

Midwifery Medications

<i>Drug</i>	<i>Use/Dose</i>	<i>Considerations</i>
Anti- D	<p>Used to prevent immune-system problems, given to those who have Rhesus- negative (RhD-negative blood)</p> <p>Intramuscular 300 micrograms (1500IU) at 28 – 30 weeks' gestation</p>	<ul style="list-style-type: none"> - Women should be observed for at least 20 minutes after administration. - Occasionally fever, malaise, headache, cutaneous reaction and chills occur. - In rare cases, nausea vomiting, hypotension, tachycardia, and allergic or anaphylactic type reactions, including dyspnoea and shock. <p>DON'T NOT GIVE:</p> <ul style="list-style-type: none"> - Rh (D) positive individuals. - Woman suffers an adverse drug reaction. - Chronic dosing is required. - Woman declines medication. - Individuals < 16 years of age. - Hypersensitivity to any of the components of the Human anti-D immunoglobulin injection. - The intramuscular injection is contraindicated in persons with severe thrombocytopenia or other disorders of haemostasis.
Benzyl Penicillin	<p>has a bactericidal action against gram positive bacteria, gram negative cocci, Used to treat Group B Streptococcus</p> <p>Intrapartum antibiotic regimen:</p> <ul style="list-style-type: none"> - Loading dose IV Benzyl penicillin 3g - Maintenance IV Benzylpenicillin 1.8g every four hours until birth <p>Where the woman is allergic to Penicillin</p> <ul style="list-style-type: none"> - LOADING DOSE IV cefazolin 2g - MAINTENANCE DOSE IV cefazolin 1g every 8 hours until delivery 	<p>Hypersensitivity to benzylpenicillin and other penicillins.</p> <p>Caution in patients with poor renal function.</p> <p>Caution in hypernatremia patients due to high sodium content.</p> <p>Side effects</p> <p>High doses may cause CNS toxicity including lethargy</p> <p>Twitching</p> <p>Seizures.</p> <p>Disturbances to serum electrolytes.</p>
Carboprost	<p>Synthetic prostaglandin analogue of PGF₂α with oxytocic properties. Carboprost main use is in the obstetrical emergency of postpartum haemorrhage. More common use for those with higher BP</p> <p>give as Intramuscular injection 250 micrograms (1.0 ml) every 15 minutes, total of 4 doses before requiring theatre</p>	<ul style="list-style-type: none"> - Known hypersensitivity to any component of the medicine - Acute pelvic inflammatory disease. - Women with known active cardiac, pulmonary, renal, or hepatic disease - Women with asthma - Individuals < 16 years of age. - Carboprost can potentiate the effect of other oxytocics, concomitant use is not recommended. <p>If necessary, further doses of 250 micrograms may be administered at intervals of approximately 1.5 hours. In severe cases the interval between doses may be reduced at the discretion of the attending physician, but it should not be less than 15 minutes. The total dose should not exceed 2 mg (8 doses).</p>

<p>Celestone</p>	<p>Betamethasone Intramuscular Manage preterm labour to speed the development of the baby's lungs. In order to prevent respiratory distress syndrome</p> <p>12mg IM for 2 doses, 24 hr apart Given Intramuscular</p>	<ul style="list-style-type: none"> - Administer one dose only. Consult Dr. for 2nd dose <p>Can cause:</p> <ul style="list-style-type: none"> - pulmonary oedema secondary to sodium and fluid retention <p><i>Contraindications:</i></p> <ul style="list-style-type: none"> - Active infection
<p>Cervidil</p>	<p>Prostaglandin E₂, also known as dinoprostone. As a used in labour induction, bleeding after delivery, termination of pregnancy, and in newborn babies to keep the ductus arteriosus open.</p> <p>Given for cervical ripening 10mg inserted high into the vagina next to the cervix</p>	<p>First 2 hours following insertion, remain lying down</p> <p>should NOT be given:</p> <ul style="list-style-type: none"> - Experienced an allergic reaction to prostaglandins - Experienced unexplained vaginal bleeding during your pregnancy - Already receiving drugs to induce labour - Grand-multi, Given birth six+ times - Your baby may be too large to fit through your birth canal ("cephalopelvic disproportion")
<p>Cephazolin</p>	<p>Cephalosporin (B) treat number of bacterial infections prevent group B streptococcal disease around the time of delivery bacterial infections or preventing bacterial infections before, during, or after certain surgeries.</p> <p>1-2 grams IV</p>	<p>Contraindicated in hypersensitivity</p> <p>Side effects</p> <ul style="list-style-type: none"> - Diarrhoea - stomach pain or upset stomach - vomiting <p>Cause Nausea Vomiting and Diarrhoea</p>
<p>Clexane</p>	<p>Enoxaparin Prevent deep vein thrombosis (DVT), blood clot that forms in a deep leg vein that can occur during limited mobility</p> <p>Daily 40 mg of enoxaparin subconsciously</p> <p>2 times a day for 6 months, once a day for the remainder of pregnancy and up until 6 weeks after your baby is born.</p> <p>Enoxaparin may cause bleeding easily if pt. has the following:</p> <ul style="list-style-type: none"> - a bleeding disorder that is inherited or caused by disease; - Haemorrhagic stroke 	<p>Side effects</p> <p>More common:</p> <ul style="list-style-type: none"> - Bleeding gums - difficulty with breathing or swallowing - Dizziness - Headache <p>Less common:</p> <ul style="list-style-type: none"> - chest discomfort - convulsions - fever - swelling of the hands or feet <p>Rare:</p> <ul style="list-style-type: none"> - troubled breathing - extreme fatigue - fainting - burning, pricking, tickling, or tingling sensation

