Is routine use of Vitamin K for the newborn really good practice?

Vitamin K is routinely given to all newborns shortly after birth either by intramuscular injection or orally, but like all routine prescriptive care there is always the question of whether it is entirely necessary, or if in fact it is even safe.

The reason for administering vitamin K to newborns is to protect the baby from a condition called Haemorrhagic Disease of the Newborn (HDN), which was first described by a doctor called Townsend in 1894. It is now referred to as Vitamin K Deficiency Bleeding (VKDB). Statistically, about 1 in 10,000 babies are thought to have some form of bleed at, or sometime after birth.

Breastfeeding is the natural way to feed your baby and is ideal when both mother and baby are healthy, but if your baby is high risk for developing HDN/VKDB then vitamin K injection will be recommended for them, independently of the mode of delivery. There are two forms of vitamin K injection: Vitamin K1 Injection and Vitamin K2 Injection.

The manufacturers of synthetic Vitamin K actually warn on the product insert: "Severe reactions, including fatalities, have occurred during and immediately after intramuscular injection of phytomenadione (Vitamin K).... Death is listed as a possible adverse reaction of both injected and oral Vitamin K."

These reactions are alarming to say the least. I recall the birth of my firstborn – high risk for developing HDN/VKDB so we decided to give her the Vitamin K orally but after coughing, choking and almost asphyxiating on them – there was no doubt she had a reaction to the drops. In the end we stopped giving them to her immediately. We later found out oral Vitamin K carries the risk of anaphylaxis and after researching it further decided against Vitamin K for my other children.

So what exactly is it routinely prescribed Vitamin K for newborns?

Vitamin K injections administered by hospitals and manufactured by Merck and Roche and Abbott contain benzyl alcohol as a preservative. You will find conflicting studies looking at safe low levels of this in neonates. Vitamin K injections also contain hydrochloric acid, lecithin and acetic acid as phenol propylene glycol. The Vitamin K injection can be in a base of poly-ethoxylated castor oil, some use animal fat. I certainly wouldn't choose to have any of these ingredients injected into any of my babies

If synthetic oral vitamin K is used, there is much more likely to be toxic side effects. The blood brain barrier is not developed until around 6 months, the liver does not produce bile until 4-6 months, and the stomach is very permeable until the first breastfeeds, so any other toxins or additional ingredients in the Vitamin K product may not be dealt with adequately.

As mentioned earlier, Vitamin K is made by the intestinal bacteria, but as the digestive tracts of newborns are usually sterile to start with they do not have the ability to make vitamin K instantly. The Vitamin K injection or drops are actually an 'overdose' for the baby and there is probably a good reason why newborns only have a little... A further worry is that vitamin K in newborns is absorbed from the injection site into the bloodstream and is metabolised by the liver. With all these worrying side-effects and complications, wouldn't it make more sense to reduce the incidence of developing HDN/VKDB by other means?

Here's my advice... During pregnancy eat Vitamin K rich foods like dark leafy greens, blackstrap molasses, green tea, and egg yolks. Supplement with probiotics - the beneficial bacteria in the gut actually produce Vitamin K.

Breast feed your infant immediately after birth to give them a natural ‘dose’ of Vitamin K – it is interesting to note here that pokey on vitamin K undermines the mother and discourages breastfeeding because doctors say that breast milk does not contain enough Vitamin K. Breast milk is actually the perfect nutrition for your baby providing you have taken good care of your own nutrition!

Certain medications and antibiotics during pregnancy or labour increases risk of a brain bleed and their use should be avoided unless deemed absolutely necessary.

Avoid circumcision – it’s a highly traumatic procedure which can result in heavy bleeding.

Isn’t it worth considering assessing which babies might be at risk by looking at their circumstances surrounding maternal health, medication/drug use during pregnancy and labour, trauma during birth etc so that an individualised appropriate protocol of care for newborns can be implemented using natural forms of Vitamin K supplementation?

And, finally, of course planning for a natural, drug free, full term birth with delayed cord clamping and as little medical interference as possible is the best way to go...

For further information on Vitamin K refer to the following:

1. Vitamin K - An alternative perspective, by Sara Wickham

It is interesting to note that respected medical journal The Lancet way back in 1977 stated “We conclude that healthy babies, contrary to current beliefs, are not likely to have a vitamin K deficiency... the administration of vitamin K is not supported by our findings.”

On a final note, Paediatrics & Child Health 1997 2(6) 428-31 states “There is a lack of definitive answers to many clinical questions. Potential harm to the baby must also be considered.”

For the sake of your child’s health, be informed parents.

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