

**Statement on Utah HB 0136
Gestational Age Act
SUPPORT
Presented to Utah House Judiciary Committee**

**February 20, 2019
Written Testimony Donna J. Harrison M.D., Executive Director**

Chairman and members of the committee,

Thank you for allowing me to address this committee. I am Dr. Donna Harrison, a board-certified Obstetrician and Gynecologist, and Executive Director of the American Association of Pro-Life Obstetricians and Gynecologists, representing over 4,600 medical professionals across the U.S.

Utah HB 0136 the Gestational Age Act prohibits the performance of abortions on fetuses who have achieved a gestational age of 18 weeks. There are three very good reasons for banning abortions on fetuses who are 18 weeks and older. 1) Fetuses at 18 weeks feel pain and abortions at that gestational age are most commonly performed by D&E- the tearing apart of the fetus, limb from limb, also known as “dismemberment abortions”, 2) Abortions performed at that gestational age have a serious risk to the mother of major hemorrhage, perforation of the uterus and anesthesia complications, and 3) Abortions performed at or after 18 weeks have a major risk of preterm birth in subsequent pregnancies, and increased risk of suicide, drug abuse and hospitalizable major depression when compared to unplanned pregnancies carried to term.

1) Fetuses at 18 weeks feel pain and abortions at that gestational age are most commonly performed by D&E- the tearing apart of the fetus, limb from limb, also known as “dismemberment abortions”

From 18- 24 weeks gestation, a D&E (Dilation and Evacuation) procedure is the most common method of abortion (95%). After cervical dilation, the abortionist will progressively disarticulate the fetus by pulling off his legs and arms and sections of his torso, prior to crushing and removing his skull. This is a non-intact D&E, or “dismemberment abortion”. See Appendix A

The International Association for the Study of Pain defines pain as an “unpleasant sensory and emotional experience associated with actual or potential tissue damage”. There is ample tissue damage which occurs during the dismemberment process associated with a D&E abortion at 18 weeks and beyond. See Appendix B AAPLOG FACT SHEET FETAL PAIN.

Fetal pain perception begins with the presence of cutaneous sensory receptors (nociceptors), which begin to develop in the peri-oral area at 7 weeks, spread to the palms and soles by 11 weeks, to trunk and proximal limbs by 15 weeks, and are present throughout the fetus’ entire body by 20 weeks. As

these sensory neurons develop, the unborn child begins to react to touch. Connection is made to the brain's thalamus (midbrain) between 14-20 weeks. By 18 weeks gestation, the fetus reacts to stimuli that would be recognized as painful if applied to an adult human, in much the same ways as an adult, for example, by trying to avoid the painful stimuli with vigorous body and breathing movements, increased heart rate, and increased blood flow to the brain. There are changes in the body chemistry of the fetus which are indicative of pain including increases in levels of circulating stress hormones. Neural connections between the thalamus and the cerebral cortex are made starting at 17 weeks gestation. It is the standard of care to provide anesthesia for intrauterine surgery on fetuses who are 18 gestational weeks and beyond. Some researchers feel the fetus of 18-22 weeks may experience a more severe sensation of pain than older neonates because the pain modulation system (which sends inhibitory signals to decrease the body's response to pain) has not yet developed.

In her dissenting opinion on the "Partial Birth Abortion Ban", Justice Ginsburg recognized that "the brutality inherent in performing D&E (which the court terms "non-intact D&E") on living fetuses was equal to the brutality of partial birth abortion (ie "intact D&E"): "... the Court emphasizes that the Act does not proscribe the nonintact D&E procedure. But why not, one might ask. Nonintact D&E could equally be characterized as "brutal," involving as it does "tear[ing] [a fetus] apart" and "ripp[ing] off" its limbs."

Utah HB 0136 has good reason to ban abortions on fetal human beings who are at 18 weeks gestation and beyond, and who clearly feel the pain of this brutal procedure.

2) Abortions performed at that gestational age have a serious risk to the mother of major hemorrhage, perforation of the uterus and anesthesia complications,

Abortions at 18 weeks necessarily involve the fracturing of fetal bones in the dismemberment procedure. These fetal bone fragments are sharp and carry the risk of perforating the uterus as well as the organs nearby the uterus, including bowel, bladder, nerves and blood vessels. That is why the immediate risk of death to the mother from abortions at 18 weeks are much greater than the risk of death in the first trimester. See Appendix C Risk Factors for Legal Induced Abortion-Related Mortality in the United States written from data taken from the CDC Abortion Mortality Surveillance System page 1 at Results: "***The risk of death increased exponentially by 38% for each additional week of gestation.***" Table 3 lists the major causes of death from abortions at 18 weeks (second trimester): Hemorrhage Infection Embolism and Anesthesia complications, and gives the rates of these causes of death. It is crystal clear that banning abortions after 18 weeks will decrease the number of women who experience catastrophic complications and who die from late term abortions.

3) Abortions performed at or after 18 weeks have a major risk of preterm birth in subsequent pregnancies, and increased risk of suicide, drug abuse and major depression when compared to unplanned pregnancies carried to term.

Appendix D summarizes the studies in the medical literature which examine the association between abortion and increased risk of adverse mental health outcomes. (See also Appendix E and F) The risk

of suicide is also increased for women who abort vs women who give birth¹. Second and third trimester abortions are at increased risk of adverse mental health outcomes.

Abortions are also clearly associated with an increased risk of preterm birth in subsequent pregnancies. Appendix G is a list of the studies over the past 50 years which have shown that abortion increases a woman's risk of preterm birth. The further along in pregnancy, the higher the risk of very preterm birth in subsequent pregnancies. Second trimester abortions are more damaging than first trimester abortions, and the later the abortion, the higher the risk.

Preterm birth is one of the leading causes of cerebral palsy in the United States. Thus banning abortions after 18 weeks in Utah will lead to an overall decrease in the preterm birth rate, resulting in overall improvement in both maternal and neonatal health in the State of Utah.

For these reasons, the American Association of Pro-Life Obstetricians and Gynecologists urges you to pass the Gestational Age Act, for the health of fetal human beings in Utah, and for the health of their mothers.

Respectfully submitted,

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Life. It's why we are here.

¹ Gissler M, Kauppila R, Meriläinen J, Toukoma H, Hemminki E. Pregnancy-associated deaths in Finland 1987-1994--