<p>Diclofenac/ Voltaren</p>	<p>For the management of severe postpartum pain and for pain relief post repair of perineum</p> <p>Oral Tablets – 50mg three times a day or (every eight hours) Suppositories – 100mg stat dose postpartum in delivery suite</p> <p>Maximum dose of 150mg in 24 hours There should be an interval of 8 hours between doses irrespective of the route of administration.</p>	<p>Side effects</p> <ul style="list-style-type: none"> - Dyspepsia - Nausea - abdominal pain - constipation - headache - dizziness - rash - drowsiness <p>More serious (and rarer) reaction</p> <ul style="list-style-type: none"> - stroke - high blood pressure - GI bleed - heart attack <p>Contraindications</p> <ul style="list-style-type: none"> - Woman suffers an adverse drug reaction. - Woman has hepatic, renal or cardiac impairment or haematological abnormalities. - Woman is taking interacting medication such as anticoagulants, lithium, digoxin, cyclosporine, quinolone antibiotics, other NSAID's or diuretics.
<p>Ergometrine</p>	<p>Prevention and First Line treatment of postpartum and post-abortion haemorrhage in emergency situations and where oxytocin not available</p> <p>250 micrograms IM or 250 Micrograms IV</p> <p>Should NOT be given during the first or second stages of labour</p>	<p>Contraindications:</p> <ul style="list-style-type: none"> - Known hypersensitivity to any component of the medicine. - women with hypertension (including that of pre-eclamptic toxemia) - Occlusive vascular disorders, severe cardiac - Liver or renal failure or sepsis. <p>Adverse effects:</p> <ul style="list-style-type: none"> - dyspnoea - Bradycardia - transient hypertension - vasoconstriction; stroke - vomiting - nausea - headache

<p>Fentanyl</p>	<p>Synthetic opioid (C) Given for pain</p> <p>25-100mcg IV Q 1 hr x 3 doses</p>	<p>May cause</p> <ul style="list-style-type: none"> - Confusion - Dizziness - Nausea - Dry mouth. <p>Contraindicated</p> <ul style="list-style-type: none"> - Monoamine oxidase inhibitor use. <p>Caution</p> <ul style="list-style-type: none"> - acute pancreatitis - Addison disease - central nervous system (CNS) depression - drug abuse or dependence
<p>Glucose Gel</p>	<p>Dextrose Form of pure glucose to treat low blood sugar by quickly absorbing in the intestinal tract after ingestion</p> <p>Tube 15g, repeated once at 15 minutes if BGL <4.0mmol, L Total maximum does 30G Onset: 10 minutes</p>	<p>Side effects</p> <ul style="list-style-type: none"> - Nausea - Vomiting - Diarrhoea -
<p>Hep B Vaccine</p>	<p>Hepatitis B is an infection caused by hepatitis B virus that affects the live</p> <p>4-dose schedule at birth, and 2, 4 and 6 months of age.</p> <p>0.5ml IM</p>	<p>May cause mild fever.</p> <p>Contraindicated in infants less than 2000g. Yeast allergy watch for hypersensitivity after injection</p>
<p>Ibuprofen</p>	<p>For the management of severe postpartum pain and for pain relief post repair of perineum</p> <p>400mg Orally Three to Four times a day. Take WITH or AFTER food.</p>	<p>Warnings</p> <ul style="list-style-type: none"> - Hypersensitivity reactions (e.g. asthma, urticaria, angioedema or rhinitis) after taking ibuprofen, aspirin or other NSAIDs. - Active, or history of peptic ulcer or gastrointestinal haemorrhage. - Severe heart failure, hepatic failure and renal failure, coagulation defects, porphyria, systemic lupus erythematosus, suffering from inflammatory bowel disease. <p>Contraindicated</p> <ul style="list-style-type: none"> - During the last trimester of pregnancy.
<p>Insulin</p>	<p>Category B Used for pre-existing or gestational diabetes</p>	<p>May cause</p> <ul style="list-style-type: none"> - Hypoglycaemia - hypokalaemia - Lipodystrophy <p>Contraindicated</p> <ul style="list-style-type: none"> - hypoglycaemia, - use caution with increased or decrease insulin requirements (NVD thyroid, trauma, renal or hepatic impairment)

