



Vitamin K

A guide for parents and carers

Department of Health advice

- The Department of Health (DOH) recommends that all new-born 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 (VKDB).

What is vitamin K?

- Vitamin K is naturally present in the body. It plays an important part in helping blood clot and prevent bleeding.
- Vitamin K is present in foods such as spinach, lettuce, cauliflower, broccoli, brussel sprouts, cereals, avocado, kiwi fruit, bananas, cow's milk and other dairy products, olive oil, eggs, soya beans and other soya products.
- Formula milk for babies has added vitamin K. Breast milk has relatively low levels of vitamin K.

Why does my baby need additional vitamin K?

- At birth, a baby is born with very low stores of this vitamin, and these are quickly used up in the first few days of life. These low levels, just after birth, can leave a baby vulnerable to severe bleeding (haemorrhage) because they are less likely to form blood clots.
- A very small number of babies (about 1 in 10,000) suffer severe bleeding due to vitamin K deficiency (VKDB). **Giving babies additional vitamin K at birth reduces this risk.**
- Bleeding can occur anywhere. It may occur in the brain or other major organs which can cause major damage or death.
- Some babies may also have jaundice (a yellow tinge to their skin), which lasts much longer than usual, and their urine (pee) may be dark brown, while their stools (poo) are pale, clay or chalk coloured.



When is it likely to occur?

- VKDB is **most likely** to occur in the first few days of baby's life. However, the condition can occur in the first 24 hours after birth, or much later, from six to eight months.
- Bleeding months after is more likely to occur if the baby has liver disease or some form of malabsorption (a difficulty in the digestion or absorption of nutrients from food), that prevents absorption of vitamin K in their diet.
- Babies who develop vitamin K deficiency may have heavy bleeding from their umbilical cord, a nosebleed or have unexpected bruises.

How is vitamin K given?

Vitamin K can be given to your baby by injection or by mouth.

1. Vitamin K injection

- By giving your baby a small injection just after birth, you can be assured that they have an adequate dose to protect them from VKDB.
- There is a small risk of infection from giving an injection. We take every care to prevent this.
- For **increased risk babies**, we recommend vitamin K injection. Babies at increased risk include:
 - premature babies
 - sick babies
 - babies whose mothers are taking anti-convulsant medicine (medicine that controls seizures), anti-coagulants (medicine that prevents blood clots) or anti-tubercular drugs (drugs used to treat tuberculosis) during pregnancy
 - babies at risk of malabsorption (for example those with a family history of liver disease or cystic fibrosis)
 - babies who cannot take anything by mouth
 - babies who need an operation around the time of birth
 - babies who have had a traumatic birth e.g. forceps/ventouse delivery

2. Oral (by mouth) Vitamin K

- Oral vitamin K is given in three doses. The first is given immediately after birth, the second is given a week later and the last dose is given at four weeks after birth. **It is vital that your baby receives all three doses to be protected.**
- If your baby has a condition, such as liver disease, they may not be able to absorb the oral dose and there is a risk that the vitamin K levels will not be high enough to protect them.
- Some parents forget to give the last dose of oral vitamin K and these babies are at an increased risk of VKDB at six to eight months.



Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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