



HOUSE OF REPRESENTATIVES

HB 2644: Oral Vitamin K Ban

Background: Vitamin K is essential to form blood clots, which prevents severe bleeding and blood loss. And, while older children and adults receive most of their Vitamin K from bacteria in the stomach and intestines, and some from their diet, it does not cross the placenta to the developing baby. After birth, there is little vitamin K in breast milk and breastfed newborns can have a Vitamin K deficiency for several weeks following birth. Infant formula often has added Vitamin K, but even formula-fed infants tend to have very low levels of Vitamin K for several days.

With low levels of Vitamin K, some infants are susceptible to very severe bleeding - sometimes into the brain, causing significant brain damage. To prevent bleeding, infants are routinely given Vitamin K after birth, traditionally with a shot, and, more recently, through a series of ingested drops due to concerns regarding the safety of injections.

The Problem: While both Vitamin K shots and drops are options for the consideration of parents, shots are *significantly* more effective in properly combating Vitamin K deficiencies. First, the intramuscular shot (0.5 to 1 mg [depending on birth weight]) is available in one dose whereas oral Vitamin K drops require three carefully timed administrations—which are easy to forget, especially in the hectic first weeks after an infant’s birth. Secondly, even when properly administered oral vitamin K is less effective than the shot, because the shot’s Vitamin K is absorbed more easily and lasts longer. Anywhere from 1 to 6 babies out of 100,000 who receive the oral vitamin K will still develop late bleeding (Forbes, 2016).

The Solution: HB 2644 amends ORS 433.306 to read “a physician licensed under under ORS chapter 677, 684, or 685 or [the] midwife attending the mother at the birth of a child is responsible for ensuring that the newborn infant receives an injection of vitamin K with 24 hours after birth”. HB 2644 also states that no parent shall be refused due to inability to pay for the injection, and that parents may opt on “grounds that the procedure conflicts with the religious tenets and practices of the parents”.

Prepared by Derek Olson, Chief of Staff