

Vitamin K – Information for Parents

NHS England recommends that all newborn babies be given a vitamin K supplement after birth. We support this recommendation, and therefore offer all newborn babies a vitamin K supplement. Administration is only with the parent's consent so please read this leaflet to help you understand why we are recommending this for your baby.

What is vitamin K?

Vitamin K is a vitamin that occurs naturally in food and plants. It is required to produce the blood coagulation proteins that help our blood to clot properly and prevent bleeding (haemorrhage). It is also needed by the body to produce other proteins that have important functions.

Why is vitamin K offered?

At birth babies have only low stores of vitamin K. These can quickly get used up in the first few days of life. Without extra vitamin K intake after birth, some babies will develop a condition called *vitamin K deficiency bleeding* (VKDB). The blood loss can be from the umbilical cord site, nose, and mouth, or into the brain. When it occurs in the brain it may be sudden and devastating and can lead to brain damage or death. The peak time of major bleeding is around 1 month after birth. By giving vitamin K, newborns babies can be protected against this disorder.

What is the chance of bleeding?

The chance is relatively small. VKDB will occur in approximately 1 in 2000 full-term, breast-fed babies that do not get vitamin K at birth. The risk is higher in babies who do not feed properly in the first few days. By having vitamin K this small risk is almost eliminated. Once feeding is established, babies will gradually build up their own stores of vitamin K from their dietary intake.

How is vitamin K given?

There are two ways that vitamin K can be given to your baby:

1. **By a single injection;**

- This is given into the muscle at the top of the baby's thigh soon after birth (in the form known as Konakion MM®), This one injection will protect your baby for 3 months, the main at-risk period, and no further injections are needed. This injection is **not** an immunisation: it is a natural supplement of a vital mineral derived from plants.

2. **By mouth using either;**

- Konakion MM®, in which case three doses are needed in total for good protection The first dose will be given by the midwife soon after birth; the second and third doses will be given by yourself: (2nd dose at approximately 1 week of age, and the 3rd dose at 4-6 weeks of age). Further information/instruction will be given at discharge from the hospital.

- NeoKay oral capsules®. The contents of a single capsule will be given shortly after birth and then once weekly by yourself for 12 weeks. Further information/instruction will be given at discharge from the hospital.

Please remember with oral doses of Vitamin K

- Always give your baby the dose of Vit k (if possible) **after** they have been fed (not on an empty stomach) - this helps the absorption of the Vitamin K
- If you forget to give a dose, give one as soon as you remember and continue to give the remainder of the doses as directed.
- It is important that the whole prescribed course is completed to ensure it is effective.
- Please write in your baby's red book 'My personal child health record' the dates when the further doses are given.

Do I have a choice of how my baby has the vitamin K?

Yes of course, and the information below may help you decide:

- A single injection of vitamin K into the muscle prevents VKDB in virtually all babies, including in exclusively breast-feeding babies and in those with rare underlying gut absorption problems. The beneficial effect of the injection is that it is effective, easy, it lasts months and it does not need to be repeated.
The downside is it may cause brief pain and sometimes bruising or a small lump.
- Oral vitamin K may be slightly less effective - it is not as well absorbed in the gut in some babies so the protection against bleeding is occasionally not as good as having an injection. If your baby vomits or possets soon after being given the vitamin K, it should be repeated. There is also the chance that one of the three doses gets forgotten, or your baby may be unwell at the recommended time of further dose.

Please note: Breast-fed babies with underlying or unsuspected liver disease may remain at slightly increased risk of bleeding despite oral vitamin K.

Do any babies have a greater chance of vitamin K deficiency bleeding than others?

It is not possible to identify all babies who will develop VKDB. However, some babies are known to have a higher chance including those:

- whose parents decline vitamin K. In recent years in the UK this has become the commonest reason seen in cases of VKDB
- who are exclusively breast feeding (however the benefits of breast feeding greatly outweigh the small increased risk)

- who are born prematurely (before 37 weeks' gestation)
- who are not feeding enough - sometimes known as a 'reluctant feeder'
- who find it hard to absorb feeds properly – some babies have an underlying health problem or liver disease (that may show as prolonged jaundice).
- whose mother is taking certain drugs (e.g. some anti-convulsants).

If my baby will be fed on formula milk (which already contains added vitamin K), do they still need vitamin K after birth?

Vitamin K after birth is recommended for **ALL** babies, either by injection or by mouth, irrespective of how you wish to feed your baby.

If your baby will be formula fed, then no further doses of vitamin K are needed apart from the first dose given at birth. This is because formula milk has sufficient vitamin K added to meet ongoing daily requirements.

If you are exclusively breast feeding and chose oral vitamin K prophylaxis for your baby after birth, then further oral vitamin K doses will be essential to protect your baby and the full course recommended should be completed.

If you are mixed feeding, that is, feeding your baby both breast milk and formula milk, we would recommend your baby still gets further oral vitamin K doses and completes the full course.

Can vitamin K harm my baby?

There are no known side effects from vitamin K.

What happens if I choose for my baby not to receive vitamin K?

In these circumstances the baby's doctor - neonatologist - would like to meet with you to better understand your choice and to ensure you are fully informed about the options, but also the small but real chance that your baby could suffer VKDB, that this can be severe and sometimes fatal. You will need to be aware of the warning signs of bleeding.

What are the warning signs of vitamin K deficiency bleeding?

- Minor bleeds
or bruising at any time in the first 6 months of life. Many babies who suffered later serious bleeding in the brain had prior small bleeds from the skin, nose or mouth so these babies must be looked at urgently.
- Any baby
that is still jaundiced (yellow colouring of the skin or whites of the eyes) after 2 weeks of age should be seen by a doctor or health visitor – this is even more important if they are not gaining weight properly, have pale stools (poo) and dark urine, or are ill in any way.

If you have any further questions about vitamin K we will be pleased to help. To contact the community midwives phone CallEAST telephone number 01603 481222 (open 24 hours 7 days a week) or if you are an inpatient ask one of the midwives caring for you. If you would like to speak to a

neonatologist (baby doctor) please ask them directly or ask a midwife to make the request on your behalf.

