

Vitamin K and Options at Birth:

Vitamin K deficiency bleeding can follow one of three patterns: early, classical, and late.

- **Early VKDB** happens in the **first 24 hours** of life. Early VKDB is usually seen in babies born to mothers who took medicines that interfere with Vitamin K. These medicines may include warfarin (Coumadin), seizure medications, and tuberculosis medications. The bleeding usually happens in the skin, brain, and abdomen (Shearer 2009).
- **Classical VKDB** happens in **days 2-7 of life**, usually during days 2-3. This is when levels of Vitamin K are lowest. Common bleeding sites include the gastrointestinal system, umbilical cord site, skin, nose, and circumcision site. The official cause of classical VKDB is listed as “unknown,” but breastfeeding and poor feeding (<100 mL milk/day or <3.4 ounces milk/day) are major risk factors (Shearer 2009).
- **Late VKDB** happens after the first week of life, usually during **weeks 3-8, but can occur anytime in the first 6 months**. The bleeding usually happens in the brain, skin, and gastrointestinal tract. Bleeding in the brain is often the first sign of late VKDB. Late VKDB happens in exclusively breastfed infants who did not receive a Vitamin K shot. Some infants may also be at higher risk if they have undetected gallbladder disease, cystic fibrosis, chronic diarrhea, and antibiotic use (Shearer 2009).

How common is late Vitamin K deficiency bleeding (Late VKDB)?

Late bleeding (after the first week of life) is the most dangerous kind of VKDB (Shearer 2009).

When infants do not receive any Vitamin K at birth, statistics from Europe show that 4.4 to 7.2 infants out of 100,000 will develop late VKDB.

When infants receive 1-3 mg of oral Vitamin K once at birth, anywhere from 1.4 to 6.4 infants out of 100,000 will develop late VKDB.

When infants receive 1 mg of oral Vitamin K at least three times during infancy (typically at birth, one week, and four weeks), about 2.6 infants out of 100,000 will develop late VKDB.

When infants receive 2 mg of oral Vitamin K at least three times during infancy (at birth, 4 to 6 days, and 4 to 6 weeks) or 2 mg of oral Vitamin K after birth and 1 mg of oral Vitamin K every week for three months, statistics from Germany, Switzerland, and Denmark show that somewhere between 0 to 0.9 infants out of 100,000 will develop late VKDB.

When infants receive the Vitamin K shot at birth, anywhere from 0 to 0.4 infants per 100,000 get late VKDB. The shot doesn't prevent every case of late VKDB, but most countries report incidence rates of zero or close to zero. For example, between 2006-2008 in England, there were four cases of late VKDB out of 1.7 million births (0.24 per 100,000).

These excerpts were taken from:

<https://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/>

It is advised that you continue researching this topic by reading the complete article at the above link as well as additional research articles that can be found at <https://evidencebasedbirth.com/>

I have read about and researched the topic of Vitamin K in Newborns and have had my questions answered. I am making my decision with full understanding of the potential risks and benefits. My signature in my chart prove both my understanding on the topic and the acceptance of my decision.