

Vitamin K

This leaflet outlines information on the possible complications when low Vitamin K levels have been detected in a newborn baby.

Vitamin K occurs naturally in foods we eat and is produced in our intestines by 'friendly' bacteria. It is one of the vitamins the body uses to function normally, particularly in preventing bleeding.

Vitamin K is needed to produce factors that help the blood clot; if the blood cannot clot effectively bleeding could occur. Babies have low levels of Vitamin K in their bodies at birth as this is not effectively transferred across the placenta in late pregnancy. Breast milk has low levels of Vitamin K and therefore does not provide sufficient Vitamin K for the newborn baby's needs. The newborn intestines are sterile and do not yet have enough friendly bacteria to make Vitamin K.

Rarely, this lack of Vitamin K can lead to bleeding in the newborn, known as Vitamin K-Deficiency Bleeding (VKDB). The risk is small; VKDB can occur in 1 in 10,000 full-term babies who do not get Vitamin K. We cannot predict which babies will bleed. However, the effect can be severe with both internal and external bleeding. If you notice any bleeding or bruising in your newborn baby it is important that a doctor see him/her as soon as possible. VKDB can be prevented by giving a dose of Vitamin K soon after birth.

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

By injection

This is probably the safest method as it ensures a good dose of Vitamin K, which does not need to be repeated and provides good protection for your baby. The Vitamin K is given by injection into your baby's thigh soon after they are born.

By mouth

The baby can have Vitamin K orally - a small amount is placed in the baby's mouth. However, as its effect depends on absorption from the intestine, either two or three doses will need to be given (depending on whether your baby is bottle fed or breastfed) to achieve the same protection as a single injection.

The baby will have the first dose on Day 1 and a second dose on Days 5 to 8. Breastfed babies will need one further dose on Day 28.

(Formula milk has added Vitamin K; therefore, only the first two doses are given to bottle fed babies.) The midwife will give the second dose and will show the parent / guardian how to repeat this safely, if a third dose is required on day 28. The parent will be given the Vitamin K along with a sharps bin to dispose of the oral syringe and glass vial safely. The health visitor should remind the parent about the third dose at the appropriate time during routine contact. The sharps bin should be sealed and taken to your local pharmacy or GP surgery. It is very important that your baby gets all doses necessary. If not, he/she is at risk of late VKDB. Whether or not your baby receives Vitamin K and how it is given is your decision. We strongly advise that all babies receive Vitamin K.

Useful websites:

www.nctpregnancyandbabycare.com

www.womens-health.co.uk

www.aims.org.uk

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