map, and a note made of their site, size, colour, and appearance. This can be done by the Midwife or Neonatologist at the initial newborn examination and allows further examiners to compare their findings with previous observations. This information should be included in the discharge notification to GP, Community Midwife and Health Visitor. When marks are first noted in the community, the same details should be recorded in the Maternity record (if still involved), the Child Health record (red book) or in the Health Visiting electronic records (PARIS).

## **What is a Congenital Dermal Melanocytosis?**

- Areas of skin with bluish grey hyperpigmentation – flat, not raised, not swollen, and not inflamed.
- Often familial.
- Non-tender.
- Usually present at birth or develop soon afterwards.
- Will not change in shape or colour within a few days.
- Normally uniform blue/ grey in colour across the mark.
- Common in African, Middle Eastern, Mediterranean, and Asian children. Consider wider family background. About 10% of Caucasian babies may have a Congenital Dermal Melanocytosis.
- While most occur at the lower back, sacrum, and buttocks, they can appear anywhere (e.g. back of shoulder or limbs). Scalp/ face are rarely affected but possible.
- Can be single/ multiple, vary in size, but mostly a few centimetres diameter.
- Gradually fade over many years.

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**Process when a Congenital Dermal Melanocytosis has not been previously documented.**

Practitioner observes a mark on a baby after the initial newborn examination has been completed.

Check medical/health records to see if previously recorded. Could be documented on newborn examination sheet and/or body map from maternity records, handwritten notes within postnatal pathway, red book, euroking and/or PARIS

If no previous documentation, practitioner to review the mark

**Note:**

This is a flowchart to support practitioners in their decision making, however ultimately the decision must be based upon your own professional judgment. If at any point you feel you need advice please contact the safeguarding team or the on call paediatrician for safeguarding.

**Useful contacts**

**Cardiff social services:**  
02920 536490 (option 3)

**Vale social services:**  
01446 725202

**Out of hours (Cardiff and Vale):**  
02920788570

**UHB safeguarding team:**  
02921 832001

**On call Paediatrician for safeguarding**  
02920 536789

**Referral email:**

[Safeguarding.Referrals@wales.nhs.uk](mailto:Safeguarding.Referrals@wales.nhs.uk)

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## **Patient information leaflet**

To be provided to parents for further information if requested



Scan to share

Practitioner is confident the mark is a Congenital Dermal Melanocytosis.

Practitioner thinks the mark is probably a Congenital Dermal Melanocytosis but is unsure

Practitioner is concerned the mark may be a bruise or other non-accidental injury

Document Congenital Dermal Melanocytosis in appropriate records

Obtain a second opinion from another health professional either an experienced midwife or health visitor on the same day

Immediate Phone Referral to Children's Services for Multi Agency assessment and information sharing. MARF to be completed ASAP or within 24 hours

Concern mark may be a bruise or other non-accidental injury

Social Worker will then speak with on-call Paediatrician to arrange the Child Protection Medical