<p>Labetalol</p>	<p>Beta Blocker (C) Used in chronic hypertension</p> <p>100-400 PO BID 20mg IV then 40-80 q10min PRN</p>	<p>Side effects Dizziness Light headedness nausea Contraindicated asthma obstructive airway disease bradycardia cardiac failure</p>
<p>Lignocaine</p>	<p>Lidocaine For use as a local anaesthetic prior to performing an episiotomy or before a perineal repair.</p> <p>Maximum of 20mls If episiotomy performed and 5ml 1% lidocaine already infiltrated Further 15mls may be administered. If not previously infiltrated 20mls 1% lidocaine should be infiltrated</p>	<p>Cautions</p> <ul style="list-style-type: none"> - Epilepsy - respiratory impairment - impaired cardiac conduction - bradycardia - acute porphyria - Myasthenia gravis or severe shock. - Lidocaine should be used with caution in patients receiving antiarrhythmic drugs <p>Local perineal infiltration prior to delivery crosses rapidly into the fetal circulation. Fetal bradycardia or neonatal bradycardia, hypotonia or respiratory depression may occur.</p>
<p>Magnesium Sulphate</p>	<ul style="list-style-type: none"> - As a prophylaxis against seizures in the woman with pre-eclampsia - Treatment of eclamptic convulsions - Neuroprotection of preterm infants <p>4-5gram loading dose followed by 1-3 grams an hour 4-6-gram loading dose followed by 2-4 grams an hour</p> <p>IMI: takes effect in 1 hour, duration 3-4 hours. IVI: immediate action, duration 30 minutes.</p> <p>Presentation of MgSO₄ – available in:</p> <ul style="list-style-type: none"> ▪ 50ml ampoules = 493 mg/mL (49.3% solution) which is treated as approx. a 50% solution; and ▪ 10 ml ampoules = 500mg/ml (50% solution) ▪ Clear & colourless 	<p>May cause flu like symptoms. Do not give more than 5-7 times a day</p> <p>Rare side effects:</p> <ul style="list-style-type: none"> • GIT upset • Urinary retention • Magnesium toxicity • Tissue necrosis at the injection site <p>Contraindicated</p> <ul style="list-style-type: none"> - severe asthma - respiratory depression - renal impairment - hypercalcemia - mag toxicity

