
WENDY K. STEVENS, M.D.

February 26, 2019

SB 23 6-week Abortion Ban

Opponent Testimony

Ohio Senate Health, Human Services, and Medicaid Community

Chairman Burke, Vice Chair Huffman, Ranking Minority Member Antonio, and members of the Health, Human Services and Medicaid Community,

My testimony is reflective of my own experience and should not be interpreted as representative of my entire practice or the university. I am strongly opposed to Senate Bill 23, known as the 6-week abortion ban.

I am a pediatrician in a practice which serves a majority Medicaid, minority-predominant, urban community. Prior to 2018, I was a pediatric emergency medicine physician at Nationwide Children's Hospital. As a result, I have extensive experience with children and families in crisis.

The effects of teen pregnancy are well studied. According to the CDC, only 50% of teen mothers will have received a high school diploma by age 22 and only 10% will obtain a 2 or 4 year college degree (Hoffman and Maynard 2008). Teen fathers also see a significant decrease in academic achievement (Fletcher & Wolfe, 2012). This traps families in a cycle of poverty. Additionally, children of teen parents have worse outcomes over multiple indicators, including decreased school readiness and educational achievement, increased risk of chronic medical conditions, increased risk of behavioral problems and incarceration. Financially, this increases costs to the state, due to increased reliance on publicly-funded health care, increased placements in foster care, decreased employment potential (Centers for Disease Control and Prevention, 2011). And teen mothers are more likely to have more than one child. Twenty percent of infants born to teen moms are a repeat birth (CDC, Vital Signs, 2019).

Teenagers are less likely to know that they are pregnant at 6 weeks gestation. Because younger women have more irregular cycles, they may not realize that they have missed a period (ACOG Committee Opinion, 2017). It is also common for younger teens to be in denial about a pregnancy for several weeks. Under Senate Bill 23, these girls would have no options to terminate their pregnancies by the time they realize their condition.

Being forced to carry an unwanted pregnancy to term leads to anxiety and depression. The risk of suicide and suicide attempts increases significantly for women who are carrying an unwanted pregnancy, and this risk is even higher for

those under 22 years of age (healthychildren.org, AAP, 2019). I have personally cared for so many young women and girls in my practice who are not mentally prepared to handle the intense life changes of pregnancy and motherhood. SB 23 would leave them with no option for safe termination of the pregnancy.

On a personal note, I have cared for many pregnant girls (including a 12 year old pregnant with twins), resuscitated pregnant teens after intentional ingestions (those trying to cause an abortion and those trying to commit suicide), and even a girl who died after exsanguinating from an ectopic pregnancy because she was too afraid to tell her family that she was pregnant. These preventable tragedies have stuck with me even years after leaving the emergency department. In my second career as a general pediatrician, it has been my mission to improve the lives of girls and young women. Access to affordable birth control is the single greatest change that we could make. But until this is realized, there have to be options to terminate the unwanted pregnancies and break the cycle of poverty.

As an advocate for families, girls, and young women in the state of Ohio, I hope that you will vote no on this bill that will adversely affect the lives of so many. The most efficient way to reduce abortions is not by restricting access but by providing comprehensive contraception and sexual health education. Please help me to keep the young women of Ohio safe.

It is an honor to provide testimony for the hearing on Senate Bill 23. I urge you to vote no on this dangerous legislation. Thank you for allowing me to share my experience with you.

Sincerely yours,

Wendy K. Stevens, M.D.