

Neonatology and maternity

Vitamin K for newborn babies

Information for parents and carers

What is vitamin K and why does my baby need it?

Vitamin K is a substance that is called an essential vitamin. We need it for the normal clotting of blood to help wounds heal. At birth, a baby will have a very low amount of vitamin K in their body and they will quickly use it up over the first few days of life. This leaves the baby vulnerable to severe bleeding (haemorrhage) because they are less able to get their blood to clot.

Vitamin K deficiency may lead to a condition called "Vitamin K deficiency bleeding" (VKDB). VKDB usually happens within a week of birth. It affects 1 in every 2,000 babies.

Late-onset VKDB can happen at any time between a week and a year after birth and often develops without warning. More than half of babies with VKDB have bleeding in the brain. Late-onset VKDB affects about 1 in 11,000 babies.

Giving vitamin K at birth reduces the risk of VKDB to 1 in 100,000, meaning it almost completely prevents. This why we recommend the treatment.

We can prevent VKDB by giving your baby extra vitamin K after they are born. It is strongly recommended that all newborn babies receive vitamin K soon after birth to prevent VKDB, until they build up their own supplies.

Giving vitamin K

The Department of Health recommends that all newborn babies should be given Vitamin K after birth to prevent VKDB. Please read this leaflet carefully before making your decision.

As a parent you have the right to refuse. However, we strongly encourage you to allow your baby to have this simple treatment.

If you do not wish your baby to have vitamin K, please discuss this with your midwife or paediatrician in order to get further information before making your decision.

Which babies are at greater risk of bleeding?

It is not easy to identify all babies who are at risk, but there are some babies who have an increased risk.

These are babies who:

are premature (born before 37 weeks of pregnancy)

- are failing to take or absorb milk feeds
- had a complicated birth
- are ill in the newborn period
- have a mother on certain drugs during pregnancy, such as anticonvulsants (medicine for epilepsy), medication to prevent clots or for tuberculosis

Even if your baby is not at a higher risk, they could still develop a vitamin K deficiency.

How is vitamin K given?

There are two ways of giving vitamin K – by injection into their muscle (intramuscular injection) or by mouth. **National Guidance (NICE) recommends injection as the best way to give vitamin K.**

By injection: we can effectively prevent VKDB by injecting a single dose of vitamin K soon after birth into your baby's thigh. This does not need to be repeated. If you do not want your baby to have an injection, we can give them Vitamin K by mouth (orally). However, your baby will not absorb the vitamin K as effectively.

By mouth: If you don't want your baby to have the injection, we can give vitamin K can by mouth, unless your baby cannot accept feeds by mouth. We will need to repeat this because your baby will not absorb the vitamin K as effectively as with an injection. We will give one dose at birth, and another after one week. Breastfed babies will need a third dose at one month of age. It is very important that your baby has the whole course of three doses. Formula fed babies will not need a third dose as Vitamin K is added to formula milk. We need to give your baby all their doses at the right time to prevent VKDB.

What are the risks if my baby does not have Vitamin K?

Although the risk of VKDB is small, if your baby has VKDB it can be very serious. They could have a bleeding disorder, which can sometimes be fatal.

Recognising warning signs of VKDB

If you choose for your baby not to have Vitamin K, it is important to get early treatment if they show any signs of VKDB. This will help reduce the severity of the condition. You need to watch out for the signs of VKDB outlined below:

- unexpected and unexplained bleeding or bruising anywhere on your baby's body (for example in the mouth, from the nose or gut) – bleeding might appear as bruises on their skin
- bleeding from your baby's umbilical cord (tummy button), nose or mouth, blood in their stools or urine

 internal bleeding, such as inside the head – which would also appear as bleeding or bruising on their skin

More information

We hope this leaflet will support your conversation with your midwife or doctor. If there is anything you do not understand or are unsure, about please ask.

Resources – scan the QR code with your phone or follow the link:



National Childbirth Trust:

www.nct.org.uk/labour-birth/after-your-baby-born/vitamin-k-and-newborns-what-you-need-know



Medicine for Children:

<u>www.medicinesforchildren.org.uk/medicines/vitamin-k-for-vitamin-k-deficiency-bleeding/</u>



NHS choices:

www.nhs.uk/Conditions/pregnancy-and-baby

How do I give feedback about my visit?

We want to hear your **suggestions** or **comments**. Your feedback helps us provide the best service. You can always speak to a member of staff.

You can also contact the **patient advice and liaison service (PALS)** on **020 3312 7777** (10.00 to 16.00, Monday to Friday excluding bank holidays) or email at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or questions and they can help solve problems.

You can make a complaint by ringing **020 3312 1337 / 1349 or emailing ICHC-** tr.Complaints@nhs.net. The address is Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street, London W2 1NY.

Other ways to read this leaflet

Please email us at imperial.communications@nhs.net if you need this leaflet in a different format. This could be large print, Easy read, as a sound recording, in Braille or in a different language.

Neonatology and maternity Published: December 2025 Review date: December 2028 Reference no: 5335 © Imperial College Healthcare NHS Trust