<p>Marcaine</p>	<p>Bupivacaine Local anaesthesia (C) blocks nerve impulses in your body. Bupivacaine is given as an epidural injection into the spinal column to produce numbness during labour, surgery, or certain medical procedures Local Infiltration: 0.25% concentration: Inject up to the maximum dose of 175 mg Epidural Block: 0.75% 75 to 150 mg (10 to 20 mL) once for complete motor block; not for obstetrical aesthesia 0.5%: 50 to 100 mg (10 to 20 mL) for moderate to complete motor block 0.25%: 25 to 50 mg (10 to 20 mL) for partial to moderate motor block</p>	<p>Side effects</p> <ul style="list-style-type: none"> - Hypotension - Dizziness - drowsiness - Anxiety. <p>Contraindicated</p> <ul style="list-style-type: none"> - History of malignant hyperthermia.
<p>Metoclopramide/ Maxalon</p>	<p>Treat nausea and vomiting caused by infectious diseases, migraine, kidney disease, childbirth, other medications, cancer, or following surgery, chemotherapy or radiation treatment.</p> <p>PO / IM 1 tablet every 8 hours 10 mg every 8 hours</p>	<p>Side effects</p> <ul style="list-style-type: none"> - feeling restless - feeling drowsy or tired - lack of energy - nausea - vomiting - headache - confusion - or sleep problems (insomnia)
<p>Metronidazole</p>	<p>Nitroimidazole (B) used either alone or with other antibiotics to treat pelvic inflammatory disease, endocarditis, bacterial vaginosis and Trichomonas's</p> <p>500mg orally BID x 7 days OR 2 grams Orally x1</p>	<p>May cause</p> <ul style="list-style-type: none"> - Nausea - Vomiting - Diarrhoea - Candidiasis <p>Contraindications</p> <ul style="list-style-type: none"> - 1st trimester - Breastfeeding

<p>Morphine</p>	<p>Opioid (C) Sleep medication for induction 5-10mg IM</p>	<p>May cause</p> <ul style="list-style-type: none"> - itching - Vomiting <p>Contraindicated</p> <ul style="list-style-type: none"> - severe asthma - respiratory depression
<p>Misoprostol</p>	<p>Prostaglandin/ GI agent (X) Uterine stimulant 1. Induces labour 2. Treat Haemorrhage</p> <p>0.25mcg vaginally every 3-6hours 800mcg orally</p>	<p>Contraindicated</p> <ul style="list-style-type: none"> - VBAC <p>May cause</p> <ul style="list-style-type: none"> - Tach systole - diarrhoea - Chills <p>High risk for uterine rupture (prior c/s).</p>
<p>Nifedipine / Adalat</p>	<p>Calcium Channel Blocker (C) Used as a tocolytic medicine during preterm labour to slow uterine contractions and for hypertension.</p> <p>10-30mg Orally 4 times a day 8hrs</p>	<p>Side effects</p> <ul style="list-style-type: none"> - Dizziness - Headache - Nausea - Contains lactose. <p>Contraindicated</p> <ul style="list-style-type: none"> - CYP3A4 (Rifampin, phenobarbital, phenytoin, carbamazepine, St John's Wort)
<p>Nitrous Oxide</p>	<p>Pain relief for women in established labour. Women requiring analgesia for vaginal assessment, minor procedures such as suturing or while awaiting epidural analgesia.</p> <p>Inhalation Up to 70% nitrous oxide with 30% oxygen. Administer as necessary but not continuously for up to 24 hours.</p>	<p>Side effects</p> <ul style="list-style-type: none"> - Euphoria - Disorientation - Sedation - Nausea - Vomiting - Dizziness - generalised tingling <p>contraindications</p> <ul style="list-style-type: none"> - Known hypersensitivity to any component of the medicine - Individuals < 16 years of age. - Pneumothorax - Air embolism - Intoxication - maxillofacial injuries - bowel obstruction

<h2>Ondansetron</h2>	<p>Blocks the actions of chemicals in the body that can trigger nausea and vomiting</p> <p>Adults typically take one 8-mg tablet or rapidly disintegrating tablet or 10 mL of liquid twice a day</p>	<p>Side effects</p> <p>Common</p> <ul style="list-style-type: none"> headache diarrhea constipation severe blurred vision or vision loss rash hives itching <p>It is unknown whether Zofran transfers into breast milk</p>
<h2>Oxycodone</h2>	<p>Opioid Analgesic</p> <p>Taken orally to treat moderate to severe pain prescribed to pregnant women experiencing morning sickness</p>	<p>Adverse effects</p> <ul style="list-style-type: none"> Headache Constipation Drowsiness Nausea Pruritus Vomiting Pregnancy <p>increased risk of breathing difficulties in babies</p> <p>Babies may also experience dependence and withdrawal symptoms if the mother has been using Endone</p> <p>Breastfeeding not recommended</p> <p>passed on to the baby in breastmilk</p>
<h2>Oxytocin</h2> <p>Oxytocin is a peptide hormone and neuropeptide. It is normally produced in the hypothalamus and released by the posterior pituitary</p>	<p>used for Induction of labour; inadequate uterine effort; management of third stage of labour; post-partum haemorrhage</p> <p><u>Induction</u></p> <ul style="list-style-type: none"> - The initial dose 1-2 mU/minute. gradually increased in increments of 1-2 milliU/minute until a contraction pattern has been established which is similar to normal labour <p><u>Active management of the third stage of labour:</u></p> <ul style="list-style-type: none"> - 5 or 10 units by IM injection after delivery of the baby <p><u>PPH</u></p> <ul style="list-style-type: none"> - 10-40 units added to 1,000 mL of a non-hydrating diluent and run at a rate necessary to control uterine atony. <p>Intramuscular Administration: 1 mL (10 units) of oxytocin can be given after delivery of the placenta.</p>	<p>Side effects</p> <ul style="list-style-type: none"> - gastrointestinal symptoms - skin rashes - cardiac arrhythmias <p>If adverse events occur discontinue infusion</p> <p>Cautions</p> <ul style="list-style-type: none"> - Avoid large infusion volumes and restrict fluid intake by mouth. - Failure to control postpartum haemorrhage. - Woman fails to progress in labour. - Woman fits exclusion criteria. - Woman suffers an adverse drug reaction. - Chronic dosing is required. - Woman declines medication.

