Your choice

It is your choice whether or not to give vitamin K to your baby and by which method. Discuss your choice with your lead maternity carer (LMC) and include your choice in your birth plan.

If you are worried about giving vitamin K and would like more information, a paediatrician will be happy to meet with you to discuss your concerns. Ask your lead maternity carer (LMC) to make an appointment for you.

Signs of Vitamin K deficiency bleeding

You should see your doctor or midwife urgently if your baby has any of the following warning signs:

- unusual or unexpected bruising or tendency to bruise easily
- any bruising around the face or head (sometimes present at birth)
- bleeding from the umbilical cord, nose or from the heel prick test
- blood in poo or nappy
- irritability, vomiting or pale skin (this may be due to internal bleeding)
- if your baby is over three weeks old and there is prolonged or worsening jaundice, or pale poo and dark urine.

Further information

For further information search for ‘Vitamin K’ on Kids Health www.kidshealth.org.nz, or within the references listed below.

References

National Health and Medical Research Council (2010), *Joint statement and recommendations on Vitamin K administration to newborn infants to prevent VKDB.*

New Zealand College of Midwives (2000). *Consensus statement – Vitamin K.*


What is vitamin K?

Vitamin K is a substance in our bodies that helps our blood to clot and stops bleeding. Vitamin K is naturally present in the body and is made in the intestine from food.

Why does my baby need vitamin K?

All babies are born with low levels of vitamin K in their bodies.

Vitamin K is made naturally in the intestine but as newborn babies have very little bacteria in their intestine they do not make enough. As your baby grows they will start to make enough vitamin K.

Breastmilk does contain vitamin K but in too small amounts to provide protection.

Too little vitamin K puts your baby at risk of a rare disease called vitamin K deficiency bleeding (VKDB).

The Paediatric Society of New Zealand, the New Zealand College of Midwives and the New Zealand College of General Practitioners all recommend that newborn babies receive vitamin K.

Vitamin K deficiency bleeding (VKDB)

VKDB is a rare but serious disease (in New Zealand about 1 in 100,000 babies will develop it).

It can cause internal bleeding that can lead to permanent organ or brain damage, or death.

It is more common in babies who have not been given vitamin K at birth (increasing the risk to about 69 in 100,000).

It occurs most often in the first 7 days of life.

It can occur up to about 8 months of age in babies with liver or bowel problems.

Some babies are more at risk such as those who are born prematurely, are sick or whose mothers are taking certain medications, such as anti-epileptics, anti-coagulants or some medicines for tuberculosis.

Giving vitamin K as an injection shortly after birth reduces the chance of getting vitamin K deficiency bleeding to less than one in one million.

How is vitamin K given?

There are two ways to give vitamin K. It can be given as a single injection soon after birth or it can be given as a few drops into the baby’s mouth in 3 separate doses.

Vitamin K injection

A single injection of 1mg (in 0.1ml) is given into the baby’s thigh muscle usually in the first 2-3 hours after birth. There may be a little redness, swelling or bleeding at the injection site and your baby may cry briefly when the injection is being given, although many do not.

In the early 1990s one study showed a link between vitamin K injection and childhood leukaemia, however no link has been found in several more recent studies.

Vitamin K by mouth

Vitamin K can also be dropped into the baby’s mouth. As vitamin K is not absorbed well, three doses of 2mg (in 0.2ml) are needed: at birth, at 5-7 days and at 4 weeks. All three doses need to be given.

Babies may spit out vitamin K liquid or may vomit after the dose. If this occurs the dose must be repeated.

Giving vitamin K by mouth is not recommended for babies that are at particular risk of vitamin K deficiency bleeding (VKDB): premature babies, sick babies, babies who are not able to absorb nutrients, or babies whose mothers were taking certain medications in pregnancy such as anti-epileptics, anti-coagulants or some medicines for tuberculosis.