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Legislation: SB157

Position: Opponent

I am a board-certified obstetrician practicing in Cleveland, OH. I specialize in Maternal Fetal Medicine, which is the care of sick mothers and sick fetuses.

I strongly oppose SB157 because this bill is not rooted in scientific evidence, nor does it appear to be rooted in a patient's best interest. It is misleading and medically inaccurate. According to the Ohio Department of Health report, these so-called "failed abortions" are extremely rare and none happen after 13 weeks of pregnancy. All obstetricians and neonatologists know that no fetus can survive outside the womb before 13 weeks and to attempt to do so is medically futile. To suggest otherwise is gross dishonesty.

Abortions after 22w0d, which is the absolute earliest that a fetus could potentially survive (most do not at this gestational age), are already illegal in Ohio. This bill does nothing but to confuse patients, in a time when they need absolute clarity and support.

Because I specialize in Maternal Fetal Medicine, I often see patients in the most tragic of circumstances. Too many times to count, I have cared for patients that have entered preterm labor in the periviable period (22-24 weeks, where survival is not guaranteed for the infant). These are often strongly desired pregnancies and patients will do whatever they can to stay pregnant. These patients discuss their options for neonatal resuscitation with me and with their neonatologist. Many who deliver in this period choose no intervention for their child, as outcomes are extremely poor and they would rather hold their child, tears streaming down their face, until their child passes peacefully in their arms, instead of forcing hours to days of futile intervention on their child. They would prefer that their child pass, only knowing the comfort of their arms, than subject them to futile medical intervention that still results in neonatal death. You cannot imagine the pain my patients feel when making these heartbreaking decisions. This law could threaten my patients' abilities to choose the care they feel is right for their family.

The legislators of this bill do not have the medical training to understand these nuances in obstetrical care and simply do not have the education to understand that which they attempt to legislate. These decisions should be left to a patient and her medical team, not to politicians.