

Sacral Dimple – Neonatal Clinical Guideline

1. Aim/Purpose of this Guideline

- 1.1 To aid medical and midwifery staff to correctly identify those babies with a sacral dimple that requires further investigation.
- 2.1 Applicable areas: Royal Cornwall Hospitals Trust; Neonatal Unit and Delivery Suite

2. The Guidance

2.1 Background.

Simple sacral Dimples are intergluteal pits or dimples, located below the top of a symmetrical intergluteal crease. They are common, 2-4% of births, and are susceptible to local infection or hirsutism, but not to pilonidal sinuses. Renne & Robertson¹ suggests if <2.5cms from the anus, <5mm, midline, and no other cutaneous stigmata – **then no scan is needed.**

Simple sacral dimples – no scan required.



The Royal College of Radiologists² give guidance to radiologists:

“In the newborn child, isolated midline sacral dimples and small pits can be safely ignored. Only atypical dimples are associated with a high risk for spinal dysraphism, particularly those that are large (>5 mm), high on the back (>2.5 cm from the anus), or appear in combination with other lesions.

If there are other stigmata of spinal dysraphism or associated congenital abnormalities, **US of the neonatal lumbar spine is the investigation of choice.** MRI is indicated when US is abnormal/equivocal, when there are neurological signs, or when there is a discharging lesion.”

There is no correlation between the presence of a sacral dimple and the presence of spinal dysraphism³.

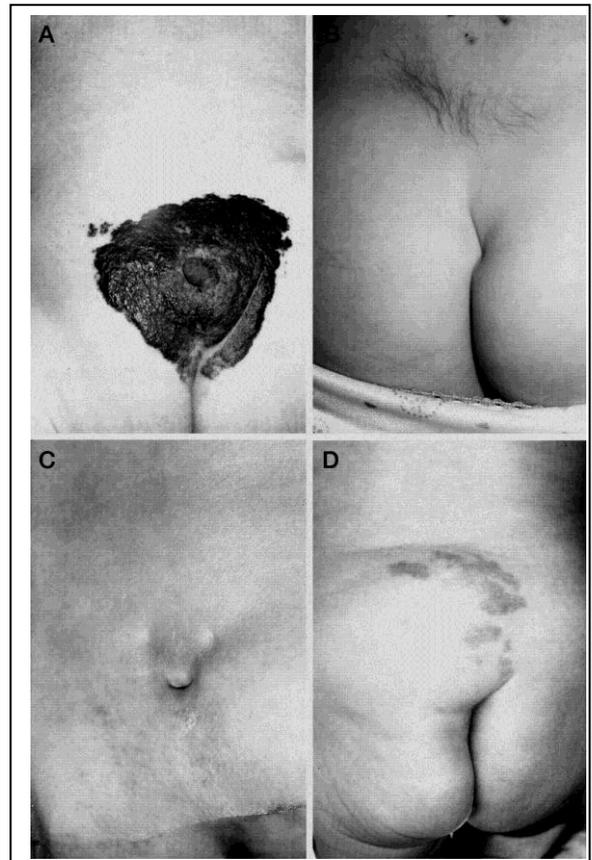
However, high or large sacral dimples, or combined with other abnormalities **should be imaged**, starting with spinal US³.

Sacral dimples requiring spinal Ultrasound:

1. Asymmetrical intergluteal crease
2. Associated with skin tag
3. Associated with fatty lump
4. Associated with birth mark/ hairy patch/pigmentation.
5. Large (>5mm) or high (>2.5cms from anus)



Skin Tag



- A** cutaneous haemangioma
- B** abnormal tuft of hair
- C** additional dermal sinus
- D** cutaneous haemangioma and subcutaneous fatty mass

3. Monitoring compliance and effectiveness

This part must provide information on the processes and methodology for monitoring compliance with, and effectiveness of, the policy using the table below.

Element to be monitored	Key Changes to practice
Lead	Dr. Paul Munyard
Tool	Audit
Frequency	As dictated by audit findings
Reporting arrangements	Child Health Directorate Audit and Neonatal clinical Guidelines Group
Acting on recommendations and Lead(s)	Dr. Paul Munyard. Consultant Paediatrician and Neonatologist.
Change in practice and	Required changes to practice will be identified and actioned within 3 months.

lessons to be shared	A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders
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4.0 Equality and Diversity

3.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the '[Equality, Diversity & Human Rights Policy](#)' or the [Equality and Diversity website](#).

3.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Sacral Dimple – Neonatal Clinical Guideline			
Date Issued/Approved:	AUGUST 2016			
Date Valid From:	SEPTEMBER 2016			
Date Valid To:	SEPTEMBER 2019			
Directorate / Department responsible (author/owner):	Dr Munyard. Consultant Paediatrician and Neonatologist			
Contact details:	(01872) 252667			
Brief summary of contents	This guideline sets out to aid medical and midwifery staff in correctly identifying those babies with a sacral dimple that requires further investigation.			
Suggested Keywords:	Neonatal. Neonate. Newborn. Sacral Dimple			
Target Audience	RCHT ✓	PCH	CFT	KCCG
Executive Director responsible for Policy:	Executive Director			
Date revised:	17:08:2016			
This document replaces (exact title of previous version):	New Guideline			

Approval route (names of committees)/consultation:	Consultant approval. Child Health Directorate Audit. Neonatal Clinical Guidelines Group		
Divisional Manager confirming approval processes	David Smith		
Name and Post Title of additional signatories	Not Required		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Neonatal. Midwifery. Child Health. Clinical		
Links to key external standards	None		
Related Documents:	References 1. Renne & Robertson . Textbook of Neonatology 2. http://nww.irefer.nhs.uk/paed/#Tpc260 3. McGovern et al. Ultrasound investigation of sacral dimples and other stigmata of spinal dysraphism. Arch Dis Child 2013;98:784-786		
Training Need Identified?	No		

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
17:8:2016	V1.0	Approved at Neonatal Guidelines Meeting	Author: Paul Munyard. Consultant Paediatrician and Neonatologist. Formatter: Kim Smith. Staff Nurse.

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): Sacral Dimple-Neonatal Clinical Guideline	
Directorate and service area: Child and Women's Health. Neonatal	Is this a new or existing Policy? New
Name of individual completing assessment: Dr. Paul Munyard.	Telephone: (01872) 252667
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To aid medical and midwifery staff to correctly identify those babies with a sacral dimple that requires further investigation.
2. Policy Objectives*	As above
3. Policy – intended Outcomes*	Audit
4. *How will you measure the outcome?	Audit
5. Who is intended to benefit from the policy?	Patients.
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	No. Consultant led Neonatal Guidelines meeting approved.
b) If yes, have these *groups been consulted?	N/A
C). Please list any groups who have been consulted about this procedure.	N/A

7. The Impact

Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		x	

Sex (male, female, trans-gender / gender reassignment)		x	
Race / Ethnic communities /groups		x	
Disability - learning disability, physical disability, sensory impairment and mental health problems		x	
Religion / other beliefs		x	
Marriage and civil partnership		x	
Pregnancy and maternity		x	
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x	
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.			No
9. If you are not recommending a Full Impact assessment please explain why.			
No area indicated			
Signature of policy developer / lead manager / director Dr Paul Munyard		Date of completion and submission SEPTEMBER 2016	
Names and signatures of members carrying out the Screening Assessment	1. 2.		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,

c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____ Kim Smith _____

Date _____ 20 SEPTEMBER 2016_

