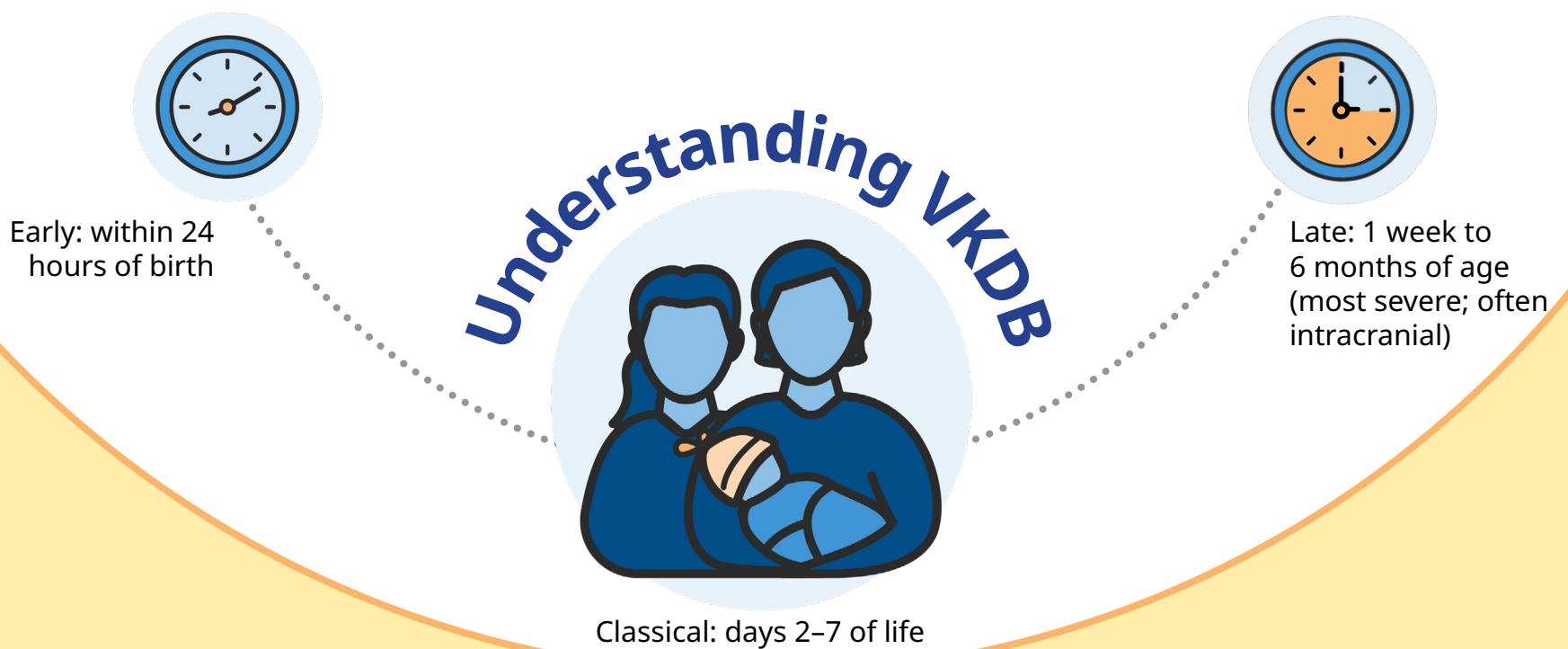


V K D B

Vitamin K Deficiency Bleeding

Newborns are born with low Vitamin K levels, and refusal of prophylaxis can lead to catastrophic, preventable bleeding. Source: Pediatrics (AAP, 2026)



Why Vitamin K Matters



- **Low levels at birth**
Infants are born with naturally low Vitamin K levels; Breast milk also contains very little Vitamin K to replenish these stores.



- **Poor Oral Absorption**
An infant's immature digestive system and lack of gut bacteria make it difficult to reliably absorb oral Vitamin K in the first weeks of life.



- **Immune Protection**
A single IM injection provides immediate and sustained protection against bleeding, serving as the clinical standard of care.

IM injections vs. Oral Regimens



IM Injection (Standard of care)

Highly effective, safe, and provides immediate protection with a single dose.



Oral Dropper Regimen

Less effective than the IM injection, requires multiple doses, and demands strict adherence by the parents

The 4 Step protocol for refusal

1. Clear Documentation

Explicitly record the Vitamin K refusal in the medical record so it is visible to all care providers across different clinical settings.



2. Informed Refusal Conversations

Use non-judgemental language to explain that oral alternatives are less effective and discuss the timing and severity of VKDB risks.



3. Enhanced Follow-up

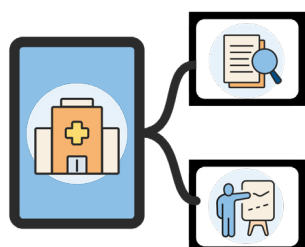
Identify infants who missed the shot and educate families to watch for warning signs: bruising, bleeding, lethargy, vomiting, and bulging fontanelle.

4. System Review and Learning

Treat any instance of VKDB after refusal as a "sentinel event" and conduct a root cause analysis to improve hospital systems and education



The Sentinel Event Focus



System-Level Prevention

Categorizing refusal-related VKDB as a sentinel event prompts formal organizational action to prevent avoidable harm and address the "misinformation era"