

I have seen flickering heart cells on an ultrasound monitor many times. I have been pregnant four times in my life. My husband and I have only one child.

Our path to parenthood was kind of awful. It was complicated by recurrent miscarriages. Or, as we came to learn they are called within the medical community, “missed abortions.” You see, my body always carried right on being pregnant, even after the embryo had died.

Three times, I went to my first-trimester appointment and was told that the embryonic heart cells, which had been flickering away on the first visit, had stopped beating. I no longer had a viable pregnancy. Instead, I was experiencing an “incomplete and inevitable abortion,” which in addition to breaking my heart, could be cause for concern if significant bleeding or infection occurred. Medscape’s article on “Early Pregnancy Loss Treatment & Management”<sup>\*</sup> warns practitioners that “if treatment is not performed in a timely manner, significant morbidity and mortality may occur.”

I didn’t know all of that at the time. I only knew that I was devastated.

The first time it happened, my doctor explained the three options:

1. Wait to see if my body expelled the dead embryo on its own. This meant walking around for we weren’t sure how long, going to work and the grocery store with a dead embryo in my uterus, never knowing when or where I would be when the cramps and bleeding began.
2. Take misoprostol to ensure that the miscarriage was complete, and no embryonic material remained in my uterus that might cause infection or sepsis.
3. Or have a procedure called suction dilation and curettage, commonly referred to as a D&C. This would accomplish the same thing as option two, but with the advantage that the procedure could be scheduled and occur at a known time.

Thinking through the three awful options, we decided on number 3, the suction D&C. My doctor took good care of me, I recovered well, and a few months later, I became pregnant again.

In subsequent pregnancies, as we continued to experience incomplete miscarriages, D&Cs offered the additional advantage of allowing for genetic testing, to find out if there was a problem that might explain why this kept happening. In the first trimester, embryonic causes of spontaneous abortion account for 80-90% of miscarriages.\* In our case, we discovered random genetic variations in the embryos that were likely spontaneous, not hereditary, and therefore were encouraged to try again. I am deeply grateful that my doctor had the experience and training necessary to offer me the D&Cs that preserved my fertility and my health.

On the fourth pregnancy, we succeeded in having our amazing, wonderful daughter.

Abortions are healthcare—they were, more than once, a necessary part of *my* healthcare. They are a normal part of many families’ path to parenthood. It is cruel,

immoral, and bad medicine to put state-imposed hurdles in front of people who are trying to preserve their health and fertility and map a safe path to eventual parenthood, if they choose it.

If you genuinely want to reduce the rate of abortions in Ohio, focus on what we know actually *works*: increased access to contraceptives, comprehensive sex education, and commonsense support of working families, like paid family leave, and support for more affordable childcare programs and early childhood education.

This unconstitutional bill would reduce the quality of medical care available to Ohioans, and jeopardize the health of every teenager and adult in this state who is able to become pregnant. It offers no exceptions for rape, incest, or the health and safety of the pregnant person. It does not respect the religious beliefs of people whose faith traditions hold that life begins at first breath.

I know, perhaps better than most, that seeing that flickering heartbeat is absolutely zero guarantee of a viable pregnancy. This is a deeply misguided bill that would undermine our public health, and I urge you to vote no.

- Elizabeth Neal

- \*Medscape article, Early Pregnancy Loss Treatment & Management, **updated Jun 8, 2018**, Author: Elizabeth E Puscheck, MD; Chief Editor: Richard Scott Lucidi, MD, FACOG