Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Vitamin K for New Born Babies

Version number: **8**
Last modified date: **12th November 2026**

Vitamin K for New Born Babies

Patient Information

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- Author ID: LJ/JS
- Leaflet ref: Obs 003
- Version: 8
- Leaflet title: Vitamin K for New Born Babies
- Last review: May 2026
- Expiry Date: May 2028

Vitamin K for Babies: Why?

Very rarely, a newborn baby may start to bleed, for no reason. The baby may start to bleed inside, so it is not possible to see the bleeding. This is bad for the baby's health and might even cause the baby to die.

If babies are given Vitamin K shortly after they are born, then this very small risk that they might start bleeding is taken away. This is why the Department of Health recommends all new babies have Vitamin K.

We have produced this leaflet to explain more about how Vitamin k can help your baby, and what you can do to help.

There are more things you should know about Vitamin K, so you may wish to show this leaflet to your doctor, midwife, or health visitor and talk through the leaflet with them.

What do I need to do and when do I need to start thinking about this?

Vitamin K supplements are given straight after birth, so during the pregnancy/antenatal period you'll need to consider:

- Whether or not you would like Vitamin K to be given to your baby.
- If you do, whether it is given by mouth or by injection.

This leaflet will help you do just that.

It tells you what Vitamin K deficiency bleeding is, discusses the benefits of Vitamin K supplements and possible disadvantages of its use, and gives the best current advice.

Of course, there's no substitute for talking the issues through with your midwife, health visitor or doctor.

What is Vitamin K?

Vitamin K is a vitamin, which occurs naturally in food especially in liver and some vegetables. We all need Vitamin K; it helps to make the blood clot in order to prevent bleeding.

During early infancy when fed entirely on milk, babies have very little Vitamin K. A very small number of babies suffer bleeding due to Vitamin K deficiency. This is called Vitamin K Deficiency Bleeding or VKDB for short. This risk of bleeding is effectively removed when sufficient extra Vitamin K is given to babies.

What is Vitamin K Deficiency Bleeding (VKDB)?

VKDB is a rare disorder, which occurs in newborn babies leading to bleeding from the nose, mouth or into the brain. You won't always be able to see the bleeding. When it occurs in the brain it may cause brain damage or even death.

What's the risk?

The risk is very small. VKDB can happen in as many as 1:10000 full term babies if they do not get extra Vitamin K. If Vitamin K were not given, of the 800,000 recorded births in the UK every year, 10 to 20 babies could be brain damaged as a result of a bleed in the brain, and 4 to 6 babies could die.

But this slight risk is eliminated when your baby is given a Vitamin K supplement in sufficient amounts.

Why give Vitamin K to all babies? Can't high-risk babies be recognised?

Bleeding happens unpredictably in some babies and it's not possible to identify babies as high or low risk with absolute certainty. The range of risk factors is broad but in some babies without risk factors, bleeding occurs for unknown reasons in the first few weeks of life and of babies who suffer bleeding about a quarter have no evident risk factor.

Which babies are at greater risk?

Bleeding in the first 24 hours after birth is a particular risk to babies of mothers on certain drugs, such as anti-convulsants. Bleeding after 24 hours following birth is more common and babies at greater risk are those who:

- Are premature.
- Had a complicated delivery e.g. a forceps delivery.
- Have liver disease that may show as prolonged jaundice or as other symptoms, such as pale stools or dark urine.

- Fail to take or find it hard to absorb feeds.
- Are ill for other reasons.
-

Have bleeding or spontaneous bruising in early infancy.

Can Vitamin K be harmful?

Experts advise that the evidence suggests that it is not. Concerns about a statistical possibility of a link between the use of injected Vitamin K and childhood cancer were raised by some studies in the early 1990's but other studies have not confirmed this. In 1997 a joint expert group of the Medicines Control Agency, the Committee on Safety of Medicines and the Department of Health considered all the studies. Though it is not possible absolutely to exclude a small increase in leukaemia due to limitations of the research data, the experts concluded that overall the available data do not support an increased risk of cancer, including leukaemia, caused by Vitamin K.

How is Vitamin K given?

There are two methods of giving Vitamin K to your baby:

- By mouth.
- By injection.

What difference does it make, which one I choose?

Both ways offer protection against VKDB. The main difference is that if you choose 'by mouth' for your baby the dose will have to be repeated – twice for bottle fed babies and three or more times for breastfed babies.

By injection

Intra-muscular (IM) injection of Vitamin K (Konakion MM Paediatric) prevents VKDV in virtually all babies. One dose is given at birth, by the midwife or other healthcare professional. It does not need to be repeated.

By mouth

This method can be just as good as having an injection **but only if doses are repeated.**

There are variations in the advised courses. Two doses are advised in the first week for all babies. For exclusively breast fed babies, it is recommended that a third dose of 2mg Konakion MM be given at one month of age. On this regime it is essential that you make sure the third dose is given. Other oral regimes in use offer more frequent lower doses.

If you choose to have doses of Vitamin K by mouth for your baby, you need to be aware of the necessity for further doses at the agreed times. These may need to be given by your healthcare professional and it is important that you can be available for these to be given.

Vitamin K is already added to artificial or bottle milk so that babies fed on these milks get Vitamin K in the milk anyway. The second dose in the first week is advised for artificial or bottle milk fed babies as for breast fed babies, to be sure that

they get the maximum benefit.

Parents may decide that their babies should not receive Vitamin K or may prefer a modified course. In these circumstances the risk of bleeding is increased, and parents must be aware of the warning signs of VKDB.

Breastfeeding and VKDB

Breastfeeding gives babies the best start in life. Breast milk provides exactly the right nutrients, growth factors, hormones and immunity a young baby needs to grow and develop.

It is recommended that all newborn babies are given a Vitamin K supplement at birth. This is to avoid the rare, but serious (and sometimes fatal) disorder called Vitamin K Deficiency Bleeding (VKDB)

Breast feeding without starting solids for the first 4 to 6 months gives your baby the best chance of avoiding allergies later on in childhood.

Babies who are breast fed for the first 3 months of life continue to have lower rates of infection throughout the first year of life.

The only reason that babies who are breast feeding are at greater risk of Vitamin K deficiency bleeding is that Vitamin K is added to artificial or bottle milk.

Artificial or bottle milk is fine, though it cannot match the advantages of breast milk.

Breast feeding is preferred over artificial or bottle milk where possible. Don’t swap simply for the added Vitamin K in formula milk.

Recognising the warning signs of VKDB

Many babies who later suffer bleeding in the brain have had prior minor bleeds from the skin, nose or mouth. Thus minor bleeds or bruising any time in the first six months of life, must be looked at urgently.

Any baby who is still jaundiced after two weeks of age must be seen by a doctor or health visitor – especially if they are not gaining weight properly, have pale stools and dark urine, or are ill in any way.

It is recommended that all babies are given a Vitamin K supplement at birth. However, the decision is entirely yours about whether your baby receives extra Vitamin K and how it is given. We hope the information given in this leaflet will help you to make your choice.

If you wish to discuss Vitamin K further please speak to your midwife or doctor at your next antenatal appointment.



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