

Dear Senate Health Committee Members:

Please oppose HB2644. Current law provides protection to infants and allows doctors and parents to administer Vitamin K in the manner they feel is best for each child. Changing the wording of the law "most effective means" removes options and may result in best care not being followed for individual children. Medical care should not be a one-size-fits-all approach.

I have 4 amazing children. 2 of my children received the Vitamin K vaccination and 2 of my children received oral Vitamin K. Each of my children were appropriately protected. My youngest spent time in the NICU after birth, and the pediatricians there were happy to administer oral Vitamin K. If HB2644 had been law at that time it may have prevented his doctors and us from making an appropriate individual best care choice for him. I was diligent to follow up with correct dosing after he was discharged.

Choosing Oral Vitamin K is a solid science based decision and one that should not be removed as an option for doctors and parents. In a Danish study involving 396,000 infants who received a regimen of Oral Vitamin K there were no identified cases of vitamin K deficiency bleeding (VKDB), the incidence was 0-0.9:100000 (95% CI). They concluded "Weekly oral vitamin K supplementation during the first 3 mo of life was an efficient prophylaxis against VKDB. Parental compliance with the regimen was good." <sup>1</sup> There are many other studies showing Oral Vitamin K to be effective at preventing VKDB, classic as well as late onset. Doctors and parents who choose this method are educated and diligent to follow and finish the prescribed regimen.

Thank you for your consideration on this important matter. I urge you change the wording of this bill to specifically allow for both injection and oral administration.

Sincerely,  
Alicia Hawkins

References:

<https://www.ncbi.nlm.nih.gov/pubmed/12892158>