<p>Paracetamol / Panadol</p>	<p>Mild to moderate pain +/- pyrexia</p> <p>Tablets 500mg -1g (women < 50Kg consider 500mg) Suppositories 500mg -1g Every four to six hours to a maximum of 4 doses in 24 hours</p>	<p>Caution Severe hepatic or renal impairment. Alcohol dependency. women with severe hepatic or renal impairment taking other paracetamol meds total daily dose must not exceed 4g. CAUTION dose in women < 50Kg. Women who are taking barbiturates, tricyclic anti-depressants or alcohol may show diminished ability to metabolise large doses of paracetamol. Side effects allergic reaction, including a rash or swelling rash blood disorders Liver and kidney damage (when taken at higher than recommended doses)</p>
<p>Prostin</p>	<p>Prostin E2 Dinoprostone is a prostaglandin, a hormone-like substance that is naturally produced by tissues in the body. Prostin E2 is used to relax the muscles of the cervix (opening of the uterus) in preparation for inducing labour at the end of a pregnancy.</p> <p>10mg inserted high into the vagina next to the cervix</p>	<p>First 2 hours following insertion, remain lying down should NOT be given:</p> <ul style="list-style-type: none"> - Experienced an allergic reaction to prostaglandins - Experienced unexplained vaginal bleeding during your pregnancy - Already receiving drugs to induce labour - Grand-multi, Given birth six+ times - Your baby may be too large to fit through your birth canal (“cephalopelvic disproportion”)
<p>Pethidine</p>	<p>For the relief of pain in labour either alone or in combination with other specified drugs.</p> <p>50 to 100mg as an initial dose Route of administration Intramuscular Frequency of administration A second dose of 50 to 100mg may be given after 2 hours with a maximum total dose of 200mg</p>	<p>may cross the placenta and cause neonatal respiratory depression. Pethidine is excreted in breast milk.</p> <p>Contraindications:</p> <ul style="list-style-type: none"> - hypersensitivity to any component of the medicine - Women with respiratory depression - obstructive airways disease - eclampsia - phaeochromocytoma - hepatic impairment - drug dependence - renal impairment - coma. <p>Use in women receiving monoamine oxidase inhibitors (e.g. phenelzine, moclobemide) or within two weeks following their withdrawal.</p>

<p>Stemetil</p>	<p>Prochlorperazine Injection For the management of actual or potential nausea and vomiting 12.5mg Deep Intramuscular Stat treatment, Once only</p>	<ul style="list-style-type: none"> - Neuroleptics may occasionally prolong labour and at such a time it should be withheld until the cervix is dilated 3 - 4cm. - Postural hypotension with tachycardia as well as local pain or nodule formation may occur after IM administration. - Close monitoring is required in patients with epilepsy or a history of seizures, as phenothiazines may lower the seizure threshold. <p>Side effects (don't always occur)</p> <ul style="list-style-type: none"> - Drowsiness - Sensitivity to light - Swelling in the breasts - Sleeping problems
<p>Syntocinon</p>	<p>Oxytocin Induction of labour; inadequate uterine effort; management of third stage of labour; post-partum haemorrhage</p> <p><u>Induction</u></p> <ul style="list-style-type: none"> - The initial dose 1-2 mU/minute. Gradually increased in increments of 1-2 milliU/minute, until a contraction pattern has been established which is similar to normal labour <p><u>Active management of the third stage of labour:</u></p> <ul style="list-style-type: none"> - 5 or 10 units by IM injection after delivery of the baby <p><u>PPH</u></p> <ul style="list-style-type: none"> - 10-40 units added to 1,000 mL of a non-hydrating diluent and run at a rate necessary to control uterine atony. - IM: 1 mL (10 units) of oxytocin can be given after delivery of the placenta. 	<p>Side effects</p> <ul style="list-style-type: none"> - gastrointestinal symptoms - skin rashes - cardiac arrhythmias <p>If adverse events occur discontinue infusion</p> <p>Cautions</p> <ul style="list-style-type: none"> - Avoid large infusion volumes and restrict fluid intake by mouth. - Failure to control postpartum haemorrhage. - Woman fails to progress in labour. - Woman fits exclusion criteria. - Woman suffers an adverse drug reaction. - Chronic dosing is required. - Woman declines medication.

