



April 15, 2025

DHDTc DAL#: 25-04

Subject: Newborn Treatments – Eye Prophylaxis  
and Vitamin K

Dear Colleague/Hospital Chief Executive Officer:

This letter is to clarify the requirements regarding certain newborn treatments – eye prophylaxis and Vitamin K – and to provide guidance regarding the provision of these medications in a manner supportive of breastfeeding. Resources that providers can use to educate parents about the necessity of Vitamin K administration are provided and should be shared as appropriate.

### **Eye Prophylaxis**

Under Section 12.2 of Title 10 of the Compilation of the Rules and Regulations of the State of New York (hereafter referred to as state regulations), it shall be the duty of the attending physician, licensed midwife, licensed nurse, or other authorized provider in attendance at delivery to place into the eyes of the infant, on delivery, an agent effective for preventing purulent conjunctivitis of the newborn, such as erythromycin eye ointment.

Eye prophylaxis is given to prevent gonococcal infection of the eyes. This infection was once a common cause of blindness and has now been almost entirely eradicated through the use of prophylactic medications. Eye prophylaxis is a universal requirement because the treatment is effective and safe. Moreover, targeted prophylaxis, treating only infants of birthing people known to be infected with gonorrhea, is not an effective approach to prevention. This infection is found among people of childbearing age. Due to the difficulty in confirming infections in all cases, administering the standard of care measure universally ensures effective prevention. Targeted prophylaxis would miss many infants and lead to many cases of preventable blindness. Erythromycin eye ointment has minimal side-effects and is highly effective.

### **Vitamin K**

Under Section 12.3 of Title 10 of the state regulations, it shall be the duty of the attending physician, licensed midwife, registered professional nurse, or other licensed medical professional attending the newborn to assure administration of a single, intramuscular dose of 0.5-1.0 mg of Vitamin K1 oxide (phytonadione) within six hours of birth to prevent Vitamin K deficiency bleeding, a potentially fatal condition.

Vitamin K is given by injection. Oral Vitamin K is not as effective as Vitamin K by injection, and it is not approved by the U.S. Food and Drug Administration for use in newborns. Vitamin K prophylaxis is safe and mandated for all newborns **to prevent Vitamin K deficiency associated bleeding**, a serious and potentially life-threatening cause of bleeding in infants up to 6 months of age.

## Breastfeeding

Breastfeeding has a significant impact on improving the health of infants and postpartum people. Breastfeeding has been associated with a reduction in the risk of acute otitis media, asthma in young children, and chronic diseases, including obesity and diabetes, later in life. Breastfeeding also has significant health benefits to the postpartum person such as reducing postpartum bleeding and may lower the risk of breast and ovarian cancers. Breastfeeding contributes economic benefits to the family.

One of the keys to successful breastfeeding is to ensure that newborn babies are placed in the postpartum person's arms or on the person's chest, skin-to-skin, within the first half-hour after birth and held there for at least 30 minutes. Eye prophylaxis should be given within one hour of birth. To promote breastfeeding, Vitamin K administration may be delayed up to 6 hours to allow for uninterrupted postpartum, person-infant, skin-to-skin contact and breastfeeding. Unless contraindicated due to the health of the postpartum person or newborn, individuals should be supported to initiate breastfeeding within one hour of birth. Please review your hospital's policies and procedures to ensure they are in conformance with this practice and be sure your staff understands the importance of supporting new postpartum persons to breastfeed within 1 hour of delivery, as well as throughout their stays in the hospital.

## Administration of Medications

Though hospitals are encouraged to provide options for labor, delivery, and post-partum services, health care personnel should explain to any objecting parent(s) that the administration of eye prophylaxis and Vitamin K are mandated by regulation, found at Section 12.2 and 12.3 of Title 10 of the state regulations. It may also be helpful to have an attending Obstetrician or Pediatrician who has rapport with the parent(s) to explain the purpose and need for the medications. These treatments represent the standard of care recommended by the American Academy of Pediatrics<sup>1,2</sup> and the American College of Obstetricians and Gynecologists.<sup>2</sup> The Department of Health has developed the attached two resources related to Vitamin K prophylaxis for your use: *Vitamin K Shot Hesitancy – Information for Providers* and *Vitamin K Shot: Why does my newborn need it?* (also available in additional languages at [https://www.health.ny.gov/community/infants\\_children/vitamin\\_k/](https://www.health.ny.gov/community/infants_children/vitamin_k/)). Should the parent(s) continue to refuse the newborn treatments, documenting the matter should be discussed with your facility's legal counsel.

Previous guidance circulated in 1999 advised providers to report a family's refusal to Child Protective Services. **This is no longer correct.** The New York State Office of Children and Family Services has determined that the refusal of preventative medical procedures, such as eye prophylaxis and Vitamin K, does not meet the definition of maltreatment of a child, and a report to the Statewide Central Registry will not be accepted in these circumstances. The State Central Registry will, however, accept a report when a parent who has a relevant pre-existing condition (e.g., Vitamin K deficiency, current gonorrhea infection or, current chlamydia infection) refuses to allow medical treatment (e.g., Vitamin K injection or eye prophylaxis) for the newborn, which could place the newborn at imminent risk of harm.

Hospitals and healthcare providers must make every effort to engage parents and provide the necessary education and treatment, as the consequences of not administering these medications can be catastrophic. Should you have any questions, please call 518-474-0535 or e-mail [bwh@health.ny.gov](mailto:bwh@health.ny.gov).

Sincerely,

Marilyn A. Kacica, MD, MPH  
Medical Director  
Division of Family Health

Stephanie Shulman, DrPH, MS  
Director  
Division of Hospitals & Diagnostic & Treatment  
Centers

*References:*

1. Hand I, Noble L, Abrams SA; AAP Committee on Fetus and Newborn, Section on Breastfeeding, Committee on Nutrition. Vitamin K and the Newborn Infant. *Pediatrics*.2022;149(3)
2. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*. 8<sup>th</sup> Edition. 2017

*Attachments:*

- Vitamin K Shot Hesitancy – Information for Providers
- Vitamin K Shot: Why does my newborn need it?