

**Ohio Senate
Judiciary Committee
Senate Bill 145
Testimony of Dr. Wayne Trout, MD, Chairman
American Congress of Obstetricians and Gynecologists
June 27, 2017**

Chairman Bacon, Ranking Member Thomas and members of the committee, I am Dr. Wayne Trout, MD and I am the current Chairman of the American Congress of Obstetricians and Gynecologists, Ohio Section (ACOG, Ohio Section). ACOG, Ohio Section represents over 1500 obstetricians and gynecologists who practice in Ohio and the women they serve, and on their behalf, I am here to share our concerns with SB145 - Dismemberment Abortions Ban.

As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health. As such, ACOG, through its members, produce guidelines and education material viewed as the standard of care for patients.

The organization's statement on abortion is clear, "Induced abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support."

It is critical for government to refrain from regulations that come between a patient and her physician. *The provision of medical care must be a matter determined by the patient and her physician; interference in the physician-patient relationship should not be taken lightly.* Medical situations are never one-size fits all; every woman's circumstance is unique, so her physician needs to be able to provide guidance that is relevant, appropriate and in their best medical judgment; and the patient needs to be able to trust that her physician is providing appropriate counsel.

SB145 will prohibit the ability to perform dilation and evacuation procedures and provides for potential civil and criminal penalties for physicians that perform such procedures. Testimony has been presented that there are several methods of second trimester pregnancy termination, many of these techniques are best left to the history books. Two main procedures remain; surgical and medical induction of labor. A study by Bryantⁱ from 2011 compared these two methods and found that medical induction of labor was associated with an 8.9 fold increase in medical complications. Moreover surgical evacuation remains the procedure of last resort when induction of labor fails. There has also been testimony on the risks to future pregnancies after second trimester dilation; while this has been the historical teaching, it does not stand up to scientific scrutiny. Raatikainenⁱⁱ in 2006 reported no increased risk during subsequent pregnancies. Dilation and evacuation is the most commonly chosen method of pregnancy termination in the second trimester of pregnancy by women in the Ohio; *it is important to note, this is the safest procedure used for spontaneous fetal demise and complicated health situations of a pregnant woman.* Any

alternate procedure, would be outside the standard of care, carry safety risks to the pregnant woman.

ACOG believes that any pregnancy termination performed is after a significant amount of discussion between the woman and her physician. It is paramount that these discussions cover all methods available and the decision should ultimately be the decision of the patient after weighing all the risks involved in collaboration with her physician.

Our legal and medical experts have reviewed the language contained in SB145, and agree that this section will effectively ban all dilation and evacuation procedures after a fetal death, including the case of spontaneous fetal demise. Please make no mistake, this bill bans dilation and evacuation procedures.

Finally, we noted from other testimony that interested party meetings may have taken place. Unfortunately, our organization was not included in those discussions.

Thank you for the opportunity to offer testimony on SB145. I appreciate your consideration, and I hope you will consider ACOG, Ohio Section and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

ⁱ Bryant et al. Second-Trimester Abortion for Fetal Anomalies or Fetal Death: Labor Induction Compared with Dilation and Evacuation. *Obstet and Gynecol* 2011;17(4): 788-92.

ⁱⁱ Raatikainen K, Heiskanen N, Heinonen S. Induced abortion: not an independent risk factor for pregnancy outcome, but a challenge for health counselling. *Annals of Epidemiology* 2006;16(8):587-92.



College Statement of Policy

As issued by the College Executive Board

ABORTION POLICY

The following statement is the American College of Obstetricians and Gynecologists' (ACOG) general policy related to abortion. The College's clinical guidelines related to abortion and additional information are contained in the relevant Practice Bulletins, Committee Opinions, and other College documents.

Induced abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support.

The College continues to affirm the legal right of a woman to obtain an abortion prior to fetal viability. ACOG is opposed to abortion of the healthy fetus that has attained viability in a healthy woman. Viability is the capacity of the fetus for sustained survival outside the woman's uterus. Whether or not this capacity exists is a medical determination, may vary with each pregnancy and is a matter for the judgment of the responsible health care provider.

While ACOG recognizes and respects that individuals may be personally opposed to abortion, health care providers should not seek to impose their personal beliefs upon their patients nor allow personal beliefs to compromise patient health, access to care, or informed consent.

Informed consent is an expression of respect for the patient as a person; it particularly respects a patient's moral right to bodily integrity, to self-determination regarding sexuality and reproductive capacities, and to the support of the patient's freedom within caring relationships.

A pregnant woman who may be ambivalent about her pregnancy should be fully informed in a balanced manner about all options, including raising the child herself, placing the child for adoption, and abortion. The information conveyed should be appropriate to the duration of the pregnancy. There is an ethical obligation to provide accurate information that is required for the patient to make a fully informed decision. The professional must avoid introducing personal bias.

Medical knowledge and patient care are not static. Innovations in medical practice are critical to the advancement of medicine and the improvement of health. Medical research is the foundation of evidence-based medicine and new research leads to improvements in care. ACOG is opposed to laws and regulations that operate to prevent advancements in medicine. For example, laws that prohibit health care providers from following current evidence-based protocols for medical abortion disregard scientific progress and prevent providers from offering patients the best available care. Likewise, the state and federal laws that prohibit specific surgical abortion procedures disrupt the evolution of surgical technique and prevent physicians from providing the

best or most appropriate care for some patients.

If abortion is to be performed, it should be performed safely and as early as possible. ACOG supports access to care for all individuals, irrespective of financial status, and supports the availability of all reproductive options. ACOG opposes unnecessary regulations that limit or delay access to care. The intervention of legislative bodies into medical decision making is inappropriate, ill advised, and dangerous.

ACOG opposes the harassment of abortion providers and patients.

ACOG strongly supports those activities which prevent unintended pregnancy.