The Rosie Hospital
Patient Information
Vitamin K

This leaflet provides information about vitamin K deficiency and prevention, which will help parents make an informed decision.

The Rosie Hospital in line with the Department of Health guidelines recommend that all babies are given vitamin K at birth to avoid the rare but serious condition known as 'vitamin K deficiency bleeding' (VKDB). This was previously termed 'haemorrhagic disease of the newborn'.
Vitamin K
Vitamin K is a naturally occurring vitamin in the body and is vital in the process of blood clotting. Although breast feeding is the ideal nutrition for babies there is not sufficient vitamin K in breast milk to prevent VKDB in the minority of babies. Supplements are therefore needed to boost the babies’ natural stores throughout the period of exclusive breast feeding.

Vitamin K is already added to formula milk to provide approximately 50 micrograms per day.

Thus since there is convincing evidence that VKDB can be prevented by the administration of vitamin K it should be offered to all newborn babies.

What is vitamin K deficiency?
Vitamin K deficiency is a non-inherited condition which can occur in infants under six months of age. It can result in spontaneous bruising/bleeding and brain haemorrhage, which can be fatal.

VKDB occurs in approximately one in 10,000 babies who do not receive vitamin K.

Do all babies need additional vitamin K?
VKDB occurs unpredictably in some babies but others are known to be at a greater risk.

These babies include:
- Those who are born prematurely.
- Those who are failing to take or absorb feeds.
- Those who have had a complicated delivery such as forceps or ventouse deliveries.
- Those whose mothers have been taking medication with known associated risks of bleeding in the newborn, for example anticonvulsants.
- Babies who have an infection or need surgery.

How is vitamin K given?
Vitamin K can be given by an intramuscular injection [IM] or by an oral regime.

All parents should have a discussion with the midwife or neonatologist caring for their baby. They should be informed about the possible benefits and disadvantages of either method of administration and be involved in the decision about which regime to choose.

IM vitamin K [Konakion MM Paediatric (made by Roche)] effectively prevents VKDB in virtually all babies (36 weeks or older) following a single dose of 1mg at birth.

Oral regimes (using Konakion MM Paediatric) must be repeated and can be effective provided all recommended doses are given. A dose of 2mg oral vitamin K should be administered at birth and at one week of age (day 7). Babies who are exclusively formula fed require no further doses as artificial formula has synthetic Vitamin K added. If you are exclusively breastfeeding then it is recommended that your baby has one further oral dose at four to six weeks. The first dose is given by your midwife. You will be shown how to safely give your baby further doses and when you are discharged from the Rosie following your baby’s birth you will be given this medication to keep at home. It is then your responsibility to ensure you give your baby the prescribed subsequent doses. For planned homebirths where oral vitamin K is requested the second and third doses need to be prescribed by your GP.

Will vitamin K harm my baby?
Review of the data from the Children’s Cancer Study Group in 2003 found no evidence that the neonatal vitamin K administration, by whichever regime, influenced the risk of children developing leukaemia or any other cancer.

For further information, please refer to these websites:
www.dh.gov.uk
www.nice.org.uk