If your baby has a condition such as liver disease they may not be able to absorb the oral preparation and there is a risk that the vitamin K levels are not sufficient 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.

Those 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

Further information

Please speak to your midwife.

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Whittington Health NHS

Vitamin K

A parent's guide

Department of Health advice

The Department of Health recommends that all new-born babies are given 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 a substance that is naturally present in the body. It plays an important part in helping blood clot and preventing bleeding. Vitamin K is present in foods such as spinach, lettuce, cauliflower, broccoli, brussels sprouts, cereals, avocado, kiwi fruit, bananas, cow's milk and other dairy products, eggs, soya beans and other soya products, and olive oil.

Why does my baby need additional vitamin K?

Formula milk for babies has additional vitamin K whereas breast milk has relatively low levels of 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.

The initial low levels just after birth can leave a baby vulnerable to severe bleeding (haemorrhage) because they are less likely to form blood clots.

A tiny number of babies (about 1 in 10,000) suffer severe bleeding due to vitamin K deficiency (VKDB). Giving babies additional vitamin K at birth substantially reduces this risk.

VKDB usually occurs in babies in the first six months of life. A baby who develops this condition may have excessive bleeding from their umbilical cord or a nosebleed or have unexpected bruises.

Some babies may also have jaundice (a yellow tinge to their skin), which lasts much longer than usual, and their urine may be dark brown, while their stools are pale, clay or chalk coloured.

Bleeding can occur anywhere and may be into the brain or other major organs which can cause major damage or death.

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 later is more likely to occur if the baby has liver disease or some form of malabsorption that prevents absorption of vitamin K in their diet.

How is vitamin K given?

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

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 although we take every care to minimise this risk.

Oral vitamin K

Oral vitamin K is given in this country 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.**