

Chairwoman Monnes Anderson and members of the Committee

RE: HB2644

First I want to mention that I am a taxpayer here in Oregon. I am also a registered voter and are small business owners here. I am very involved locally with legislation to maintain parental rights and the parent/doctor relationship. I am not paid to be here, I have not been given any financial backing by any major medical organization. I am not a lobbyist, I am a mom. I am not being paid to come here (which I know some of the individuals, including the sponsor and organizations proposing this bill have not only received funding from pharmaceutical companies to support this bill they are in fact being paid to propose this bill). I am here out of my heart and what I believe is right.

About a month ago or longer I testified in opposition of this bill on the house side. I had read the entire bill and reviewed the statements against scientific peer reviewed literature and it does not stand up. I also interviewed the legislator who sponsored this bill, Rep Malstrom, and provided her with these studies after giving my testimony so she can see that her bill does not match up with science, she has continued to push this making only minor changes to the language. When I asked her what brought her to bring this bill forward, being that there's no epidemic of VKDB and the stats are extremely rare (1.7 % in 100,000 babies). She said that she was asked to.

I could understand the need for a legislator to demand **a safer vitamin K administration**, but making it "most effective means" for intramuscular injection is not asking for a safer mean, while it may be easier and faster to administer than oral. We based on the the fact that Vitamin K intramuscular injection does come with a great risk of death and other side effects, it would seem to be in all of our best interests to leave choice open, not ramrod a bill through just because some vested interest organizations have asked someone to.

Per a report last year (which I've included as an attachment to this testimony) we are the ONLY nation that has the HIGHEST infant mortality death out of any industrialized nation. We are also the only NATION that pushes and demands and scares parents into getting the Vitamin K injection vs oral (which has far less side effects) and also Hep B at birth. In fact, most of the countries who have the lowest first day death use oral vitamin K and do not give Hep B at birth. Starts making you wonder...

I also did a survey of thousands moms in several different groups and of those parents who gave the Vitamin K injection over 80 % of their children got jaundice. Of the mothers that gave oral vitamin K only 20 % of their children got jaundice. Of those that I surveyed a huge percentage gave no vitamin K with zero reactions and jaundice. So it's very clear that Vitamin K should be kept as an option based on the fact that many parents are different in their wishes and a lot of them have done extensive research on what route they would like to go.

I have included along with this testimony three separate studies looking into the differences and effectiveness of both oral vs muscular injected Vitamin K. All three studies concluded that both were as effective, one was actually not more effective, one was not less, they were both as effective.

**STUDY 1: PubMed Comparative study of oral versus injectable vitamin k in neonate:**

**CONCLUSION:**

***The differences between Groups A, B and C were insignificant. However, Group D (no oral or vitamin K injection), prothrombin index was significantly reduced as compared with the other three groups. It is, therefore, concluded that oral Vitamin K is as effective as injectable Vitamin K and its usage is recommended in our country to reduce complications and costs of parenteral therapy.***

**STUDY 2: Jama Comparative study of phytonadione (Vitamin K) with excessive anti-coagulation**

**CONCLUSION:**

***Conclusion: Oral administration of phytonadione had similar efficacy and safety as intravenously administered phytonadione and may be suitable for treatment with patients with excessive anticoagulation.***

**STUDY 3: IJSS Comparative study of Oral Vitamin K in neonates**

**CONCLUSION:**

***Conclusion: Oral Vitamin K is as effective as intramuscular Vitamin K and its usage can be recommended in our country to reduce complications and cost of parenteral therapy.***

With the above science mentioned I will relay my own personal story and why I am so passionate about not only maintaining informed consent (making sure all parents know that there is a Black box Warning for Vitamin K intramuscular injection) but also that they can do oral if they like:

On February 7th 2011 I was induced due to a rare medical condition called “Cholestasis of pregnancy”. My daughter at the date of induction was just under 36 weeks gestation. Through amnio-synthesis the specialist and my OB both agreed her lungs were totally healthy for induction.

