

# Oral Vitamin K Administration

All newborn babies should receive Vitamin K within the first 24 hours following birth

**Intramuscular vitamin K remains the route of choice** as it protects against both early and late Vitamin K Dependant Bleeding (VKDB). Especially if the baby's mother has been on medications known to interfere with Vitamin K metabolism e.g. warfarin, phenytoin, phenobarbitone, isoniazid and rifampicin.

## ORAL VITAMIN K

Indications:

- Babies who are contraindicated to have IM Vitamin K
  - Known or suspected clotting abnormality e.g. Haemophilia
  - Babies born to mother's who are HIV positive (relative contraindication)
- Parental Preference

Relative contraindications to PO Vitamin K

- Pre-term babies (IM route preferred in <37weeks due to very high risk of bleeding)

LOW RISK TERM INFANTS:				
1 <sup>ST</sup> dose	<24 hours old	Neokay Capsule	<b>2mg</b>	PO
2 <sup>ND</sup> dose	4-7 days old	Neokay Capsule	<b>2mg</b>	PO
<b>Only give 3<sup>rd</sup> dose if baby is exclusively breastfed:</b>				
3 <sup>RD</sup> dose	1 month old	Neokay Capsule	<b>2mg</b>	PO

Notes:

- Cut narrow end of capsule & squeeze liquid from capsule into mouth
- If dose is spat out or baby is sick <3hours of dose repeat the dose
- **All 3 doses should be prescribed by neonatal SHO & supplied by hospital pharmacy**
- NB Konakion MM is an alternative to the Neokay capsule if no availability

HIGH RISK TERM INFANTS:				
1 <sup>ST</sup> dose	< 24hours old	Neokay Capsule	<b>1mg</b>	PO
Then continue to give the same dose weekly for 12 weeks/12 doses				

- High risk infants = infants with liver impairment, chronic diarrhoea, biliary atresia,  $\alpha$ 1-antitrypsin deficiency, cystic fibrosis other malabsorption syndromes.
- It is better for infants at high risk of bleeding to have IM Vitamin K (as per normal regime). If this is not possible then oral vitamin K can be given under the high risk regime above.

**Add in local policy for prescribing here xxxxx**

## PARENTS DECLINING VITAMIN K

- A Lead Midwife/ANNP/Neonatologist should discuss the advantages and disadvantages of this with them.
- Record the decision in the infant's notes and communicate it to the GP, Community Midwife and Health visitor
- Parents should be advised to report any evidence of bleeding that the baby may show to their GP as a matter of urgency

**Please provide the parents with the Vitamin K information leaflet**