

## Vitamin K for newborn babies

### What is vitamin K?

Vitamin K is a vitamin which occurs naturally in food, especially in liver and some vegetables. It is something that we all need - It helps make blood clot in order to prevent bleeding.

### Why does my baby need vitamin K?

Young babies fed entirely on milk, have very little vitamin K. A very small number of babies suffer bleeding due to this vitamin K deficiency. This is called vitamin K deficiency bleeding or VKDB.

This risk of bleeding can be removed when sufficient extra vitamin K is given to babies. This is why the Department of Health recommends all new babies have vitamin K.

### What is VKDB?

VKDB is a rare disorder which occurs in new born babies, leading to bleeding from the nose, mouth or into the brain. Often this bleeding can't be seen. When it occurs in the brain it may cause brain damage or even death.

### What is the risk of getting VKDB?

The risk is very small. About One in 10,000 full-term babies will be affected by VKDB if they do not get extra vitamin K. If extra vitamin K were not given, of the 800,000 recorded births in the UK every year, 10 to 20 babies could be brain damaged as a result of a bleed in the brain, and four to six babies could die.

But this slight risk is eliminated when your baby is given a vitamin K supplement in sufficient amounts.

### Why give vitamin K to all babies? Can't high risk babies be recognised?

Bleeding happens unpredictably in some babies and it is not possible to identify babies as high or low risk with absolute certainty. The range of risk factors is broad but in some babies without risk factors, bleeding occurs for unknown reasons in the first few weeks of life and of babies who suffer bleeding about a quarter have no evident risk factors.

### Which babies are at greater risk?

Bleeding in the first 24 hours after birth is a particular risk to babies of mothers on certain drugs, such as anti-convulsants. Bleeding after 24 hours following birth is more common and babies at greater risk are those who:

- Are premature.
- Had a complicated delivery eg. A forceps delivery.
- Have liver disease that may show as prolonged jaundice or as other symptoms, such as pale stools or dark urine.
- Fail to take or find it hard to absorb feeds.
- Are ill for other reasons.

- Have bleeding or spontaneous bleeding in early infancy.

## Can vitamin K be harmful?

The latest evidence suggests that it is not. Concerns about the possibility of a link between the use of injected vitamin K and childhood cancer were raised by some studies in the early 1990s but other studies have not confirmed this. In 1997 a joint expert group of the Medicines Control Agency, the Committee on Safety of Medicines and the Department of Health considered all the studies. Though it is not possible to absolutely exclude a small increase in Leukaemia due to limitations of the research data, the experts concluded that overall the available data does not support an increased risk of cancer, including leukaemia, caused by vitamin K.

## How is vitamin K given?

There are two methods of giving vitamin K to your baby:

- By mouth.
- By injection.

## What difference does which one I choose make?

Both ways offer protection against VKDB, but the intra-muscular (IM) injection is the preferred route. The main difference is that if you choose 'by mouth' for your baby the dose will have to be repeated - twice for bottle fed and three or more times for breast fed babies.

### By injection

IM injection of vitamin K (Konakion) prevents VKDB in virtually all babies. One dose is given at birth, by the midwife or other healthcare professional. It does not need to be repeated.

### By mouth

This method can be as good as having an injection **but only if doses are repeated.**

There are variations in the advised courses. Two doses are advised in the first week for all babies. For exclusively breast fed babies, it is recommended that a third dose of 2mg Konakion MM be given at one month of age. On this regime it is essential that you make sure the third doses given. Other oral regimes in use offer more frequent lower doses.

Vitamin K is already added to artificial or bottled milk so that babies fed on these milks get vitamin K in the milk anyway.

The second dose in the first week is advised for artificial or bottle milk fed babies as for the breast fed babies, to be sure that they get the maximum benefit.

**The Department of health recommends that breast feeding is preferred over artificial or bottle milk where possible. Don't swap simply for the added vitamin K in formula milk.**

## What if I decide for my baby not to have vitamin K?

You may decide that you do not want your baby to receive vitamin K or may prefer a modified course. In these circumstances the risk of bleeding is increased and you should be aware of the warning signs of VKDB.

## What are the warning signs of VKDB?

Many babies who later suffer bleeding in the brain have had prior minor bleeds from the skin, nose or mouth. Thus minor bleeds or bruising at any time in the first six months must be looked at urgently.

Any baby who is still jaundiced after two weeks of age must be seen by a midwife, doctor or health visitor - especially if they are not gaining weight properly, have pale stools and dark urine, or are ill in any way.

## Sources of information

Your midwife, health visitor or GP.

- [www.doh.gov.uk](http://www.doh.gov.uk)

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## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

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**Tel: (01424) 755255 Ext: 2620**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:  
ENTER NAMES AND JOB TITLES (at least one from each site if appropriate)

The Clinical Specialty/Unit that have agreed this patient information leaflet:  
Women's and Children's

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