Ohio Section
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Immediate Past Chair, Ohio Section

Ohio Senate
General Government Budget Committee
HB218 – Vaccines
Testimony of Amy Burkett, MD FACOG
American College of Obstetricians and Gynecologists, Ohio Section

Chair Peterson, Vice Chair Cirino, Ranking Member Craig and esteemed members of the Committee, my name is Dr. Amy Burkett. I am an obstetrician-gynecologist currently working as a Hospitalist at Cleveland Clinic, Akron General Hospital. I have lived in Ohio my entire life. I received my medical degree from the Northeast Ohio Medical University, affectionately known as NEOMED, and then did my residency at The Ohio State University Medical Center before returning to Northeast Ohio. I was in private practice for 10 years and worked as a Laborist at the Cleveland Clinic for four years before starting my current position. During the pandemic, I worked exclusively inpatient and have been actively involved in the care of Covid positive pregnant patients since the onset. Of note, I am neither speaking on behalf of nor representing the views of my employer.

I am here today on behalf of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG) of which I am the Immediate Past Chair. As you may know, ACOG is our specialty's premier professional membership organization dedicated to the improvement of women's health. In Ohio, ACOG represents over 1500 obstetrician-gynecologists and their patients; and nationally ACOG represents approximately 58,000 obstetrician-gynecologists and women's health care professionals.

OBGYNs are not always thought of as vaccine advocates. However, we have been providing vaccines to women for decades. We provide HPV vaccine for cervical cancer prevention and annual influenza vaccines to our patients and employees. OBGYNs recommend Tdap to mothers in the last part of pregnancy to provide passive protection to the baby during their first vulnerable months of life before they are eligible for vaccination, and we encourage all family members and caregivers to also receive a booster to help reduce the chance of baby being exposed to whooping cough. OBGYNs also routinely administer MMR in the immediate postpartum period to booster those with low levels in pregnancy. Emerging research is showing the Covid vaccine when administered in pregnancy or lactation may also provide passive immunity as soon at 16 days after the date the first vaccine is administered.

Facts are important. The CDC and ACOG agree like other non-live vaccines, the Covid vaccines have shown no increased rate complications in pregnant, postpartum or lactating women and therefore these women should be able to freely chose to receive the vaccination. In fact, these vaccines improve the health of women and their babies by reducing infection, and potential need for hospitalizations. In addition, no research to date has shown the Covid vaccine to be associated with infertility, miscarriage or poor pregnancy outcomes. However, current data does show women who get Covid-19 while pregnant or postpartum are at increased risk of more severe illness compared with nonpregnant peers. These risks include increased need for ICU admission, need for ventilator support and rarely maternal death. These risks are even higher for pregnancies complicated by obesity, diabetes, or hypertension. Studies indicate African American mothers are also at increased risk for

complications. This increased risk goes beyond those linked to their medical conditions and is believed to be caused by racial disparities and social determinants of health.

OBGYNs take care of vulnerable populations including immunocompromised cancer patients, high risk pregnant women and fragile NICU babies. These populations deserve to know if their healthcare providers and daycare workers are vaccinated and should have the freedom to demand their families are protected from infectious diseases. Current Ohio law supports this as children must be vaccinated against multiple childhood illnesses or provide exemption documentation to attend daycare or school. These laws protect Ohio's babies and immunosuppressed children which includes children with cancer where attending school can mean a return to a normal childhood after fighting a life-threatening disease. Mandatory vaccination also lessens the spread of infectious disease that can lead to lost school days, parental lost workdays and wages and increased hospitalizations for children.

Many private practice OBGYNs are still recovering from the shutdown and loss of revenue due to staff Covid infections. OBGYNs were among the groups of health care specialists who continued to provide face-to-face care during the pandemic. Women continued to need health care and babies continued to need to be delivered, so we were often exposed to patients with active Covid infection who needed ultrasounds, labor management or cesarean deliveries. These OBGYNs should be able to freely make decisions about vaccine requirements for their staff so they can protect their workers and patients. Workers can freely choose not to be vaccinated and instead wear a mask or can chose to work elsewhere where vaccines are not required, but the state should not limit the freedom of a business to set minimum standards for its workers.

Finally, on a more personal note, although I am fully vaccinated, if I were testifying in person I would have walked into session in a mask. I wear a mask to support cancer patients, the babies I deliver and young children all of whom are not eligible to be vaccinated at this time. It is my duty as a physician and a mother to do everything in my power to protect these vulnerable populations.

Thank you for your time and consideration, and I'd be happy to answer any questions you may have.

References:

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