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**Newborn - Decision Aid for State Mandated Care**

The state of New York has mandated some health practices for newborns, which are the “duty” of health care workers to provide. Because a small number of babies can experience severe health problems, even while initially appearing normal, preventive public health measures are implemented for all babies. This decision aid reviews evidence-based information to help you make informed choices and plan for the care that you wish for your baby to receive. As your midwife, I support your role as decision-makers about the best health care for your family.

**Vitamin K: Why is vitamin K recommended for newborns?**

Vitamin K is needed for blood to clot. Newborn babies are born with some vitamin K stored in their bodies. Vitamin K is in formula, and a lesser amount is in breast milk. After a few weeks of life, beneficial bacteria begin to live in the baby’s gut, making vitamin K. Most newborns do not have any problems with blood clotting.

Some healthy-appearing newborns have too little vitamin K, and develop a bleeding problem called Vitamin K Deficiency Bleeding (VKDB), resulting in bruising, nose bleeds, oozing from the umbilical cord, or blood in stools or urine. In some very few cases, bleeding happens within the brain, frequently leading to permanent brain damage or death. Unfortunately, there is no reliable way to know ahead of time which babies might develop VKDB; half the time the first symptom is a severe bleed. A vitamin K supplement is available to be given to your baby at birth.

**Which babies are at risk for vitamin K deficiency?**

As mentioned above, it is impossible to tell which babies might get VKDB, but there are a few factors to consider as you decide whether or not to have your baby receive vitamin K supplementation.

- ❖ 6-12% of babies may have bleeding in the first day of life if their mothers used drugs during pregnancy which disrupt vitamin K activity in the baby: anti-seizure, anti-coagulants, antibiotics (cephalosporins).
- ❖ Between 2-7 days, classical VKDB happens for about 1 in 225-400 of babies (0.25-0.44%). Usually symptoms are less severe, such as bruising. Bleeding in the brain may also occur, but is rare.
- ❖ Between 2-12 weeks, the very rare late onset VKDB happens for 1 in 10,000-23,000 babies. It is associated with exclusively breast-fed babies, especially those having nursing problems, jaundice, malabsorption syndromes or failure to thrive. This type of VKDB is typically more severe, with 50% having brain involvement. This leads to 20% mortality, and brain damage is frequent in survivors.
- ❖ VKDB occurs more often in boys. Planning circumcision is a reason to consider giving your baby vitamin K.

- ❖ You may also want to consider giving vitamin K if there is an increased risk for bleeding such as:
  - A prolonged second stage (extended pushing) with significant molding of the baby's head during delivery
  - An extremely short labor or precipitous birth
  - Someone or something that may bump or jostle your baby like a rambunctious pet or older sibling

### **How is vitamin K administered?**

New York State requires and the American Academy of Pediatrics (AAP) recommends all newborns receive vitamin K by injection within six hours of the birth, including babies born at home. Other countries in Europe and Japan recommend giving the baby vitamin K by mouth. There are advantages and disadvantages to both methods.

**Injection, by Shot:** Studies show that vitamin K given by injection effectively prevents all types of VKDB. The standardized drug is Phytonadione Vitamin K-1. It includes a small amount of other additives. In term babies, one dose (1mg) is needed. It protects the baby in 1 - 2 hours. It is given with a very small needle into the baby's thigh. The baby may feel a little pain; some babies cry briefly, while others barely notice. In 1992, a researcher in Great Britain published a paper suggesting that vitamin K injections after birth may increase the child's risk of a variety of cancers. This created a lot of concern. Additional research did not find the same association; but as with all cancer studies, the possibility of a very small risk "cannot be excluded." Your midwife provides this medicine.

Some people feel that nature intended for newborns not to make Vitamin K for reasons unknown to us at this time. They also feel that though there is no aluminum or mercury added to the Vitamin K that your midwife carries there are some additives which parents may choose not to give their baby. They include: 10mg polysorbate 80, propylene glycol, sodium acetate anhydrous, glacial acetic acid.

**Oral, by Mouth:** Oral dosing limits the effects of pain, and very small risks from injection, such as infection. However, there is no oral product that is approved by the FDA for use in babies in the US. The oral method does not have a well-researched dosing plan, but it is evident that repeated dosing is necessary. *Late onset VKDB may still rarely occur even with multiple oral doses.* When using oral dosing, the AAP suggests 2 mg be given at birth and repeated at 1, 2 and 4 weeks of age. The oral dose begins working in 6-12 hours, later than the injection. If the baby spits up or has diarrhea after receiving the dose, another dose must be given. A nutritional supplement company makes a non-standardized product called "Bio K Mulsion by Biotics Research, Vitamin K-1 Phytonadione." Four drops equal the 2 mg dose. The parent would provide and administer this if chosen to use. It is available at: <http://www.naturalhealthyconcepts.com/bio-k-mulsion.html>

