

Testimony of Erika Boothman, MD MPH
Opposing Senate Bill 157

Chairman Manchester, Vice Chair Cutrona, Ranking Member Dr. Liston, and Members of the House Families, Aging and Human Services, Committee, thank you for your time.

Thank you for taking the time to read my testimony. My name is Dr. Erika Boothman. I am an OBGYN who practices in Columbus. I completed medical school and OBGYN residency at The Ohio State University. I hold a Masters in Public Health in Women's and Reproductive Health from Johns Hopkins University. I am writing in strong opposition to Senate Bill 157.

As a generalist OBGYN, I care for patients from all walks of life, in all different circumstances. I love my work and I love the relationships I am able to form with each of my patients.

In my office, I see a variety of patients for different reasons, but most days I have at least one patient for whom I am performing the first ultrasound of their pregnancy. For many women, this is an exciting time. The pregnancy becomes more real and tangible than it has been for the weeks leading up to that day. In those moments, I feel that I have the best job in the world; patients often breathe a sigh of relief, hug and kiss their partner, or shed a tear, completely forgetting that I am in the room.

Through the course of my work, I inform patients of other great news; that they are pregnant after a long journey of infertility, that their cervical biopsy came back as noncancerous, or that their baby has a beautiful head of hair and is screaming, pink, and healthy.

I am happy to celebrate with my patients, and I often come home to my husband gushing with stories of their successes. But, as deeply as I share in my patients' happiness with good news, I also feel heartbreak for my patients with outcomes that do not go as planned. This happens more often than most people would expect for an obstetrician-gynecologist; we do more than deliver healthy, beautiful babies. Sometimes the biopsy actually is cancer. Sometimes there are complications with surgeries. And sometimes, pregnancies aren't as healthy as we need them to be.

I recently had a patient, "Laura" whose water broke a few weeks prior to her appointment with me. She was so early in her pregnancy – her baby is still small and delicate – that there aren't breathing tubes small enough to fit down this baby's windpipe. Thus, the pregnancy is termed "pre-viable," meaning there is no chance of successful resuscitation of the baby if she were to deliver. This condition, when a woman's water breaks so early, is associated with significant morbidity and mortality for the fetus, and significant morbidity for the woman. Without amniotic fluid, Laura's baby's lungs cannot develop, so even if the baby were to grow big enough for a breathing tube, her lungs are unlikely to function properly at birth.

Because resuscitation is often futile in this situation, and because the woman is at increased risk for infection every day that she remains pregnant, part of the care for Laura is to offer her an induction of labor, instead of waiting for her body to go into labor spontaneously or develop a possibly devastating infection in her uterus. An induction would allow Laura to deliver in a

controlled setting, and to treat any infection that she may have acquired. The decision to continue the pregnancy or induce labor is not an easy one to make. These are often challenging and emotional conversations with decisions that can't be rushed. Laura was tearful and had trouble grasping the full weight of her situation. I discussed with her that her newborn could possibly have a heartbeat at birth. Comfort measures and medications may be offered to the baby, but resuscitative measures will not be taken as they would be futile and would take the baby away from her mother's arms. Laura found comfort and the possibility of closure with the opportunity to hold her baby right after birth, to be with her baby while she passed away.

I am against Senate Bill 157 because it would harm patients like Laura. This bill mandates the resuscitation of any fetus born alive after induced abortion, regardless of gestational age, presence of lethal anomalies, or the futility of lifesaving measures. Whisking Laura's baby away from her arms immediately after delivery to administer medications, perform chest compressions, and attempt to put a breathing tube down her tiny throat is not what Laura or her newborn need. They need medical care guided by science and compassion, not dictated by state law.

I feel so privileged to be let into my patients' lives, both in their happiest and hardest moments. Situations like Laura's are not common, but they happen more often than one would expect. Navigating these conversations and decisions can be incredibly challenging, even without unnecessary legislative mandates. Senate Bill 157, mandating resuscitation for all babies, even ones who have no chance of survival, would be harmful to Ohio women and their babies. I urge you to vote no on Senate Bill 157.

Thank you for your time. I welcome any questions to help clarify the negative impact of this bill. My email address is Erika.Lena.Boothman@gmail.com.