INTRODUCTION
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Haemorrhagic disease of the newborn (HDN) has been a well recognised entity. The term haemorrhagic disease of the newborn (HDN) was first used in 1894 when Townsend reported 50 infants with bleeding during the first two weeks of life.

By 1950, haemorrhagic disease of the newborn seemed fairly well understood. It caused spontaneous bleeding in the first few days of life (typically in breast fed infants) and was associated with a clotting defect that was rapidly corrected by the administration of vitamin K.

Lane and Hathway (1985) in a recent review described three types of hemorrhagic diseases - early that occurs in compromised babies and babies whose mothers have been on anticonvulsants, disease that occurs on 2nd to 5th day of life (classic HDN) and late hemorrhagic disease that occurs up to six weeks of life. All these three types of HDN are preventable with vitamin K prophylaxis.

Breast milk is deficient in vitamin K and causes late colonization of gut and thus plays an important role in the pathogenesis of HDN. Breast feeding has been implicated as a necessary factor in the pathogenesis of hemorrhagic disease of the newborn (Sutherland
et al, 1967). Vitamin K is approximately four times more concentrated in cow's milk than in breast milk (Dam et al, 1942) and clotting factors dependent on this vitamin are decreased in normal term infants, and even more reduced in premature infants (Bleyer et al, 1971 and Hathway, 1975).

A national survey of HDN in Japan showed an incidence of 1:4500 in unselected cases and 1:1700 among breast fed infants (Hanawa et al, 1988). The recent worldwide increase in the incidence of HDN is believed to be due to the resurgence of breast feeding.

Although there is no unanimity over the absorption of oral vitamin K, McNinch et al and Sann et al (1985) claimed 29% absorption from an oral dose of vitamin K. Exclusively breast fed babies have prolonged prothrombin time (Keenan et al, 1971) and as a result 15-20 times greater risk of bleeding (Lane and Hathway, 1985), as compared to those given cow's milk, vitamin K or both. Among full term infants the incidence of haemorrhagic disease of the newborn has ranged from 0.25-1.75% (Sutherland et al, 1967).

Tripp and McNinch in 1987 in their annotation said "While admitting the wide gaps in our knowledge of HDN, two facts are undisputed, firstly, the condition is virtually confined to breast fed infants who are not given vitamin prophylaxis. Secondly, it carries a high risk of morbidity or death. Now that it is again common for
babies to be solely breast fed, even to the exclusion of supplementary formula feeds while breast feeding is becoming established, we strongly recommended that all, infants should receive vitamin K prophylaxis.

Though most authorities recommend routine intramuscular vitamin K prophylaxis, it is not universally followed. With the increasing emphasis on exclusive breast feeding the worldover including India, it is justifiable to fear that the incidence of hemorrhagic disease may increase unless adequate vitamin K prophylaxis is provided.

Yellis (1941) said "Despite all the arguments and counter arguments of the past we believe that weights of evidence clearly indicates the benefits to be derived from the routine administration of vitamin K to all newborn infants. There seems to be no justification whatsoever for withholding this preparation and we would earnestly hope that the subject will not be reopened for at least 10 years; even 20 years would be better.

In this study, we evaluated the efficacy of an oral water soluble vitamin K preparation (Menadione sodium bisulphite) and compared it with efficacy of parenteral vitamin K.