

What do we know about Vitamin K administration for neonates:

What Happens in other states:

Thanks again for your recent technical assistance request. I've spent some time researching state laws regarding vitamin K administration. You may already be familiar with Oregon law, but I have included links below in case you have not located the laws in Oregon:

- **Oregon**

- [Or. Rev. Stat. §§ 433.303 – 433.314](#) (general requirements regarding vitamin K for newborns)
- [Or. Admin. Code § 333-021-0800](#) (administration of vitamin K to newborns); [333-520-0060\(5\)](#) (requirements for hospital maternity services); [333-076-0670\(17\)](#) (requirements for birthing centers); [332-025-0022\(3\)\(d\)\(I\)](#) and (4) (practice standards for midwives)

Based on my research, Oregon law seems to be fairly comprehensive as compared to many other states. In addition, Oregon was the only state I encountered with a broad statutory (rather than regulatory) requirement pertaining to administration of Vitamin K, though some states have broad regulations or have relevant statutes more limited in scope (described below). I've compiled statutes and regulations from a few states that may be of interest to your member.

First, the following list includes citations for a few states that have broadly applicable vitamin K regulations:

- **New York**

New York regulations require administration of a single intramuscular dose of vitamin K1 oxide to a newborn within 6 hours of birth. (See [10 N.Y. Comp. Codes R. & Regs. tit. 10 § 12.3](#); click [here](#) to access this provision from the table of contents.) In addition, within the regulations setting [minimum standards for hospitals](#), administration of vitamin K is included as a required element for immediate care of a newborn. (See [N.Y. Comp. Codes R. & Regs. tit. 10 § 405.21 \(e\)\(4\)\(v\)\(b\)](#)).

- **Illinois**

Illinois includes vitamin K requirements in hospital licensure requirements as well as in the regulatory code for birth centers. Specifically, administration of a single parenteral dose of vitamin K-1 shortly after birth, but usually within one hour of delivery, is included among the practices and procedures for care of mothers and infants required of all obstetric departments (see [77 Ill. Adm. Code 250.1830\(g\)\(8\)](#)), and a similar requirement must be included among the written policies and procedures of a birth center (see [77 Ill. Admin. Code 265.1900\(a\)\(3\)](#)).

- **Virginia**

Virginia hospital licensure regulations require adoption of policies and procedures for care of newborns, which shall include provision of a single parenteral dose of vitamin K-1 after delivery (see [12 VA 5-410-444\(J\)](#); [\(K\)\(6\)](#)).

- **Massachusetts**

Massachusetts hospital licensure regulations state that each maternal and newborn service shall develop and implement policies and procedures for patient care, including vitamin K administration to newborns (see [105 CMR 130.616\(D\)\(12\)](#); click [here](#) to access this provision from the table of contents).

Some states have statutes or regulations that are fairly limited in scope as compared to Oregon law, such as requirements applicable only to midwives or free-standing birthing centers. Here are some examples that may be of interest:

- **Colorado**

Colorado law requires midwives to administer vitamin K to newborns if authorized to do so, or to recommend the mother to arrange for administration of vitamin K by a licensed health care provider within 72 hours. If a client refuses administration of vitamin K, the midwife is to provide the client with an informed consent form detailing the benefits and risks of vitamin K and must obtain the client's acknowledgement and signature. See Colo. Rev. Stat. 12-37-104; 12-37-105.5(2)(a), (3)(a) (available [here](#)) and [4 Code Colo. Regs. § 739-8-C; 739-17-C-1; 17-D-1](#).

- **Florida**

Under Florida law, responsibilities of a midwife during postpartum include administration of vitamin K. See [Fla. Stat. 467.015\(3\)](#); [Fl. Admin. Code 64B24-7.009; 7.011](#). In addition, regulations pertaining to birth centers state that vitamin K shall be administered to newborns within 24 hours after birth or, if no one on the birth center's staff is licensed to administer vitamin K, the parents shall be instructed to take the child to a private physician or clinic for the injection. If a mother refuses vitamin K, a signed waiver indicating this decision shall be filed with the clinical record. See [Fl. Admin. Code 59A-11.016\(3\)](#); (13).

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What about an option for Oral Vitamin K? IN, MT, NH VT, MN, OR all allow oral option! Per CDC 2013.

Current Oregon Law

A physician licensed under ORS chapters 677, 684 and 685 or the midwife attending the mother at the birth of the child shall be responsible for insuring that the newborn infant shall receive vitamin K within 24 hours after birth by the most appropriate means, either by injection or orally.

(2)The procedure described in subsection (1) of this section does not apply to any infant whose parents object to the procedure on the grounds that the procedure conflicts with the religious tenets and practices of the parents. The parents must sign a statement saying the infant is being so reared.

(3)No infant shall be refused the procedure described in subsection (1) of this section because of the parents inability to pay. [1983 c.585 §2]

AT OHSU, here are the numbers of babies who got oral vitamin K

FY2014 = 2523. 9 got the oral. 0.357%

FY2015 = 2440. 3 got the oral. 0.123% There are no results returned, past the dose found given on Mar 30, 2015.

FY2016 = 2483. So... 0% Is that likely?

Women's and Newborn Services - Quality Improvement Dashboard FY17																				
Measure	Definition	Source	Target	FY17Q1			FY16Q4			FY16Q3			FY16Q2			FY16Q1				
				Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan	Dec	Nov	Oct	Sep	Aug	Jul		
Affordability	NEWBORN 30-day Readmission Rate	Readmission of newborn with MS DRG 792, 795	UHC	2.6% (FY15 baseline)			2.4%	1.4%	4.7%	4.2%	4.8%	4.8%	4.9%	2.9%	2.8%	2.1%	3.2%	3.1%	4.1%	
	NEWBORN Length of Stay	Mean LOS for those dc'd from MBU w/ DRG: 795	UHC	2.2 (UHC Mean)			1.9	1.8	2.0	2.0	1.9	2.0	2.1	1.9	1.9	2.0	1.8	2.0	2.1	
Safety and Quality	NEWBORN Short admissions to DNCC	Rate of admissions to DNCC: < 48 hours LOS in DNCC/ all live births	cognos	Not defined	6%	7%	7%	8%	9%	9%	8%	9%	5%	8%	8%	9%	16%	9%	6%	
	NEWBORN Bilirubin	Count once per any newborn with a peak value > 25	cognos	0					0		2			0					0	
	NEWBORN Hep B Vaccine- Rate	Percentage of newborns who receive the Hep B vaccine prior to DC	cognos	85% (HP 2020)			80.0	80.5	77.7	83.2	81.2	72.8	83.7	76.2	79.5	76.7	82.4	77.9	82.1	77.0
	NEWBORN Vit. K- Rate	Percentage of newborns who receive a Vitamin K shot prior to DC	cognos	95%					96.7				95.6			98.3				98.2
	NEWBORN Birth Trauma PDI-19	Birth trauma in any diagnosis field. Excludes <2000 grams, brachial plexus, osteogenesis imperfecta. Rate per 1000 cases	UHC	5 UHC Target (75th %ile)			0.0	0.0	4.7	4.9	4.9	0.0	0.0	0.0	4.9	0.0	10.3	0.0	5.1	5.2
	NEWBORN Exclusive Breast Milk Feeding, PC-05	Rate of newborns that were exclusively fed breast milk during the entire hospitalization	Quality Mgmt	80% (Baby Friendly)			86%	85%	81%	90%	69%	89%	90%	71%	82%	87%	78%	77%	83%	63%

*Designation of p indicates data is preliminary

Under Target within 25% of Target At or above Target