

We, _____, parents of the _____ newborn under the care of _____ and its staff, have done extensive research on the area of Vitamin K administration, both oral and injectable, and have made a joint decision to withhold this routine treatment from our newborn.

We understand that five out of 100,000 births (without vitamin K injections) develop bleeding issues. These numbers include both breastfed and formula fed infants, circumcised and uncircumcised infants, and those who have had an instrumentally assisted birth.

Our child was born with no instrumental assistance, decreasing the risk of bleeding issues. In addition, we are not planning on circumcising our child and are going to be exclusively nursing him/her. There is no medical indication to administer this routine application to our newborn as the risks outweigh the benefits in our situation.

According to the Patient's Bill of Rights from the USDHHS, we, as the parents of our child, have the federal legal right to refuse any treatment of our child. And, if this treatment is administered without our approval, it will be constituted as battery.

Below, you will find an outline of our reasons why we have chosen to withhold this routine injection administration.

- Inadequate studies and opposing conclusions have not reassured us that there is no link between Vitamin K administration and childhood leukemia.
- Excess Vitamin K can actually cause liver and intracranial hemorrhage.
- Infection, rash, and death are only a few of the risks of Vitamin K injection
- We believe that nature knew best when it mandated babies be born with a low level of Vitamin K and exclusive breastfeeding gradually increases those numbers, so as not to over-tax the system.

Resources:

Merck and Co., Inc. Issued February 2002, Printed in USA – 9073025 Statement

Thorp JA, Gaston L, Caspers DR, Pal ML. Current concepts and controversies in the use of vitamin K. *Drugs*. 1995;49(3):376-387.

K. Hogenbirk et al., "The effect of formula versus breast feeding and exogenous vitamin K1 supplementation on circulating levels of vitamin K1 and vitamin K-dependent clotting factors in newborns," *Eur J Pediatr* 152, no. 1 (Jan 1993): 72-4.

Klebanoff MA, Read JS, Mills JL, Shiono PH. The risk of childhood cancer after neonatal exposure to vitamin K. *N Engl J Med*. 1993;329(13):905-908.