

Wise Woman Way of Birth

Gloria Lemay on natural birth, breastfeeding, and other womanly matters

Vitamin K Posted on [July 8, 2013](#) by [Gloria](#)

Routine procedures in neonatal care are questioned by parents and rightly so. The first question is “does the benefit outweigh the risk?” The next question is “is there really a problem?” and the third question is “Who is making a big money profit from this routine?” Anytime we are giving a system-wide medication, there’s big money to be made.

A newborn baby has as much blood volume as can be contained in a soda pop can. This is why the umbilical cord must be securely clamped after cutting because it wouldn’t take much to lose the whole blood supply. It’s also a reason why many baby boys have died after circumcision—they can lose most of their blood volume into a diaper. What are other ways that the baby can lose blood? The most common is internal bleeding due to severe bruising. When a baby is hauled out of the mother by forceps, vacuum extractor or through a cesarean (and, yes, many cesareans also involve forceps on the head or a vacuum extractor in addition to rough handling) the bruises on the baby can be so massive that blood pools in those internal bruised areas and is not available for the function of vital organs. Giving the baby Vitamin K in order to boost the body’s ability to clot and stop that internal bleeding could be prudent.

What does this mean for the baby who is born without bruising and trauma? It could mean that the baby is in even more danger of a medication error (giving the wrong drug, giving the drug in the wrong way, other human error) or sepsis from the skin protection being broken. The preservatives in the Vitamin K could be causing harm as well.

Someone who has done some thinking and research about the Vitamin K subject is Michel Odent, a physician originally from France who now resides in Britain.

Michel Odent, M. D.

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Question: What are the risks/benefits to letting your baby have a shot of vitamin K after birth?

Today there are many reasons to de-dramatize the topic and to reassure at the same time the parents who are inclined to refuse the shot and also those who prefer to do it.

To the parents who refuse the injection, we can say that they don't take a great risk, since the chances of their breastfed baby having a hemorrhagic disease related to vitamin K deficiency is in the region of one in 15,000. It is even probable that the risks are still lower if the birth and the initiation of lactation were undisturbed. My view is that vitamin K deficiency of breastfed babies is probably no more physiological than the weight loss in newborn babies. After thousands of years of culturally controlled childbirth and lactation, we usually underestimate the amount of 'colostral milk', and therefore of vitamin K, a human baby has been programmed to consume during the first days following birth.

A well-constructed Japanese study showed that babies who consume 350 ml of breast milk in the first three days following birth are protected against vitamin K deficiency. Let us also remember that vitamin K deficiency is unheard of among formula fed babies.

Some parents who accepted the injection might feel guilty or anxious afterwards when hearing about two British studies suggesting that vitamin K injected at birth (not vitamin K given orally) is a risk factor for cancer in childhood. These parents must be reassured as well because the British findings have not been confirmed by other studies, particularly a huge authoritative Swedish study involving more than one million children. However one cannot hide the fact that the routine injection of 1 mg of vitamin K at birth is always associated with the injection of 10 mg propylene glycol and 5 mg phenol, the effects of which are unknown.

Source: **UPDATE ON DEC 30, 2013** The quoted material by Dr Odent was taken (by me) from a website called "Ways of Wise Woman" which has since been taken down. I'm happy that I was able to copy some of the information here before that happened. For more reading on the dangers of Vitamin K and links to the studies mentioned by Dr. Odent see this website <http://legaljustice4john.com/jaundiceVitKshotNewborns.htm>

UPDATE ON DEC 31, 2013. Dr. Odent has sent me this explanatory letter about the breastfeeding optimization which leads to Vitamin K natural coverage. Quote: "Since 1967 it is well accepted that breastfeeding is a 'necessary factor' in the pathogenesis of the hemorrhagic disease of the newborn (Sutherland JM, et al. Hemorrhagic disease of the newborn: Breastfeeding as a necessary factor in the pathogenesis. Am J Dis Child 1967; 113: 524-530). My point of view is that that the vitamin K deficiency of breastfed babies is not more physiological than the weight loss of the newborn baby. In fact I wrote about the newborn weight loss in Mothering (Odent M. Newborn weight loss. Mothering. Winter 1989: 72-73). When a woman gave birth at home, in complete privacy, without feeling observed or guided (in conditions with make a 'fetus ejection reflex' possible), when the first contact between mother and baby in a very warm place has been undisturbed by distractions (such as somebody observing, guiding, talking or cutting the cord), and when mother and baby could maintain a quasi continuous day and night skin-to-skin contact during the first two days, one third of babies do not lose weight at all. In other words we usually underestimate the amount of colostral milk a human baby has been programmed to consume. All human cultural milieus routinely disturb the physiological processes. Most breastfed babies are not correctly breastfed.

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These are important considerations when taking account a Japanese study which found that babies who consume 350 ml of breast milk during the first three days are protected against vitamin K deficiency (Motohara K, et al. Relationship of milk intake and vitamin K supplementation to vitamin K status in newborn. Pediatrics 1989; 84: 90-93). The Japanese researchers used a biological marker in order to detect vitamin K deficiencies without clinical expression. I summarized my point of view in the summer 1997 of the Primal Health Research newsletter (vol 5. no1).

In conclusion the vitamin K deficiency of breastfed babies might be an effect of culturally controlled childbirth and lactation. All societies have disturbed the physiological processes and particularly the first hour following birth via beliefs (e.g. the colostrum is harmful) or rituals. For that reason we have not known for a long time that the human baby is as if programmed to find the breast during the hour following birth. When I said that 25 years ago obstetricians and pediatricians could not believe me (Odent M. The early expression of the rooting reflex. Proceedings of the 5th International Congress of Psychosomatic Obstetrics and Gynecology, Rome 1977. London: Academic Press 1977: 1117-19). Today we must readjust all our observations and interpretations by taking account the usual deviations from the physiological model.

Warmest regards

Michel Odent" end of quote

The reference for the large Japanese study mentioned by Dr. Odent is:

Motohara K, et al. Relationship of milk intake and vitamin K supplementation to vitamin K status in newborn. Pediatrics 1989; 84: 90-93.

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