Please, never refuse a vitamin K shot for your baby

Tucked away in the group of parents who refuse to immunize their children against childhood diseases like whooping cough, polio and measles is another group of parents who refuse to allow their newborn babies to have a vitamin K shot at birth.

The American Academy of Pediatrics (AAP) recommends that all newborns receive a single dose of intramuscular vitamin K to prevent vitamin K deficiency bleeding (VKDB).

So, as you can imagine, every once in a while a disagreement involving this issue erupts between parents and their doctors. An article in this month’s Pediatrics (the official journal of the AAP) addresses this issue and also asks this question: Are pediatricians complicit in vitamin K deficiency bleeding?

Vitamin K plays a vital role in blood clotting. At least four of the factors responsible for clotting depend on vitamin K to work. Thus, vitamin K deficiency results in a tendency to bleed.

For a number of reasons, newborns have low levels of vitamin K at birth. If they are exclusively breastfed, the risk of VKDB goes up.

There are three patterns of VKDB: Early, classic and late.
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Early VKDB is rare, starts in the first 24 hours of life, and is linked to maternal medications that interfere with vitamin K stores or function. For instance, seizure medications like Dilantin are the most common drugs to cause early VKDB.

Classic VKDB starts in two to seven days of life in otherwise healthy, breastfed infants. It’s rare in formula-fed babies because vitamin K is added to commercially prepared infant formulas.

In its policy about breastfeeding, the AAP recommends delaying the intramuscular vitamin K shot until after the first breastfeeding, but within six hours after birth.

The most common sites of bleeding in classic VKDB include the intestines, the healing cord stump, and the healing circumcision.

Late VKDB occurs from eight days to six months of age. The most common site of bleeding in late VKDB is inside the head, with up to 50 percent of infants presenting with intracranial bleeding. Mortality rates of 20 to 50 percent have been reported, depending on the study.

The relative risk for developing late VKDB is approximately 81 times greater among infants who do not receive a vitamin K shot than in infants who do receive the injection.
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Here are several real life examples of VKDB to show what can happen when a baby doesn’t receive a vitamin K shot after birth:

Several years ago, the Centers for Disease Control and Prevention (CDC) and the Tennessee Department of Health investigated a cluster of four cases of late onset VKDB at a Nashville, Tennessee Hospital. The bleeding occurred between six and 15 weeks of life.

Three of the babies had extensive intracranial hemorrhage and one had intestinal bleeding. None of them had received a vitamin K injection after birth. Fortunately, all four infants survived. But they will need close follow up for signs of permanent brain damage and other complications.

A few years ago, a couple in Queensland, Australia refused to allow a vitamin K injection in the mother’s birth plan. A month after giving birth, the mother noticed that her breastfed baby was not taking as much milk as usual. Then she found her baby limp in bed, and an ambulance was called.

A CT scan showed a massive brain hemorrhage, so much so that the baby’s brain was compressed and almost destroyed. After several discussions between the baby’s parents and their doctors, life support was withdrawn and the baby died.

This baby’s agonizing death was caused by VKDB and was entirely preventable.

Now, let’s return to the article in this month’s Pediatrics.
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In some hospitals, when parents decline the vitamin K injection, an oral dose of injectable vitamin K is sometimes provided at a parent’s request. Unfortunately, according to the authors of the article, there is no evidence that these so-called oral preparations have any benefit in preventing VKDB.

They contend, then, that pediatricians who offer the oral preparation to these parents are complicit in vitamin K deficiency bleeding. And that we should advise against using the “oral preparation” until we have evidence of benefit. Of course, this off-label use of the injectable form of vitamin K is not approved by the FDA.

Personally, I would never agree to play Russian Roulette with any baby’s life by using the injectable form of Vitamin K orally just to satisfy a parent’s misplaced idea of what is best for their baby. There’s simply too much at stake.

Please, never refuse a vitamin K shot at birth for your baby, especially if you are going to breastfeed.

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