



Vitamin K for newborn babies

Information for parents

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi
atu, Taloha Ni, Ni Sa Bula Vinaka,
Greetings and Welcome to National Women's**

This is a guide to explain the reasons for recommending vitamin K injections for newborn babies.

A consensus statement from the Fetus and Newborn Committee of the Paediatric Society of NZ, The NZ College of Midwives (Inc.), The NZ Nurses Organisation, The Royal NZ College of General Practitioners, The Royal NZ College of Obstetricians and Gynaecologists recommends that all babies receive vitamin K prophylaxis.

Why is vitamin K important to my baby?

Vitamin K helps blood clot and can prevent VKDB (vitamin K deficiency bleeding) or HDN (haemorrhagic disease of the newborn) developing. VKDB can cause significant internal bleeding which can result in brain damage or death.

VKDB can be prevented by giving newborn babies vitamin K at birth. By the age of about 6 months babies have built up their own supply.

Types of VKDB

VKDB is rare and the chance of developing it is small. There are 3 types:

- **Early:** very rare occurring in the first day of life in infants whose mothers are on anticonvulsants, anti-TB medications or Vitamin K antagonist anticoagulants.
- **Classic:** this is the most common form of VKDB occurring between day 2 and day 7. It is associated with inadequate intake of vitamin K.
- **Late:** Bleeding between 1 week and 12 weeks of age. This is often associated with malabsorption from the gut and unrecognised liver disease.

The Research

Some years ago one study suggested a link between intramuscular vitamin K and childhood cancer, but six studies since could not find any link with cancer. Since some countries have swapped to oral vitamin K, there have been some published reports of severe or fatal bleeding in babies who had oral vitamin K.

Who is at risk of bleeding?

- All babies are deficient in vitamin K and therefore potentially at risk.
- Breastfed babies have a greater risk than formula fed babies, because breast milk has low levels of vitamin K than formula.
- Babies whose mothers have been on medications such as anticonvulsants, anticoagulants or anti-TB drugs in pregnancy.
- Premature and sick babies.
- Babies born by instrumental births or who have a traumatic, and/or long labour i.e. babies with bruising.

Babies have low levels of vitamin K because:

- Vitamin K is made by the bacteria in the gut and there are few bacteria in a newborn baby's gut.

- Babies do not get enough vitamin K from breastfeeding alone.

What are the recommendations at NWH?

National Women's Health is in agreement with the consensus statement that all babies receive vitamin K prophylaxis.

The most reliable way is to give vitamin K in an injection into the muscle soon after your baby is born.

It is possible to give vitamin K orally. This is given 3 times – at birth, at 3-5 days and at 6 weeks. This is not the recommended method because:

- It is not absorbed well when given by mouth
- The protection doesn't last as long as the IM injection
- Babies don't always swallow or may vomit the oral dose
- The later doses are sometimes forgotten
- Some babies have conditions that prevent absorption from the gut

Does my baby need to have vitamin K?

It is your choice whether or not to have your baby receive vitamin K.

However, giving vitamin K to your newborn baby is a simple way of preventing a very serious disease.

Verbal consent is required before vitamin K can be given to your baby. The administration of vitamin K will be discussed with your LMC antenatally so that you can make an informed choice.

This leaflet provides a guide only. If you want more information please ask your LMC.