

**Ohio House of Representatives
Criminal Justice Committee
Senate Bill 145
Testimony of Dr. Wayne Trout, MD, Chairman
American College of Obstetricians and Gynecologists
March 13, 2018**

Chairman Manning, Vice Chairman Rezebek, Ranking Member Celebrezze and members of the committee, I am Dr. Wayne Trout, MD and I am the current Chairman of the American College of Obstetricians and Gynecologists, Ohio Section (ACOG, Ohio). ACOG, Ohio represents over 1400 obstetricians and gynecologists who practice in Ohio and the women they serve, and on their behalf, I am here to share our concerns with SB145 - Dismemberment Abortions Ban.

As you may know, ACOG is the nationally recognized foremost organization dedicated to the improvement of women's health. As such, ACOG, through its members, produce guidelines and education material viewed as the standard of care for patients.

The organization's statement on abortion is clear, "Induced abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support."

It is critical for government to refrain from regulations that come between a patient and her physician. *The provision of medical care must be a matter determined by the patient and her physician; interference in the physician-patient relationship should not be taken lightly.* Medical situations are never one-size fits all; every woman's circumstance is unique, so her physician needs to be able to provide guidance that is relevant, appropriate and in their best medical judgment; and the patient needs to be able to trust that her physician is providing appropriate counsel.

SB145 will prohibit the ability to perform dilation and evacuation procedures and provides for potential civil and criminal penalties for physicians that perform such procedures. Testimony has been presented that there are several methods of second trimester pregnancy termination, many of these techniques are best left to the history books. Two main procedures remain; surgical and medical induction of labor. A study by Bryantⁱ from 2011 compared these two methods and found that medical induction of labor was associated with an 8.9 fold increase in medical complications. Moreover, surgical evacuation remains the procedure of last resort when induction of labor fails. There has also been testimony on the risks to future pregnancies after second trimester dilation; while this has been the historical teaching, it does not stand up to scientific scrutiny. Raatikainenⁱⁱ in 2006 reported no increased risk during subsequent pregnancies. Dilation and evacuation is the most commonly chosen method of pregnancy termination in the second trimester of pregnancy by women in the Ohio; *it is important to note, this is the safest procedure used for spontaneous fetal demise and complicated health situations of a pregnant woman.* Any

alternate procedure, would be outside the standard of care, carry safety risks to the pregnant woman.

ACOG believes that any pregnancy termination performed is after a significant amount of discussion between the woman and her physician. It is paramount that these discussions cover all methods available and the decision should ultimately be the decision of the patient after weighing all the risks involved in collaboration with her physician.

Our legal and medical experts have reviewed the language contained in SB145, and agree that this language will effectively ban all dilation and evacuation procedures after a fetal death, including the case of spontaneous fetal demise. Please make no mistake, this bill bans dilation and evacuation procedures.

Thank you for the opportunity to offer testimony on SB145. I appreciate your consideration, and I hope you will consider ACOG, Ohio Section and myself a valuable resource for all items relating to the practice of obstetrics and gynecology and women's health issues.

ⁱ Bryant et al. Second-Trimester Abortion for Fetal Anomalies or Fetal Death: Labor Induction Compared with Dilation and Evacuation. *Obstet and Gynecol* 2011;17(4): 788-92.

ⁱⁱRaatikainen K, Heiskanen N, Heinonen S. Induced abortion: not an independent risk factor for pregnancy outcome, but a challenge for health counselling. *Annals of Epidemiology* 2006;16(8):587-92.