Vitamin K for newborn babies
Information leaflet for parents

What you need to know
What is Vitamin K and does my baby need it?

Vitamin K is a substance that is naturally present in the body. It plays an important part in helping blood to clot. At birth, a baby has very low stores of Vitamin K and these are quickly used up over the first few days of life. This leaves the baby vulnerable to severe bleeding (haemorrhage) because they are less able to get their blood to clot. They may develop a condition called Haemorrhagic disease of the newborn (HDN). HDN is a rare but serious, and sometimes fatal, bleeding disorder. HDN can occur up to six months of age, and can almost always be prevented by giving extra Vitamin K.

What are the benefits of giving Vitamin K?

NICE guidelines (1) recommend that all newborn babies should be given a dose of Vitamin K to prevent HDN.

However, it is your choice. Please read this leaflet carefully before making your decision.

Which babies are at greater risk of bleeding

Babies who are at risk cannot all be easily identified, but there are some babies who have an increased risk:

Babies who:
- are premature (born before 37 weeks of pregnancy)
- are failing to take or absorb feeds
- had a complicated birth
- are ill in the newborn period
- have mothers who have been taking certain medication (e.g. some anticonvulsant drugs, and some anticoagulant therapy, or drugs to treat tuberculosis).
- have liver disease (which may show itself as jaundice lasting more than two weeks), or have other symptoms e.g. pale stools and or dark urine
- have bleeding or spontaneous bruising in early infancy or who are ill from other causes.
How is Vitamin K given?

There are two ways of giving Vitamin K – by injection or by mouth.

**By injection:** a single dose of Vitamin K injected soon after birth effectively prevents HDN in virtually all babies (2).

**NICE Guidelines** (1) recommend the best method of administration is by injection.

If you do not wish your baby to receive an injection, Vitamin K can be given orally, although it is not as effective.

**By mouth:** Vitamin K can be given by mouth but doses must be repeated as the absorption is unreliable. One dose of oral Vitamin K is given at birth, and another at one week. Breastfed babies need another dose at one month of age, as Vitamin K is added to formula milk. An advantage of oral Vitamin K is that the baby avoids an injection.

Arrangements must, however, be made to ensure that all recommended oral doses are given, at the right time, to all babies, in order to prevent HDN. Giving Vitamin K by mouth is not suitable for some babies (3):

The following group of babies need Vitamin K by injection:

1) Babies who are premature or sick should be given the vitamin by injection.

2) If, while you were pregnant, you took medication for epilepsy, blood clots or tuberculosis.

Vitamin K Facts

**Does Vitamin K have any side effects?**

In the 1990s some studies raised concern about a possible link between childhood cancer and injected Vitamin K given to newborn babies. However, more recent research has shown there is no increased risk of cancer following Vitamin K administration.

**What are the risks if I choose not to let my baby have Vitamin K?**

The risk of HDN is small, about 1 in every 10,000 babies could be affected if Vitamin K were not given. This means for a baby born within East Lancashire Hospitals NHS Trust (which covers all babies born in Burnley and Blackburn), where there are in the region of 6,000 births per year, there could be one case of HDN every 1½ years.

Although the likelihood of a baby having Haemorrhagic Disease of the Newborn is very small, the consequences if this happens can be devastating.
Recognising Warning Signs of HDN (1)

If you choose for your baby not to have Vitamin K, it is important to obtain early treatment to reduce the severity of the disorder should it occur. The following symptoms may be indicative of early HDN:

- Spontaneous bruising
- Bleeding from nose and umbilicus
- Prolonged jaundice (after two weeks of age)
- Pale stools (poo) or dark urine

More Information

This leaflet is intended to be used to support discussion with your midwife or doctor. If there is anything you do not understand or are unsure about please ask.

Resources

MIDIRS informed choice leaflets:
www.choicesforbirth.org
National Childbirth Trust:
www.nctpregnancyandbabycare.com/

References

1. NICE Clinical Guidline 37 (2014) Postnatal Care

For general enquiries please contact the switchboard on:
01254 263555 or 01282 425071.

Tel: 01254 263555.
Email: contact@elht.nhs.uk
Website: www.elht.nhs.uk