Testimony in Opposition
HB 1468
Human Services Committee
January 25, 2021

Good afternoon Chair Weisz, Vice Chair Rohr, and members of the Committee,

My name is Dr Ana Tobiasz, MD and I am a Maternal Fetal Medicine physician at Sanford Health in Bismarck. Thank you for the opportunity to testify in opposition to HB 1468. I am asking the committee to give this bill a Do Not Pass recommendation.

My medical training and expertise is in caring for women during high risk pregnancies. I was born and raised in Munich, ND and completed my undergraduate and medical school training at the University of North Dakota. After medical school I completed a 4 year residency training in Obstetrics and Gynecology in Grand Rapids, MI, followed by a 3 year fellowship training in Maternal Fetal Medicine at the University of Tennessee. I have worked as a maternal fetal medicine specialist at Sanford Bismarck since July 2017. I am the first and only MFM in Bismarck and one of only three within the entire state. I care for women who have underlying health conditions, as well as diagnose and manage fetal health conditions, and have a unique understanding of the interaction between the mother, placenta, and unborn fetus.

I strongly oppose this bill because the decision model for administering vaccines in pregnancy is not any different than any other medication I discuss with my patients, many of which have significant effects on their unborn child. We have never required a pregnant patient to sign a consent form or have a witness present for the discussion about medication use in pregnancy. This bill would harm the physician/patient relationship and will cause an unnecessary burden on the healthcare system with additional unnecessary documentation. We already have a method of documenting our counseling and discussion with patients in the electronic medical record.

Treating health conditions during pregnancy is challenging and unique due to the relationship between the mother and fetus. Many pregnant women have health conditions that are more harmful to both the mother and fetus if left untreated than if treated with a medication that may have adverse effects on one or both of them. Decisions regarding medication use in pregnancy are always made on a risk/benefit scale. I spend a great deal of time discussing this with my patients, and then documenting this discussion and the patient's decision in the medical record. Unfortunately due to the ethical limitations of studying medications during pregnancy, pregnant women are routinely excluded from research trials with new medications. This includes new vaccines. The average pregnant woman takes 2-3 prescription medications over the course of their pregnancy—none of which were likely studied during a randomized trial on the specific effects in pregnancy. We do generally have the benefit of animal studies on pregnant animals and extrapolate this data to human pregnancies. Information about the effects of the medications during pregnancy are obtained retrospectively after women are either incidentally or intentionally exposed to the medication during pregnancy. Many new medications and vaccines have drug registries where we have our patients register and the individual patient and their exposed fetus/child are then followed over time to see what the effects were after the exposure. At this time, we have years of data and retrospective studies on commonly administered vaccines in pregnancy.

There are two vaccines that are routinely given and recommended to be given during each and every pregnancy. This includes the influenza vaccine and the Tdap vaccine (tetanus, diphtheria, and pertussis vaccine). I have a very high uptake (85-90%) of these vaccines in my practice, with almost no women declining after discussing the risks and benefits of vaccination. I have had no serious adverse reactions as a result of vaccination for my patients. The time frame of vaccination is generally not at the time of admission for delivery, therefore women are not generally being offered vaccines under duress. I have had extensive training in counseling patients on medical treatments and procedures during labor—vaccinations are no different.

We give the influenza vaccine to protect the mother, as pregnant women are at a significantly higher risk of complications if they become ill with influenza as compared to a non-pregnant individual. I have cared for many pregnant women who were ill from influenza. I vividly remember one of my patients in my last year of fellowship training—one who nearly lost her life and the life of her unborn child. She had made the decision to not receive the influenza vaccine as was recommended, and ended up in the intensive care unit and required specialized medical treatments such as prone positioning, ventilator support and had to receive ECMO. ECMO is a medical treatment that is used to bypass the lungs for oxygenation and return the blood back to the body. This would have been avoidable with administration of the influenza vaccine.

The Tdap vaccine is given during each pregnancy to protect the infant after birth. When the vaccine is given during the third trimester, the antibodies produced by the mother will pass through the placenta and gives the infant protection in the first months of life, during which time they cannot receive the Tdap vaccine. This was all determined by retrospective studies.

There are many other vaccines that are acceptable to be given during pregnancy. In fact, the only vaccines which are not recommended in pregnancy are those that are considered live virus vaccines. This is due to the fact that if a person receives a live vaccine, they have a chance of becoming ill from the virus. The viral illnesses which are prevented with live vaccines, such as varicella, are unfortunately teratogenic to the fetus, therefore we do not give these vaccines during pregnancy.

The covid-19 vaccine is a new topic that I am discussing daily with my patients. This is not a live virus vaccine. The technology used for the currently available covid-19 vaccines is new, however based on the mechanism of these vaccines, there is unlikely to be harm to the fetus. The mother cannot become ill from receiving the covid-19 vaccine as it is not a live virus vaccine. The majority of the side effects that commonly occur would not be detrimental to the growing fetus and are short-lived. Despite our limitations of studying medications and vaccines directly in pregnancy during randomized trials, we do have evidence that pregnant women who become ill from covid-19 are at a substantially higher risk of severe complications. When weighing the risks of covid-19 infection versus the vaccine, the benefits of vaccine administration are clearly favored. These are the types of discussions and decisions I make on a daily basis with my patients.

In summary, I strongly oppose this bill, which proposes to add additional unnecessary intrusions into the patient/physician relationship and adds unnecessary and burdensome documentation to our healthcare system.

I strongly urge a Do Not Pass recommendation on HB 1468.

Dr Ana Tobiasz, MD
Maternal Fetal Medicine Physician
Sanford Health Bismarck
Phone: 218-779-8497