

VITAMIN K INFORMED CONSENT AND WAIVER

Vitamin K injections are routinely given to newborns when they are born in the hospital, to prevent vitamin K deficiency bleeding (VKDB). VKDB presents in three different ways:

- Early VKDB, occurring on the first day of life, is rare and confined to infants born to mothers who have received medications that interfere with vitamin K metabolism. These include the anticonvulsants phenytoin, barbiturates or carbamazepam, the antitubercular drugs rifampicin or isoniazid and the vitamin K antagonists warfarin and phenprocoumarin. The reported incidence in infants of mothers who have received such medications without vitamin K supplementation is between 6 and 12 percent.
- Classical VKDB occurs from one to seven days after birth and is more common in infants who are unwell at birth or who have delayed onset of feeding. Bleeding is usually from the umbilicus, gastrointestinal tract, skin punctures, surgical sites and uncommonly in the brain. Severe intracranial hemorrhage may occur suddenly and result in death or severe CNS dysfunction. The incidence reported in the literature is variable, with rates of 0.25 to 1.5 percent in early reports of both sick and well infants to 0 to 0.44 percent in recent reviews predominantly of well infants.
- Late VKDB occurs from eight days to six months after birth, with most presenting at one to three months. It is almost completely confined to fully breastfed infants. Several recent reports emphasize a late form of hemorrhagic disease occurring at 4-6 weeks of age, often manifesting as intracranial bleeding, and occurring exclusively in breastfed infants who did not receive vitamin K as newborns or who have fat malabsorption problems. Other sites of bleeding include skin, gastrointestinal tract, umbilicus or surgical sites. About 30 percent have minor bruising or other signs of coagulopathy (warning bleeds), preceding the serious hemorrhage. Infants at risk may have signs of predisposing cholestatic liver disease such as prolonged jaundice, pale stools, and enlarged liver or spleen. The rate of late VKDB in infants who did not receive vitamin K at birth has been reported as between five and 20 per 100,000 births. The mortality is about 30 percent.

This document tells you the reasons vitamin K is routinely given to all newborns born in the hospital. The disorders above are almost completely preventable if a vitamin K injection is given at birth.

However, not all parents are comfortable with having their newborns injected with vitamin K and wish to forego the medication entirely. Other parents choose to administer vitamin K to their babies orally.

WAIVER

I have read and understand the above material, I know the risks and benefits of giving my newborn baby vitamin K, I have had the opportunity to have all my questions answered with regard to newborn vitamin K administration and I have chosen to:

- decline the administration of vitamin K to my baby, either by injection or orally –or–
 administer vitamin K orally to my baby on my own using the following preparation and dose:

Signature of parent

Date