

Vitamin K for Baby

Things to consider when giving your baby vitamin K

Vitamin K is routinely given to babies born in the UK, however it is your choice as a parent whether you wish to give your baby vitamin K, and how you would like it given. This guide should support your decision making process.

What is Vitamin K?

Vitamin K is a vitamin found naturally in our bodies that helps our blood to clot. Without enough vitamin K in our bodies, bleeding can continue for longer than it should.

Why is Vitamin K recommended for your baby at birth?

Babies are born with very low stores of vitamin K. Whilst we do not fully know why, we do know that it is not well transferred by the placenta during pregnancy. There are also very low levels of vitamin K in breastmilk. This is normal, but it does leave your baby vulnerable to severe bleeding because their blood is less able to clot normally.

Whilst it is rare, without additional vitamin K supplementation at birth, your baby could develop a condition called Vitamin K Deficiency Bleeding (VKDB).

What is Vitamin K Deficiency Bleeding (VKDB)?

VKDB is a rare but potentially life-threatening bleeding disorder. At its most serious, bleeding can occur in the brain leading to brain injury, seizures, disability and in the worst cases, death. Bleeding can also occur in other parts of the body such as at the umbilical site, in the bowel and in the nose and mouth.

VKDB can occur up to six months of age, but can almost always be prevented by giving vitamin K supplementation at birth.

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Evidence-based antenatal education and postnatal support from a practising NHS midwife.

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Some babies are at higher risk of VKBD, these include babies who:

- Are born prematurely
- Have a complicated delivery (such as a forceps delivery)
- Have a liver disease that may show as prolonged jaundice
- Have another illness
- Have bleeding or spontaneous bleeding in early infancy
- Struggle to take or absorb feeds
- Are born to women who took certain medications in pregnancy

Whilst these are risk factors, it is also possible for a baby with no risk factors to develop VKDB.

... top tip

Let's talk about the risk of VKDB in real numbers

Around 1,700 babies in every 100,000 who do not receive vitamin K will develop VKDB, including mild and severe forms (around 1 in 60 babies). With the vitamin K injection, this falls to around 1 baby in every 100,000, and with the vitamin K oral drops, the number is 1.4 – 1.6 in 100,000.

How is Vitamin K given?

There are two routes that vitamin K can be given to your baby:

1. An injection into the thigh (typically a single 1mg dose)

Advantages:

- One dose (with no need for further doses)
- Over 99% effective protection from VKDB
- Protection lasts for months

Disadvantages:

- Brief discomfort
- Injection site soreness

2. Several oral doses (typically several 2mg doses)

Advantages:

- Avoids any discomfort associated with an injection

Disadvantages:

- Multiple doses required (usually 3 for breastfed babies and 2 for formula fed babies, but this may vary depending on your hospital).

The first dose should be given within the first 72 hours of age, the second dose

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is given at around one week, and the third dose (if required) is given at around 4 weeks.

- Absorption may be less effective in comparison to the injection, and therefore protection against VKDB may be less reliable

Oral vitamin K is effective provided every dose is given at the correct time and your baby absorbs it normally. However, because doses can occasionally be missed or not fully absorbed, the injection provides the most reliable protection. For this reason, the vitamin K injection is routinely recommended in maternity units.

If your baby is at particular risk of VKDB (as described above), you will be advised to give baby vitamin K via an injection to ensure that your baby has the most effective form of protection.

... top tip

Vitamin K is usually offered within a few hours of baby being born, therefore it is a good idea to have thought about it in pregnancy and include your preferences in your birth plan.

Breastfeeding and VKDB

Whilst vitamin K levels are low in breastmilk, this is not a reason not to breastfeed if it is how you want to feed your baby. Breastfeeding is associated with lower rates of infection and SIDS in your baby, as well as obesity and diabetes in later life.

The only reason that breastfed babies are at greater risk of VKDB is that vitamin K is added to formula milk. However, formula milk does not match the benefits and advantages of breast milk. Therefore is not advised to give formula milk purely for the added vitamin K.

Does giving Vitamin K involve any risks to baby?

Parents are often concerned about whether giving the vitamin K injection is safe for their baby.

In the early 1990s one small study suggested a possible link between the vitamin K injection and childhood cancer. Many much larger studies have since been carried out and have found no evidence that vitamin K is linked to childhood cancer.

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The risks associated with the vitamin K injection are limited to temporary discomfort, bruising and redness at the injection site.

Do I have to give Vitamin K to my baby?

No, it is your choice, however it is strongly recommended because it is highly effective at preventing VKDB. If you decline vitamin K for your baby, you will usually be offered the opportunity to discuss your decision with a paediatric doctor to ensure that you have made a fully informed decision.

A note from the labour ward:

Many parents tell me they hadn't heard about vitamin K until it was offered after their baby was born. They often assume it's something that only babies with medical problems need.

In reality, all newborn babies are born with low stores of vitamin K. While some babies will have lower levels than others, it isn't possible to identify which babies will go on to develop VKDB. For this reason, vitamin K is offered to all newborn babies to help prevent this rare but potentially serious condition.

I often find that parents appreciate having talked about vitamin K before they give birth, as it gives them time to ask questions and make a decision without feeling they're doing so in the middle of everything else that's happening immediately after birth.

About the author



I'm Perdy, founder of Perdy Maternity Care and a practising NHS midwife. I have supported hundreds of women and families through pregnancy, birth and the postnatal period. I created these guides to provide the evidence-based information and reassurance that I know many parents wish they had more time to receive during routine appointments.

My aim is to provide evidence-based education that helps you feel informed, confident and prepared for whatever your birth may bring.

If you found this guide helpful, and you're looking for personalised antenatal education, birth preparation or postnatal support, I'd love to help:

- One-to-one antenatal sessions
- Birth preparation packages
- Postnatal support at home
- Evidence-based advice tailored to you



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