My daughter was born happy and healthy February 8th 2011. Previous to that I was not made aware that there were any vaccinations or medical interventions required following the birth, even in our birthing class we did at the hospital. The nurse said they were going to administer Vitamin K injection. I balked and asked all about it, texted some of my experienced mom friends and they all said “It’s just a vitamin and nothing else”. So I agreed to administer.

What followed after my daughter got administered the Vitamin K1 injection was she started having respiratory arrest. Her oxygen levels were dropping and she was rushed to the NICU for observation. She was kept in a breathing bubble and later the Doctor in the NICU ordered a CPAP for 4 days and oxygen another 2 days (see photo of this in NICU). She finally got to nurse on the 6th day in the NICU. When I asked the Doctors and NICU nurses and specialists what was going on, they all said ***“We don’t have any answers, her test results came back negative for any inflammation or any dysfunction, her lungs are clear, we will just give her IV antibiotics for the first 5 days just to be safe”***

Following that Riley had extreme hyperbilirubenemia (extreme jaundice) and had to be on bili lights non stop for hours so much so that they wouldn’t let me do kangaroo care. My OB blamed

himself for an early induction and said my daughter was the first baby he had any issues with and he really thought he did every precaution to make sure the baby was going to be fine.

It took me four years to heal my daughter from not only that injection but also the 5 days of antibiotics at birth. Whatever good bacteria she got being born naturally was wiped out completely. It destroyed her gut, her teeth and she had non stop health issues with candida infections, colic, yeast infections, seasonal allergies and she lost two molars as soon as they came as they were decayed.

After some years of no answers, I had a friend forward me the vaccine package insert for Vitamin K injection. Right on that package insert were the explanations to my daughters reactions following birth. My pediatrician had no clue that these were side effects, my OB, my family physician, the NICU Doctor or nurses. None of them knew. In fact, Dr. Hoffman in his testimony in proposition for this bill said, when asked what were the side effects only said, "Well we know of pain at the site of injection." This is not even listed on the vaccine package insert. They are not required to review the package insert. They are only told "this is something we do after every single birth".

#### PACKAGE INSERT:

##### "Black Box Warning Label

##### WARNING - INTRAVENOUS AND INTRAMUSCULAR USE

Severe reactions, including fatalities, have occurred during and immediately after INTRAVENOUS injection of AquaMEPHYTON\* (Phytonadione), even when precautions have been taken to dilute the AquaMEPHYTON and to avoid rapid infusion. **Severe reactions, including fatalities, have also been reported following INTRAMUSCULAR administration. Typically these severe reactions have resembled hypersensitivity or anaphylaxis, including shock and cardiac and/or respiratory arrest. Some patients have exhibited these severe reactions on receiving AquaMEPHYTON for the first time. Therefore the INTRAVENOUS and INTRAMUSCULAR routes should be restricted to those situations where the subcutaneous route is not feasible and the serious risk involved is considered justified.**

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##### "Pediatric Use

Hemolysis, jaundice, and hyperbilirubinemia in newborns, particularly in premature infants, may be related to the dose of AquaMEPHYTON. Therefore, the recommended dose should not be exceeded (see ADVERSE REACTIONS and DOSAGE AND ADMINISTRATION)."

If we are going to tell a parent by law that this is the most effective means and fail to tell them that there is a Black Box Warning on that "effective means" we are doing a massive disservice and could maim, cause death or cause serious side effects through this "effective means". I wish my Doctor knew and I would've been able to say that oral is safer because my daughter is premature. I was never given that option or education.

Chairwoman Monnes Anderson, you said during another hearing some weeks ago that you really dislike government telling parents how to raise their children. Well this bill is doing exactly that. Our newborn babies deserved less medical intervention after going through labor. I am opposed to HB2644 as it's written because it's not based on science but actually based on vested interests and I hope you do not vote this forward.

With all my heart,  
Brittany Ruiz