Vitamin K deficiency bleeding can occur during the first 12 weeks of life. This can occur in previously healthy-appearing infants and result in sudden central nervous system hemorrhage (bleeding in the brain). Bleeding in the brain can cause permanent neurologic deficits such as (but not limited to): cerebral palsy, blindness, deafness, mental retardation, developmental delays, learning disabilities, and death.

Vitamin K prophylaxis has been the standard of care since the American Academy of Pediatrics began recommending it in 1961.

New York State law mandates that every infant receive parenteral (intramuscular) Vitamin K to prevent Vitamin K deficiency bleeding. Below is a copy of the mandate.

**NEW YORK STATE LAW DOES NOT ALLOW FOR PARENTAL REFUSAL OF THIS TREATMENT**

*Official Compilation of Codes, Rules and Regulations of the State of New York.*

**Title 10. Department of Health**

**Chapter I. State Sanitary Code**

**Part 12. Maternal and Child Health**

**Control of Disease**

*Section 12.3.* Precautions to be observed for the prevention of hemorrhagic diseases and coagulation disorders of the newborn and infants related to vitamin K deficiency. It shall be the duty of the attending physician, licensed midwife, licensed professional nurse or other licensed medical professional attending the newborn to assure administration of a single parenteral dose of 0.5-1 mg of natural vitamin K1; oxide (phytonadione) within 6 hours of birth.

Initial

I understand that New York State law mandates that my child receive a single parenteral dose (intramuscular) dose of natural Vitamin K (phytonadione) within 6 hours of birth in order to prevent vitamin K deficiency bleeding.

I understand that Vitamin K deficiency can cause severe, life-threatening bleeding including sudden central nervous system hemorrhage (bleeding in the brain). This may result in permanent brain damage and/or death.

I am refusing to allow my baby to receive the New York State mandated parenteral (intramuscular) dose of natural Vitamin K (phytonadione) within 6 hours of birth. I understand this refusal may cause my baby to develop sudden, severe, life-threatening bleeding.

I have been given the opportunity to ask questions about this treatment and the risk and benefits that refusal of this treatment can pose to the health of my baby.

I understand that Child Protective Services (CPS) will be notified.

Date Time Parent/Guardian Signature

Parent/Guardian Print Name

Date Time Witness Signature

Witness Print Name