

Need more Information?

References

- Kidshealth - Vitamin K
<http://www.kidshealth.org.nz/vitamin-k>
- New Zealand College of Midwives Consensus Statements - Vitamin K
<http://www.midwife.org.nz/quality-practice/nzcom-consensus-statements>
- Medsafe New Zealand
<http://www.medsafe.govt.nz/profs/puarticles/vitk.htm>
- National Health and Medical Research Council of Australia - Vitamin K for newborn babies. Information for parents
<https://www.nhmrc.gov.au/guidelines-publications/ch38>

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

The National Women's Health website has accurate and up to date information which you may find helpful.

www.nwhealthinfo.co.nz

You can find this leaflet in the [A-Z fact sheets](#) section



Vitamin K for Newborn Babies

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
Health

Auckland District Health Board
National Women's Health

What is Vitamin K?

Vitamin K is made naturally by the bacteria in your gut. It helps the blood to clot and stops bleeding.

Why is Vitamin K important for my baby?

Newborn babies are born with very low levels of Vitamin K and they are not able to produce enough of their own until they are about 6 months old.

Due to this lack of Vitamin K in their bodies, some babies may bleed internally and this bleeding can be very serious and even life threatening. This is known as Vitamin K deficiency bleeding (VKDB) and this can be prevented by giving newborn babies Vitamin K at birth.

Premature and sick babies as well as babies born by instrumental births (ie ventouse / forceps) and/or long labours, also have an increased risk.

Vitamin K deficiency bleeding (VKDB)

There are 3 types of VKDB:

EARLY VKDB : occurs in the first day of life in infants born to mothers who have received medications that may interfere with Vitamin K metabolism eg. Anticonvulsants, anti TB medications or Vitamin K antagonist anticoagulents. The reported rate of Early VKDB is between 6 -12% of infants born to mothers who have received such medications.

CLASSICAL VKDB: occurs from 1-7 days after birth and is more common in infants who are unwell at birth. Bleeding is usually from the umbilicus (umbilical cord), the gut, surgical sites, or uncommonly in the brain. The reported rate of Classical VKDB is 0.25 -1.5% in unwell infants to 0-0.44% in well infants.

LATE VKDB : occurs from 8 days to six months after birth and is usually due to an underlying medical condition. Babies are more at risk if they did not breastfeed at birth or have restricted access to breast milk in the days after birth and then go on to be breastfed. This is because colostrum (the first milk a mother produces) and hind milk (milk at the end of a feed), contain high levels of Vitamin K. Babies that are fed infant milk formula will get Vitamin K from the formula. The reported rate of Late VKDB is 0.05-2% in infants without Vitamin K supplementation.

Does my baby need to have Vitamin K?

It is your choice whether or not to give your baby Vitamin K. The risk of Vitamin K deficiency bleeding is very low in well babies whose mothers have not received medication detailed under the section Early VKDB, however, giving Vitamin K to your newborn baby is a safe and simple way of further reducing risk.

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

The Paediatric Society of NZ, the NZ College of Midwives, the NZ Nurses Organisation, the Royal NZ College of General Practitioners, and the Royal NZ College of Obstetricians and Gynaecologists all recommend giving newborn babies Vitamin K at birth.

How will my baby be given Vitamin K?

National Women's Health agrees with the recommendations of the professional organisations above that all babies receive Vitamin K.

There are 2 different ways we can give your baby Vitamin K.

- **Vitamin K Injection** - The most reliable way is for your baby to be given a Vitamin K injection into the thigh muscle shortly after birth.
- **Vitamin K by mouth** - It is possible to give Vitamin K into your baby's mouth. Vitamin K is not absorbed well so 3 doses are needed; at birth, at 3-7 days and at 6 weeks.

Vitamin K by mouth is not the recommended method for the following reason:

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

Signs of Vitamin K deficiency bleeding

If your baby has any of the following warning signs you should seek medical attention urgently

- Bleeding from the umbilical cord, nose or if you notice any blood in your baby's poo or nappy
- If your baby is irritable, pale skin or vomiting (possible internal bleeding)
- Unusual bruising around the face or head or if your baby bruises easily.
- If your baby is over three weeks old and they have prolonged or worsening jaundice