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Vitamin K Information for parents to be

Issued by Obstetrics and Gynaecology

The Department of Health recommends that all newborn babies are given a vitamin K supplement at birth. This is to avoid the rare but serious and sometimes fatal disorder called Vitamin K Deficiency Bleeding or VKDB for short.

Therefore, the purpose of this leaflet is to explain about how vitamin K can help your baby and what you can do to prevent VKDB.

It tells you what vitamin K deficiency bleeding is, discusses the benefits of vitamin K supplements, possible disadvantages, and gives the best current advice.

What is Vitamin K?

Vitamin K, also known as phytomenadione, is a vitamin which occurs naturally in food especially in liver and some vegetables. We all need vitamin K. It helps to make blood clot in order to prevent bleeding.

What is VKDB?

VKDB is a rare disorder, caused by vitamin K deficiency. It occurs in new born babies leading to bleeding from the nose, mouth or into the brain. You won't always be able to see the bleeding. When it occurs in the brain it may cause brain-damage or even death.

Why does my baby need vitamin K?

During early infancy, when fed entirely on milk, babies have very little vitamin K. The benefit of giving vitamin K to babies shortly after they are born, is that the risk they might start bleeding is effectively removed.

Very rarely a newborn baby may start to bleed for no reason. The baby may start to bleed inside, so it is not possible to see the bleeding. This is bad for the baby's health and might even cause the baby to die.

What do I need to do and when do I need to start thinking about this?

Vitamin K supplements are given straight after birth, so during pregnancy /antenatal period you will need to consider whether or not you would like vitamin K to be given to your baby.

How is vitamin K given?

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

- By mouth for babies considered '**Low risk**'
- By injection for babies considered '**High Risk**'

By mouth

Neokay (Phytomenadione 1mg) is a Vitamin K food supplement. All babies considered 'low risk' will be offered a Neokay Capsule which contains 1mg of vitamin K. The midwife will give the first dose of vitamin K in the first 24 hours of birth, usually in the delivery suite before transfer to the post natal ward.

Babies who are breast fed should receive a daily dose of Neokay Drops for 3 months. One dose contains 50 microgrammes of Vitamin K in 0.25ml. The midwife will show you how to give the Neokay Drops to your baby. No harm will occur if a dose is missed.

Babies who are partially breast fed and partially formula (bottle) fed should also receive a daily dose of Neokay Drops. However if the bottle feeds are greater than 50% of the total number of feeds, the supplement will not be necessary.

The Department of Health recommends that breastfeeding is preferred over bottle milk where possible. Please do not swap simply for the added vitamin K in formula milk.

In those cultures where colostrum and early breast milk is not given, babies will be bottle fed immediately after birth but will then go on to be breastfed. These babies will need the Neokay Drops to be given when breast feeding is started.

By injection

Babies who are considered to be “High Risk” will receive one single dose of 500mcg Konakion MM Paediatric by intramuscular injection.

What does “High Risk” mean?

Some babies are at greater risk of bleeding within the first 24 hours after birth if they are:

- Born before 36 weeks gestation.
- Born to mothers taking carbamazepine, phenobarbitol, Phenytoin, Rifampicin or Warfarin.

- Too ill to begin early feeding or find it hard to absorb feeds.
- Have unexplained bruising or bleeding that could be due to vitamin K deficiency after taking blood for clotting studies.
- Born by forceps or Ventouse where bruising may occur.

The injection will be given as soon as possible after birth by an advanced neonatal nurse practitioner if your baby is delivered at the Northumbria.

If you are feeding your baby formula milk and your baby receives an intramuscular injection of Konakion MM no further vitamin K supplements will be required.

If you are breastfeeding your baby and your baby receives an intramuscular injection of Konakion MM, your baby should also receive a daily dose of Neokay Drops for 3 months.

Breastfeeding and VKDB

Breastfeeding gives babies the best start in life. Breast milk provides exactly the right nutrients, growth factors, hormones and immunity a young baby needs to grow and develop.

Breastfeeding, without starting solids for the first six months, gives your baby the best chance of avoiding allergies later on in childhood.

Babies who are breast fed for the first three months of life continue to have lower rates of infection throughout the first year of life.

The only reason that babies who are breast feeding are at greater risk of vitamin K deficiency is that vitamin K is added to artificial or bottle milk.

Please do not choose artificial or bottle milk simply for the added vitamin K.

Bottle milk is fine; however it cannot match the advantages of breast milk.

What is the risk?

The risk is very small. VKDB can happen in as many as one in 10,000 full-term babies if they do not get extra Vitamin K. If Vitamin K were not given, of the 800,000 recorded births in the UK every year, 10-20 babies could be brain damaged as a result of a bleed in the brain, and 4 to 6 babies could die.

But this slight risk is eliminated when your baby is given a Vitamin K supplement in sufficient amounts.

Can vitamin K be harmful?

In the past there were concerns over the possible link between administering vitamin K to newborn babies and leukaemia or cancer in childhood. However a careful review of data from the UK Children's Cancer Study group in 2003 found no evidence that neonatal vitamin K administration influences the risk of children developing leukaemia or any other cancer.

Alternatives

There is currently no alternative to vitamin K.

Recognising the warning signs of VKDB

Many babies who later suffer bleeding in the brain have had prior minor bleeds from the skin, nose or mouth. Minor **bleeds or bruising** any time in the first 6 months, must be looked at urgently.

Any baby who is still **jaundiced after 2 weeks** of age must be seen by a doctor or health visitor – especially if they are not gaining weight properly, have pale stools and dark urine, or are ill in any way.

Sources of Information

www.rcog.org.uk

www.nhs.uk

www.birthchoice.com

Useful contacts

The Northumbria Specialist Emergency Care Hospital (Ward 16)

Northumbria Way
Cramlington
NE23 6NZ
0191 607 2016

North Tyneside Pregnancy Assessment Unit

Rake Lane
North Shields
NE29 8NH
0191 293 4209

Wansbeck Pregnancy Assessment Unit

Woodhorn Lane
Ashington
NE63 9JJ
01670 564 192

Hexham Midwifery Led Unit

Corbridge Road
Hexham
NE46 1QJ
01434 655 352

Hillcrest Midwifery Led Unit

Infirmery Drive
Alnwick
NE66 2NS
01665 626 732

Berwick Midwifery Led Unit

High Green
Berwick-upon-Tweed
TD15 1LT
01289 356 622

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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