

Dear Madam Chair Monnes-Anderson, and Representatives of the Health Committee

My name is Sara Soltani-Gobet, I am a constituent of District 17, here to testify against HB2664.

It is now estimated that up to 40% of the US population has one or more copies of a genetic variant MTHFR. My husband and I both have 2 copies, so we knew our son was going to be born homozygous C677t MTHFR, which makes him more prone to blood clotting issues among other things. Because of this, I opted out of all forms of vitamin K, and I would like the opportunity to explain why, which I will get to in a minute. It took our Naturopathic Midwife 4 pricks on his heel to get enough blood for the PKU test, that's how easily his blood coagulated naturally. Can you imagine what a vitamin K injection that thickens blood far beyond levels found in any adult, might have done to my baby? Procedures that are already in place, result in nearly all babies receiving the vitamin k injection at birth, so why are we removing oral vitamin K as an option for those like me, that would otherwise decline altogether? I feel strongly that someday this practice will be looked unfavorably upon, much like immediate cord clamping is becoming outdated and potentially harmful. This current practice means a newborns stem cells have to move through sludge-not nicely greased blood vessels-which makes it more difficult for stem cells to make repairs throughout the body. Maybe one day it will dawn on the medical profession, that not only are cord blood stem cells important and useful to the newborn baby, but that stem cells need thin blood for a reason.

This practice was put in place in 1961 as "the standard of care," it's estimated to prevent the VERY rare occurrence of Vitamin K Deficiency Bleeding. But, every pubmed article I could find on the subject says, "The U.S. does not track the number of cases of VKDB, so we don't really know how frequently it would occur if we stopped giving the shot routinely." Does it make sense to inject every single baby with a one size fits all protocol with something that could harm them to protect them from something that occurs so rarely we don't even keep stats on it?

I also have issues with the vitamin K used in the shot itself. It isn't a natural form of vitamin K such as would be found in leafy greens (K1) or butter (K2) It is a synthetic vitamin K – generic name phytonadione. Synthetic vitamins should be avoided as they can cause imbalances in the body and have unintended consequences. For example, synthetic vitamin A actually causes the type of birth defects that natural vitamin A prevents! It's well worth noting that the amount of vitamin K injected into newborns is 20,000 times the newborn's typical level at birth. It seems most odd that conventional medicine repeatedly warns against mega dosing vitamins in adults, yet doesn't raise any questions at all about the practice of giving a massive dose of a synthetic vitamin to an hours-old infant.

I believe babies (and all animals for that matter) have lower levels of vitamin K at birth for a beneficial, protective, reason. I'm just going to throw these "common sense-based" thoughts out there, but let's consider them: (and by the way this goes for the Drops as well as the Shot)

First, in order to absorb vitamin K we have to have a functioning biliary and pancreas system. Your infant's digestive system isn't fully developed at birth which is why we give babies breast milk (and delay solids) until they are at least 6-months-old, and why breast milk only contains a small amount of highly absorbable vitamin K. Too much vitamin K could tax the liver and cause brain damage (among other things). As baby ages and the digestive tract, mucosal lining, gut flora, and enzyme functions develop, baby can process more vitamin K. Low levels of vitamin K at birth just...make...sense.

Secondly, cord blood contains stem cells, which protect a baby against bleeding and perform all sorts of needed repairs inside an infant's body. Here's the kicker, in order for a baby to get this protective boost of stem cells, cord-cutting needs to be delayed, and the blood needs to remain thin so stem cells can easily travel and perform their functions. Imagine that, baby has his/her own protective mechanism to prevent bleeding and repair organs...that wasn't discovered until after we started routinely giving infants vitamin K injections.

Third, a newborn might have low levels of vitamin K because it's intestines are not yet colonized with bacteria needed to synthesize it and the "vitamin K cycle" isn't fully functional in newborns. It makes sense then to bypass the gut and inject vitamin K right into the muscle right? EXCEPT a baby's kidneys aren't fully functional either.

Fourth, babies are born with low levels of vitamin K compared to adults, but this level is still sufficient to prevent problems in more than 99%. I believe children have natural protective mechanisms that justify their low vitamin K levels at birth. I don't know about you, but we should probably figure out why that is before we "inject now and worry about it later."

Any fetus which gets being wrung out like a wet towel while travelling down the birth canal, can incur damage in any part of the body, including micro hemorrhages in the brain, and needs an built in fix-it. And stem cells cross the brain blood barrier. In fact, stem cells can go ... anywhere!!! Amazing don't you think?? God's design has solutions for situational

problems. Three solutions, actually. The second is the fact that naturally, in the first few days, a baby's blood clotting factors are lower than normal.

Might a logical hypothesis be, that thinner blood allows freer and quicker access of cord blood stem cells to any part of the body damaged during birth? After all, why should stem cells have to fight through a baby's blood which is now hundreds of times thicker than any adult's, courtesy of another needle?

In conclusion, I implore you to consider these facts before passing HB2664, which serves only to give physicians more power to bully parents into accepting the one size fits all "Standard of Care."

Thank you for your time.
Sincerely,

Sara Soltani-Gobet
Saragobet@gmail.com
11900 Nw Thompson Rd
Portland, Or 97229