

What is vitamin K?

Vitamin K is essential to the clotting of blood, but levels of the vitamin are very low in newborn babies. Without vitamin K, a small proportion of babies (1:10,000) may suffer some form of haemorrhage in the first 6 months of life. This is known as vitamin K deficiency bleeding (VKDB), and it can cause irreversible damage and even death.

Babies at high risk

At high risk are those babies who:

- Are born prematurely
- Are born by caesarean section
- Have an instrumental delivery
- Require surgery soon after birth
- Experience any spontaneous bruising or bleeding such as from the nose, mouth, umbilicus or bowel in the first 6 months of life

Pregnant women taking some medications

If you are taking medication for the treatment of convulsions, haemorrhage or tuberculosis (TB) you should take vitamin K tablets (20mg daily) for two weeks before the birth of your baby.

How is vitamin K given?

Capital and Coast District Health Board (CCDHB) recommends that an intramuscular injection (IM) of Vitamin K (Konakion MM) be given to all babies at birth.

Advantages of IM Vitamin K

An intramuscular injection of Konakion MM at birth is known to be effective in the prevention of VKDB.

Only a single injection is required.

In the 1990s a small study suggested an association between vitamin K and childhood cancers. Subsequent studies have found no link between vitamin K and childhood cancer.

Oral Vitamin K is also available

Disadvantages of oral Vitamin K

- It is not recommended for high-risk babies as absorption is uncertain
- Baby may vomit the medicine and it must then be given again
- It may not prevent late onset bleeding in breast fed infants
- A full course of three doses must be completed. The first dose at birth, the second at 3-5 days and the third at 4 weeks of age

Consent for treatment

You should discuss vitamin K prophylaxis with your Lead Maternity Carer (LMC) during the antenatal period. There is a lot of information available and your LMC can help you select the most valuable.

During the antenatal period you will be asked by your LMC for verbal consent *for your baby to have prophylactic Vitamin K at birth*. You will need to let your LMC know if this consent is for an intramuscular injection or oral Vitamin K.

If, after receiving full and clear information and being aware of the recommendations of CCDHB you decline consent for vitamin K prophylaxis for your baby, your LMC will document this in the mother's and baby's medical records.

Your LMC will then give you information on the signs and symptoms of haemorrhagic disease and

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be told how to access medical treatment should signs of bleeding occur.

This information leaflet has been prepared by the Capital and Coast District Health Board. It is based on the recommendations in 'Vitamin K Prophylaxis in the Newborn' the consensus statement of New Zealand and Australian authorities.

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