

# Information about Vitamin K

## Information for patients

This leaflet has been developed to help you to decide if you would like your baby to have Vitamin K, which can be by either injection or oral supplements.

You will be asked soon after your baby's birth if you would like this to be administered. It is helpful to have considered your decision in advance.

### What is Vitamin K?

Vitamin K is a vitamin normally produced in the gut, which produces factors essential for blood to clot when necessary.

The levels of Vitamin K are low in newborn babies and this is the reason that we recommend it be administered shortly after birth.

### How is Vitamin K given?

#### 1. By injection

The most effective method of giving your baby Vitamin K is by injection soon after birth.

The injection is given by a midwife (or sometimes a doctor) into the muscle of your baby's thigh:

- One dose is given at birth

It does not need to be repeated.

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## 2. By mouth

If given by mouth, three doses are necessary. This is due to Vitamin K not being absorbed well by the newborn's gut:

- The first dose soon after birth
- A second dose when your baby is around seven days old and
- If you are exclusively breastfeeding, a third dose is given when your baby is one month old

The level of Vitamin K differs in breastmilk and we therefore, recommend an extra dose of Vitamin K is given to babies who receive it by mouth (orally) and are exclusively breastfeeding.

If you choose to have the oral doses of Vitamin K you will be shown how to administer this by the midwives before you go home.

### Why is Vitamin K so important?

A deficiency of Vitamin K although rare, may lead to early or late onset of an uncommon but serious, non-inherited condition known as 'Vitamin K Deficiency Bleeding' (VKDB).

- VKDB is a spontaneous bleeding disorder
  - The bleeding may occur anywhere in the body, but most commonly occurs in the stomach, gut and brain
  - Blood may be noticed coming from the nose and umbilical cord
  - If the bleeding is in the brain, it may lead to permanent brain damage and even death
  - Some babies are more at risk than others, for example, babies born via instrumental birth, caesarean birth and preterm babies
  - Late VKDB in babies with persistently low levels of Vitamin K may occur at four to six weeks of age
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## **What are the signs of VKDB?**

Many babies who later suffer bleeding in the brain have already had bleeds from the skin, nose or mouth. Minor bleeds or bruising at any time must be looked at urgently.

Any baby who is still jaundiced after two weeks of age must be seen by a doctor or health visitor.

Please ask your midwife or paediatrician if you have any further questions about Vitamin K.

## **What can be done to prevent Vitamin K Deficiency Bleeding (VKDB)?**

Administering supplementary Vitamin K reduces the risk of VKDB occurring.

## **What is the treatment for VKDB?**

Initial treatment is the administration of intravenous Vitamin K. In extreme case, babies may need a blood transfusion.

## **Are there any risks?**

In the past there were concerns about a possible link between giving Vitamin K to newborn babies and leukaemia or cancer in childhood.

A review of data from the UK Children's Cancer Study Group in 2003 found no evidence that this influences the risk of children developing leukaemia or any other cancer.

As far as we know there are no other side effects / contraindications to Vitamin K.

## **Are there any alternatives?**

There are no alternatives to the prescribed dose of Vitamin K.


If you choose not to give your baby Vitamin K then you need to monitor your baby closely for signs of VKDB.

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## Further information and advice can be obtained from:

**NHS 111**  
**NHS online**

 **111**  
[www.nhs.uk](http://www.nhs.uk)

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**Telephone:**  01622 224960 or  01892 632953

**Email:** [mtw-tr.palsoffice@nhs.net](mailto:mtw-tr.palsoffice@nhs.net)

**or visit their office** at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: [www.mtw.nhs.uk](http://www.mtw.nhs.uk) or pick up a leaflet from main reception.

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