

Congress of the United States

Washington, DC 20515

June 29, 2026

The Honorable Jay Bhattacharya
Performing the Duties of the Director
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, GA 30329

Dear Dr. Bhattacharya:

We write to urge the Centers for Disease Control and Prevention (CDC) to take immediate action to address a growing and preventable public health crisis: the rising rate of vitamin K refusal at birth and resulting vitamin K deficiency bleeding (VKDB) among newborns. Specifically, we call on the CDC to establish ways to monitor and understand the burden of vitamin K refusal rates, VKDB and VKDB-related deaths, and to make that information publicly available.

Vitamin K is an essential nutrient which helps blood clot. Because infants are born with very low levels of vitamin K, they are at high risk for developing dangerous bleeding disorders, including internal bleeding. A single vitamin K shot is a highly effective newborn intervention to help prevent bleeding until babies can absorb sufficient vitamin K when they typically begin eating solid foods containing the nutrient and their gut microbiomes develop. Without it, babies are 81 times more likely to develop late VKDB, which can cause bleeding in the brain.¹ According to CDC data, 1 in every 5 babies who develop VKDB will die.² There are no warning signs in most cases of VKDB: a baby can be bleeding into their intestines or brain before their parents know anything is wrong. Some parents are requesting oral vitamin K instead, which is not recommended by the American Academy of Pediatrics (AAP) or CDC. Babies don't absorb oral vitamin K consistently, and research shows oral drops are ineffective.³

Unfortunately, as medical misinformation grows, it appears that more American parents are declining the vitamin K shot for their newborns. A December 2025 study of more than 5 million births found that more than 5 percent of U.S. babies did not receive the vitamin K shot at birth in 2024, a 77 percent increase from 2017.⁴ Recent informal pulse surveys of pediatricians across the country also show that doctors are seeing parents and caregivers refuse routine preventative care for newborns, including vitamin K shots, erythromycin eye ointment, and hepatitis B vaccination, according to AAP. Pediatricians are also reporting that vitamin K refusal often occurs alongside vaccine hesitancy.

[Recent reporting from ProPublica](#) has highlighted a major problem: the federal government does not currently track vitamin K shot refusal, vitamin K deficiency bleeding, or the preventable deaths related to vitamin K deficiency.

¹ Centers for Disease Control and Prevention, "Vitamin K Deficiency Bleeding,"

<https://www.cdc.gov/vitamin-k-deficiency/about/index.html>

² Centers for Disease Control and Prevention, "Frequently Asked Questions About Vitamin K Deficiency Bleeding,"

<https://www.cdc.gov/vitamin-k-deficiency/faq/index.html>

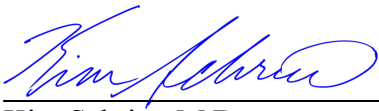
³ <https://publications.aap.org/pediatrics/article/149/3/e2021056036/184866/Vitamin-K-and-the-Newborn-Infant>

⁴ Kristan Scott, et al., "Trends in Vitamin K Administration Among Infants," JAMA (December 2025),

<https://jamanetwork.com/journals/jama/fullarticle/2842444>

Without a good understanding of the scope of these issues, we cannot assess the true toll of refusal, identify trends, or develop targeted public health campaigns. Since vitamin K became a part of standard newborn care in 1961, there was previously no need for robust monitoring systems to track incidences of VKDB in infants. However, rising vitamin K refusal rates justify investing in modern diagnostic tests to better assess the scope and impact of VKDB in babies who do not receive the vitamin K shot. This will help clinicians gain the information they need to effectively counsel families. The CDC has the tools to better understand the burden of vitamin K shot refusal, VKDB, and VKDB-related deaths. We urge you to use them, and to share that data with the public, so that we can prevent tragic illness and death in infants. and VKDB-related deaths. We urge you to use them, and to share that data with the public, so that we can prevent tragic illness and death in infants.

Sincerely,



Kim Schrier, M.D.
Member of Congress



Angela D. Alsobrooks
United States Senator