**More Information:** <http://evidencebasedbirth.com/evidence-for-the-vitamin-k-shot-in-newborns/>

I/We choose to have our midwife administer to our baby a standard vitamin K injection after birth. \_\_\_\_\_

I/We will obtain oral vitamin K and give it to our baby at it birth, 1 week, 2 weeks and at 4 weeks of age. \_\_\_\_\_

I/We decline to have our baby receive any vitamin K at birth. \_\_\_\_\_

**Eye Treatment: Why is antibiotic eye ointment placed in a newborn baby's eyes?**

Women who carry vaginal sexually transmitted infections called gonorrhea or chlamydia may pass the infection to the baby at birth. The infection usually develops in the baby's eyes, and may lead to blindness. Contracted from a sexual partner, as many as 50% of women with gonorrhea/chlamydia have no symptoms and do not know they have it. Symptoms of gonorrhea/chlamydia in women include yellowish or increased discharge, painful urination, or vaginal spotting. Antibiotic treatment is mandated for all babies in NY to prevent this eye infection. The antibiotic, erythromycin, is in petroleum jelly. It does not hurt the baby's eyes. It blurs the baby's vision for a few hours. It is applied to the baby's eyes after the critical bonding period. The baby is often sleeping at this point, and it clears by the time the baby awakes.

\_\_\_\_\_ I/We choose to have our midwife administer erythromycin ointment to our baby's eyes after birth.

\_\_\_\_\_ I choose to have a simple urine test for gonorrhea/chlamydia at 36 weeks of pregnancy to confirm that gonorrhea/chlamydia is not present. If the test is negative, I/we choose to refuse use of antibiotic in our baby's eyes after birth.

\_\_\_\_\_ I/we choose to decline both the 36 week gonorrhea/chlamydia test and administration of eye antibiotic to our baby after birth

**Newborn Metabolic Screening: Why is a blood sample taken from a baby's foot?**

Since 1965, New York requires screening of newborns for diseases in which the baby's internal chemistry does not properly function. A sample of the baby's blood is screened for 45 diseases, including HIV, all of them very rare. Babies having these diseases need prompt treatment to avoid serious illness. For babies born at home, the blood sample can be drawn 3-7 days after birth. The blood sample is taken from the baby's heel; this usually causes the baby momentary discomfort. You may hold, console, and nurse your baby during the procedure. As with any test, there is a risk for a false positive, which could result in extra unneeded testing or anxiety.

\_\_\_\_\_ I/We choose to have our baby receive the Newborn Metabolic Screening.

\_\_\_\_\_ I/We choose to decline Newborn Metabolic Screening for our baby.

**Newborn Hearing Screening: Why are babies having their hearing tested?**

Significant hearing problems are present in about 1 of 300-1000 newborns. Current understanding recognizes the importance of hearing in the first 6 months of life to the baby's speech, language and cognitive development. Without hearing screening, babies with hearing problems are identified on average by 14 months of age. By catching babies with hearing problems early, studies show early speech and language therapy, amplification and family support does help school age deaf children with language development. The hearing test commonly used for babies involves placing headphones or electrodes on the baby and measuring the baby's response to various clicks and sounds. When the baby does not respond to the sounds appropriately, the baby is referred for a more complete hearing test. The screening test is more accurate a few weeks after birth, but as with any screening test, both false positives and false negatives can occur. The hearing screening may miss 6-15% of babies who indeed have a hearing problem (false negative), while 2-4% of babies are recommended to have the extra testing. For babies referred for additional testing, only 1 in 45 have a profound hearing problem. Babies born at home may receive newborn hearing screening by asking your baby's doctor make a screening referral to an audiologist.

**Hepatitis B Vaccine: Why is it recommended that newborns receive this vaccine at birth?** My Hepatitis B Test on \_\_\_\_\_ was Negative / Positive. Hepatitis B is contracted through sexual contacts, blood, and sharing IV drug needles. A pregnant mother with Hepatitis B can pass it to her baby. A vaccine given to the newborn within 12 hours of birth helps prevents this transmission.

\_\_\_\_\_ I/We will arrange with our baby's doctor to have our baby receive the Hepatitis B Vaccine.

\_\_\_\_\_ I/We choose to decline Hepatitis B Vaccine for our baby.

**Informed Choice:** I/we have read all of the above and have had the opportunity to receive additional information and ask questions to my/our satisfaction regarding care for our newborn. Where my/our choices differ from recommendations or NY State law, I/we are willing to assume responsibility for the outcome. I/We understand that I/we can alter these choices at any time by telling our midwife. My/our choices for each of these are initialed above.

\_\_\_\_\_ Client's Signature/ Date

\_\_\_\_\_ Partner's Signature /Date