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Vitamin K: A Parent's Guide Women's Health

Vitamin K: A Parent's Guide

This leaflet is intended to give you additional information to that received from a healthcare professional.

This information is a guide to help you decide if and how your baby should receive Vitamin K.

WHAT IS VITAMIN K?

Vitamin K 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. For reasons that are not fully understood, newborn babies are born with low stores of Vitamin K, which can lead to Vitamin K Deficient Bleeding (VKDB). This is a non-inherited condition in infants under 6 months of age. It results in spontaneous bruising / bleeding or brain haemorrhage and can be fatal. Additional Vitamin K is widely used for the prevention of Vitamin K Deficient Bleeding in newborn babies.

During early infancy when fed entirely on milk, babies have very little Vitamin K. A small number of babies suffer bleeding due to Vitamin K deficiency. This risk of bleeding is effectively removed when sufficient extra Vitamin K is given to newborn babies.

REFERENCES:

NICE (2006) Routine postnatal care for women and their babies. NICE clinical guideline 37

"Vitamin K and Childhood Cancer: a report from the United Kingdom Childhood Cancer Study", British Journal of Cancer (2003) Oct 6; 89 (7): 1228-31

Department of Health. (1998) Vitamin K for newborn babies, PI/CMO (98) 3&4. London: HMSO

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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birth plan. Your Midwife will discuss this again with you around the time of the birth and ask for your consent before your baby is given Vitamin K.

The Department of Health (DOH) recommends that Vitamin K is offered to all babies at birth. You have the choice for your baby not to be given Vitamin K.

If you need any further information, please ask your Midwife or Doctor who will be happy to help.

FURTHER INFORMATION

Further Information may be obtained from:

Community Midwives Office 01932 722413

Department of Health
<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

NHS Website
<https://www.nhs.uk/pregnancy/>

National Institute for Health & Clinical Excellence
<https://www.nice.org.uk/>

NHS 111 Online
<https://digital.nhs.uk/services/nhs-111-online>

WHAT ARE THE ADVANTAGES OF GIVING VITAMIN K?

Vitamin K Deficient Bleeding can happen in as many as one in 10,000 full term babies if they do not receive extra Vitamin K. If Vitamin K were not given of the recorded 800,000 births in the UK every year, 10-20 babies could be brain-damaged as a result of a bleed in the brain; and four to six babies could die. This slight risk is eliminated when your baby is given Vitamin K supplement in sufficient amounts. (Department of Health, 1998)

WHICH BABIES ARE AT GREATER RISK OF BLEEDING?

- Premature babies
- Babies who had a complicated birth (i.e., by ventouse, forceps, caesarean section)
- Babies who are ill, cannot absorb feeds, or have prolonged jaundice
- If mothers have received medication during pregnancy associated with a higher risk of bleeding in the newborn (e.g. anticonvulsant therapy)

HOW IS IT GIVEN?

There are two methods of giving Vitamin K to your baby;

- by injection

- by mouth

It is currently felt that a single intra-muscular injection (i.m.) of Vitamin K given shortly after birth is the most effective method of preventing Vitamin K Deficient Bleeding in virtually all babies. The National Institute of Clinical Excellence (NICE) guideline clearly recommends intra-muscular route as the most clinically and cost-effective method of newborn Vitamin K prophylaxis (NICE, 2006).

Vitamin K can also be given orally. This is also effective if given in sufficient amounts.

1st dose is given soon after birth.

2nd dose is given between day 4 to day 7 after birth.

3rd dose is given at one month old. (If the baby is being exclusively breast fed).

You will be expected to administer the 3rd dose of Vitamin K yourself. Instructions are provided with the 3rd dose. Please ask your Midwife or GP for further instructions about administration of oral Vitamin K if you are unsure.

Vitamin K is already added to formula milk so that babies fed on these milks get Vitamin K anyway. The 2nd dose of oral Vitamin K in the first week is advised for formula milk fed babies, to be sure that they get the maximum benefit.

WHAT HAPPENS IF MY BABY IS BORN PREMATURE?

Following a multi-centre study on post discharge vitamin K levels in premature babies, our unit is implementing a new policy on providing exclusively breast-fed premature babies additional Vit K drops after discharge. This is in addition to the Vit K given at birth. This applies only if your baby is born < 37 weeks gestation and is being discharged on exclusive breast milk with no breast milk fortifier. This is because the fortifier has additional Vitamin K in it. The aim is to provide you with a bottle of NeoKay drops when your baby goes home, so that you can give them daily dose of 0.25 mls (5 drops) using the dropper provided. This bottle will provide the recommended dose for 3 months. Once babies start weaning, additional Vitamin K is supplemented from solids. Babies on mixed feeds with formula and breast milk do not need this NeoKay drops, unless the intention soon after going home is to exclusively breastfeed.

IS VITAMIN K SAFE FOR MY BABY?

In 1990 and 1992 concerns were raised following studies in Bristol over the possible association between childhood cancer and Vitamin K injection to newborn babies. A careful review of data from the UK Children's cancer study Group in 2003 found no evidence that neonatal Vitamin K administration, irrespective of route, influences the risk of children developing leukaemia or any other cancer.

Your Midwife will discuss Vitamin K prophylaxis during your pregnancy, whichever method you choose, please record it in your