

INFORMATION FOR PATIENTS, PARENTS, GUARDIANS AND CARERS

Vitamin K and frenulotomy (tongue tie division)



What happens if I choose to decline Vitamin K prophylaxis (prevention) for my baby?

Babies who did not receive Vitamin K at birth are at a slightly higher risk for Vitamin K Deficiency Bleeding (VKDB) – the estimated risk of having a significant bleed is in the region of **one out of 2000** for exclusively breast/chest fed babies.

The chance of a baby having a bleed is low, but the consequences can be very serious. There may be things which increase the chance of an issue (e.g., antibiotics and feeding issues, including if baby is not receiving adequate milk of any kind) as Vitamin K levels may not be ideal.

How does Vitamin K impact on future choices in the postnatal period?

Some babies may be referred to the frenulotomy (tongue tie assessment and possible division) clinic if you have issues with breast/chest feeding or formula feeding.

One out of 10 babies have a tongue tie, but only half of these babies will benefit from frenulotomy.

The frenulotomy procedure involves a **one in 500** chance of heavy bleeding for any baby, regardless of Vitamin K use. If baby has also not had any Vitamin K after birth, their clotting factors may be affected if they have an underlying Vitamin K deficiency - this additional chance of heavy bleeding is **one in 2000**.

The time period of bleeding risk due to the frenulotomy is during the procedure to immediately after the procedure.

I opted for oral Vitamin K– what are my options if my baby requires frenulotomy?

If baby is having three oral doses of Vitamin K, it is very important that the course is completed to ensure adequate prevention of VKDB.

It is also important the doses are administered at the correct time, so doses should be spaced out and administered after birth, on day five and on day 28.

If your baby requires an appointment in our clinic prior to the course of three oral doses being completed, we will ask you to remain in the hospital for an hour after the procedure for observation.

If baby was to bleed more, or for longer than expected, soon after the frenulotomy, then they would require urgent further post-procedure investigations and treatment, which includes administration of Vitamin K via intramuscular (IM - meaning into a muscle) or intravenous (IV - meaning into a vein) routes before discharge.

I chose not to give Vitamin K at birth - what are my options if my baby requires frenulotomy?

You are encouraged to consider allowing your baby to have an oral dose of Vitamin K (Konakion MM Paediatric, 2 mg oral) the day before the procedure. If you choose to decline any Vitamin K for your baby before the procedure, we need to make you aware your baby is at a higher risk of significant bleeding. We will discuss the risks and document this in your notes.

We also will ask you to remain in the hospital for an hour after the procedure for observation.

If baby was to bleed more or for longer than expected soon after the frenulotomy, then they would require urgent further post-procedure investigations and treatment (which includes administration of Vitamin K via IM or IV routes) before discharge.

Contact details

Natalie Boxall
Specialist Midwife for Infant Feeding
01623 622515, extension 6095.

Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns, or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222
Newark Hospital: 01636 685692
Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202512-02-VKTT
Created: January 2024 / Revised: December 2025 /
Review Date: December 2027