

Vitamin K for Newborns

By Rebecca Dekker, PhD, RN, APRN of EvidenceBasedBirth.com

Question: Why do we give Vitamin K to newborns? What are the benefits and risks?

Answer: Vitamin K is given to prevent a rare but possibly deadly brain bleed in the first 6 months of life. The benefit is protection against bleeding in the brain and stomach. The risks include pain at the injection site, bruising, and swelling.

Evidence: Vitamin K is a vitamin we need to clot blood. We do not make Vitamin K ourselves, and we get most of our Vitamin K from plants.

“The main risk factors for bleeding are exclusive breastfeeding and not receiving Vitamin K after birth.”

Babies are born with very small amounts of Vitamin K. There is very little Vitamin K in breast milk. Babies who are exclusively breastfed have low Vitamin K levels until they start eating solid

foods at six months.

A baby who does not have enough Vitamin K can start bleeding spontaneously, without warning. This type of bleeding can happen after birth (*early bleed*), in the first week of life (*classical bleed*), and from week two until six months (*late bleed*).

Late bleeding is the most dangerous kind, because it often starts out as bleeding in the brain. These babies do not have any type of head trauma—they simply start bleeding because they cannot clot anymore.

Late bleeds are rare, but they can be prevented with Vitamin K. Late bleeds happen to:

- 4 to 11 babies out of every 100,000 who do not receive any Vitamin K at birth
- 1 to 7 babies out of every

100,000 who receive 3 doses of oral Vitamin K after birth

- 0 to 0.64 babies out of every 100,000 who receive injectable Vitamin K after birth

There are several myths on the internet about Vitamin K:

Myth: You do not need Vitamin K if you have a gentle birth. **Fact:** Late bleeds can happen to any baby who is exclusively breastfed and does not receive Vitamin K.

Myth: The shot causes leukemia. **Fact:** Research has shown that the shot does not cause leukemia.

Myth: You do not need Vitamin K if you use delayed cord clamping. **Fact:** There is little-to-no Vitamin K in cord blood.

Myth: The shot is full of toxins. **Fact:** You can request a preservative-free version of the shot.

Myth: The oral Vitamin K is just as effective as the shot.

Fact: There is only 1 oral regimen that is as effective as the shot: 2 mg orally at birth plus 1 mg weekly while breast milk makes up > 50% of feedings. There is no FDA-approved oral version in the U.S.



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References

1. [Puckett and Offringa \(2000\)](#). Prophylactic vitamin K for vitamin K deficiency bleeding in neonates. *Cochrane Database Syst Rev* (4): CD002776.
2. [Shearer \(2009\)](#). Vitamin K deficiency bleeding in early infancy. *Blood Reviews* 23(2): 49-59.
3. [Van Hasselt et al. \(2008\)](#). Prevention of Vitamin K deficiency bleeding in infants. *Pediatrics* 121(4): e857.

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