Worcestershire Acute Hospitals NHS Trust

VITAMIN K PROPHYLAXIS FOR NEWBORN BABIES

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Key Amendments

Date	Amendments	Approved by

Introduction

The Department of Health recommends that all newborn babies should receive vitamin K prophylaxis within a few hours of birth. Newborn babies have very low stores of vitamin K. There is little vitamin K in milk, especially breast milk. Vitamin K is given to prevent the baby from bleeding due to vitamin K deficiency. This type of bleeding is called Haemorrhagic Disease of the Newborn or, more simply, Vitamin K Deficiency Bleeding (VKDB). It occurs in about 1 in 10,000 healthy full term babies if they are not given Vitamin K. The bleeding can start within the first day of life or be delayed up to a few months of age. The bleeding can be trivial or severe. The most severe form of the condition is bleeding into the brain. IM vitamin K at birth will eliminate the risk of VKDB. Oral vitamin K given at birth with repeat doses at one week and one month of age is almost as effective for healthy babies. Unfortunately a very small number of babies are born with serious liver disease that cannot easily be detected within the first few weeks of life. If these babies are given oral vitamin K they may not absorb it from their bowel, they are then at a high risk of VKDB and these babies are the group most at risk of bleeding into the brain.

Guideline

All newborn babies should receive vitamin K within the first few hours of life.

Intramuscular vitamin K is considered the safest way of preventing Vitamin K Deficiency Bleeding. Some babies can be offered oral vitamin K if their parents wish (see below).

First decide whether or not the baby is "High Risk"

High Risk =
< 36 WEEKS
Traumatic delivery
Babies who are ill (includes all babies admitted to NNU)
Maternal anticonvulsant, antituberculous or anticoagulant therapy

Next look up the options in the table below

Risk Group	Weight	Options	Prescription
Low	≥2.5kg	Konakion MM Paediatric 1mg IM Konakion MM Paediatric 2mg po + repeat doses	Protocol PGD
	<2.5kg	Konakion MM Paediatric 1mg IM Konakion MM Paediatric 2mg po + repeat doses	Dr Dr
High	≥1.5kg	Konakion MM Paediatric 1mg IM	Dr
	<1.5kg	Konakion MM Paediatric 0.5mg IM	Dr

Key to table:

Konakion MM Paediatric – Konakion Mixed Micelles Paediatric, supplied in glass ampoules of 2mg in 0.2ml, can be given IM or orally. If oral baby needs a repeat dose of 2 mg at 1 week of age and if exclusively or predominantly breast fed a further dose of 2 mg at 1 month of age.

PGD – Patient Group Directive. RM or RSCN or RN Child Branch of E grade or above can administer and/or supply this medication without a prescription from a doctor. The administration should be recorded on the neonatal record card (page 4) and, if the baby has one, his/her inpatient prescription chart (front cover)

Dr – Doctor has to prescribe this formulation of vitamin K on an inpatient prescription chart before it is given. The administration of the vitamin K must also be recorded on the neonatal record (page4).

Protocol – Konakion MM Paediatric is not licenced for IM use in “low risk” term babies. It can be given by the midwifery staff under the protocol agreed by the paediatric department and pharmacy (see intranet).

Notes on Oral Vitamin K

- Only for low risk term babies.
- Oral vitamin K is not as effective as IM vitamin K in preventing Vitamin K Deficiency Bleeding.
- If oral vitamin K is given at birth a further dose must be given at 1 week of age, and if the baby is exclusively or predominantly breast fed at one month of age a further dose must be given.
- Only Konakion MM Paediatric is licensed for oral use.
- It is supplied in glass ampoules and the community midwife will need to supervise the administration of the one-week dose if given in the home. Parents are usually happy to give the one-month dose unsupervised.
- It is the responsibility of the community midwife to ensure that the one-week dose is given and its administration recorded in the mother/baby community record. The midwife also needs to ensure that the family understand the importance of giving the final dose if

their baby is predominantly breastfed. If the family is unsure how much breast vs. formula milk the baby is receiving the final dose of vitamin K should be given. The family should be encouraged to record the fact that they have given the final dose in the comments section of the parent held record book, "The Red Book".

- If the baby has a significant vomit within 2 hours of oral vitamin K administration then a further dose should be given.
- The two doses of Konakion MM Paediatric for administration at 1 week and 1 month of age should be dispensed to the parents prior to discharge from hospital. They do not need to be prescribed by a doctor they can be dispensed under the relevant PGD.

Parents who **refuse Vitamin K** or who refuse the IM form for a high risk baby must be counselled by a paediatrician or midwife within the first few days of life and prior to discharge if possible. It must be documented that they have been made aware that there is a small risk of serious haemorrhage including intracranial haemorrhage. The baby's named consultant paediatrician should be made aware that a family has refused Vitamin K.