<p>Syntometrine</p>	<p>The active management of the third stage of labour (As a means to promote separation of the placenta and to reduce blood loss), or after the birth of the placenta, to treat postpartum haemorrhage.</p> <p>Active management of third stage of labour:</p> <ul style="list-style-type: none"> - Intramuscular injection of 1ml after delivery of the anterior shoulder, or at the latest, immediately after delivery of the child. <p>Expulsion of the placenta, which is normally separated by the first strong uterine contraction, should be assisted by controlled cord traction.</p> <p>Treatment of postpartum haemorrhage:</p> <ul style="list-style-type: none"> - Intramuscular injection of 1ml following expulsion of the placenta, or when bleeding occurs. 	<p>Warnings</p> <ul style="list-style-type: none"> - breech presentations and other abnormal presentations, - not be given until after delivery of the child, and in multiple births not until the last child has been delivered. - In postpartum haemorrhage, if bleeding is not arrested by the injection of Syntometrine®, the possibility of retained placental fragments, or of soft tissue injury (cervical or vaginal laceration), or of a clotting defect, should be excluded before a further injection is given. <p>Contraindications</p> <ul style="list-style-type: none"> - Primary or secondary uterine inertia. - Severe hypertension - Pre-eclampsia, eclampsia. - Severe cardiac disorders. - Severe hepatic or renal impairment. - Occlusive vascular disease. - Sepsis.
<p>Targin</p>	<p>combination of Oxycodone/naloxone analgesic drug</p>	<p>Contraindication</p> <ul style="list-style-type: none"> - moderate or severe liver disease - breathing - reduced level of consciousness - have a condition where your stomach empties more slowly - condition that obstructs the stomach/bowel - have irregular heartbeats
<p>Tramadol</p>	<p>Treat moderate to moderately severe pain doses must be 12 hours apart</p> <p>50 to 100 mg orally every 4 to 6 hours as needed for pain</p>	<ul style="list-style-type: none"> - Easily abused - Maternal and fetal addiction <p>Side effects</p> <ul style="list-style-type: none"> - Constipation - discouragement - drowsiness - dry mouth

Tranexamic Acid

Antifibrinolytic agent, used to treat or prevent excessive blood loss from major trauma, postpartum bleeding

1 g in 10 mL (100 mg/mL) IV at 1 mL per minute (i.e., administered over 10 minutes), with a second dose of 1 g IV if bleeding continues after 30 minutes.

- Nausea
- Vomiting
- diarrhoea
- dizziness
- feeling light-headed
- mild itching

Vitamin K

Phytomenadione
Prophylaxis of vitamin K deficiency bleeding (VKDB) in neonates.
decrease the risk of haemorrhage

Preterm Neonate:
< 36 weeks and/or 2.5Kg
400 microgram/kg to a maximum dose of 1mg

Weight of baby	Dose of vitamin K at birth	Injection Volume
1Kg	400 micrograms	0.04ml
1.5Kg	600 micrograms	0.06ml
2Kg	800 micrograms	0.08ml
2.5Kg	1mg	0.1ml
> 2.5Kg	1mg	0.1ml

Term Neonate:
1mg IM

Oral dose

Dose of vitamin K	Volume	Timing
2mg	0.2ml	At birth
2mg	0.2ml	4-7 days of age
2mg	0.2ml	At one month on exclusively breast

- Anaphylaxis can occur with first dose
- temporary pain of an injection
- seems to have caused no side effects