The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Society for Maternal•Fetal Medicine
High-risk pregnancy experts

Ohio Section
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Ohio House
Government Oversight Committee
HB598 To Enact The Human Life Protection Act (Schmidt)
American College of Obstetricians and Gynecologists, Ohio Section
Society for Maternal Fetal Medicine

Chair Wilkin, Vice Chair Swearingen, Ranking Member Brown and esteemed members of the Committee, my name is Dr. David Hackney and I am a practicing specialist in Maternal Fetal Medicine, also known as high risk obstetrics, in Cleveland Ohio where I am a Division Director and Associate Professor. Of note, I am neither speaking on behalf of nor representing the views of my employers. I received my medical degree from the University of Pittsburgh after which I came to Ohio for residency training at THE Ohio State University. Additionally, I am the current Chair of the American College of Obstetricians and Gynecologists, Ohio Section. I am also speaking on behalf of the Society for Maternal Fetal Medicine, the medical professional society that represents my fellow Maternal Fetal Medicine subspecialists here in Ohio and across the nation. Thank you for the opportunity to provide opponent testimony for HB598.

My clinical practice, research and teaching are dedicated to pregnant patients, specifically those with high-risk conditions due to obstetric complications, maternal health problems or fetal conditions. For pregnant women with heart disease or diabetes, or those experiencing preterm labor or pre-eclampsia, I am often up through the night to ensure their pregnancy will successfully continue and result in a healthy delivery at term. This is my life's work.

However, we also often face situations which are tragic, including when a patient makes the difficult decision to discontinue a pregnancy due to medical and obstetric complications. Most often these are unanticipated scenarios which occur in desired pregnancies. Sometimes it's even patients who had been trying to conceive for years. A fetus may have a lethal genetic disorder or birth defect of the heart. There may be major neurologic malformation that would not be consistent with life, including sometimes the complete absence of a fetal brain. Many of these anomalies occur randomly in patients without specific risks factors and come as a complete surprise. Although these scenarios are uncommon, they definitely occur and are the patients I see often.

Every one of these cases are unique in their own way, and all these patients present with their own personal beliefs. These difficult decisions should be entirely private decisions between the patient and her provider. There is no role for the legislature in these difficult decisions. Even the current regulations can be heartbreaking. Imagine having made the decision to terminate a pregnancy due to a lethal genetic disorder or birth defect, and then having to complete medically unnecessary paperwork and waiting periods that do not in any way account for your circumstances. Now imagine looking at that patient and telling her instead she will

need to continue the pregnancy to term against her wishes. Going through weeks and months knowing the child will never be in good health or may not survive. Having to explain the grave diagnosis to friends and workers who visually see you are pregnant. Having to go through childbirth. Potentially experiencing labor complications. From the standpoint of maternal health, it is far safer to discontinue a pregnancy earlier in gestation than to deliver at term. The risk of maternal death is approximately 14 times higher than the risk associated with abortion. Imagine a patient suffering from a serious delivery complication, such as bleeding or stroke, from a pregnancy which she had not only been forced to carry against her wishes, but in which the fetal outcome had always been known to be poor due to a serious genetic disorder or birth defect. This would be an entirely preventable dual tragedy.

All these scenarios are not theoretical, but this is also exactly what is happening right now in Ohio under current law. Ohio has a 20 week abortion ban, and we are already seeing patients diagnosed with lethal fetal genetic disorders and birth defects who are beyond these gestational age limits of our state. Sometimes these are patients who are late to care, though sometimes they have had anomalies which were just not diagnosed on earlier imaging or testing. Today we are already having to tell many of these patients they must travel out of state as we are unable to provide their standard medical care in Ohio. Those who do not have the means to do so are forced to continue. It is difficult to imagine what would happen if pregnancy discontinuation for fetal or obstetric indications is outlawed completely. Many patients will be unable to travel, and the proportion of those who have to suffer through entire pregnancies will certainly be disproportionate by class, income, ethnicity and race. Additionally, under the current language of the bill, physicians are questioning whether or not they would be charged with promoting abortion for providing referral information to such a patient for a physician in a state where the procedure would be legal.

Thank you for the opportunity to offer opponent testimony for HB598. I appreciate your consideration, urge you to vote no on this bill, and hope you will consider myself, SMFM and ACOG Ohio a valuable resource for all items relating to the practice of obstetrics and gynecology and women’s health issues.