

A heartbeat means something.

The hardest thing to say to a pregnant mother is “I don’t see a heartbeat”. Even after thirty years in my profession, the sadness is overwhelming.

Even harder was to tell my wife, 3 times, that the child we had conceived did not have a heartbeat. The heartbeat meant something.

There is no force in nature more powerful than a heartbeat. Our very existence depends on its presence. From the moment of conception, it is a scientific fact, that a new human person, completely distinct from the mother and not part of her body has been created. A pregnancy test indicates the presence of hormones created by this new being to signal the mother's body to support its growth. This test tells us we are pregnant. Early ultrasounds can determine the location of the pregnancy. However, it is the presence of the heartbeat that provides objective universal truth of the life created and makes it real to the parents. This realization of life is why the first questions mothers ask is: “Do you see a heartbeat”

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Medically and scientifically, the heartbeat is evidence of the development of the complex human person. Cardiac activity shows that tissues have come together to form organs. The developing central nervous system signals the heart to autonomically beat. With each beat, blood is pulsed to the organs and structures developing along a continuum to become what we are today.

The beating heart signals the likelihood of continued viability. When a normal rate is visualized at 7 weeks or less, 91.5% will survive the first trimester and 95% of these will deliver live-born infants.<sup>1</sup> Another study on first-trimester heart rates revealed first trimester miscarriages can be as high as 60% for pregnancies with slow heart rates (<110 BPM) at 6.3-7.0 weeks, 17.4% with borderline heart rates (100-119 BPM) and 9.1% for those with normal heart rates (>120 BPM).<sup>2</sup> Careful observation of these pregnancies would negate the need for some abortion as the risk of miscarriage is higher. If a pregnancy has a slow heart rate and survives the first trimester, >90% resulted in a liveborn infant.

Ultrasound reveals the power of the heartbeat in counseling abortion-minded women at crisis pregnancy centers. According to center records, a client who visualizes a heartbeat decides to parent 78% of the time. The heartbeat is powerful and meaningful.

Opponents of this bill will raise their usual objections: choice, limited access, incest or rape and health and well being of the mother.

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<sup>1</sup> Doubilet PM, Benson CB, Chow JS. Long-term prognosis of pregnancies complicated by slow embryonic heart rates in the early first trimester. J Ultrasound Med. 1999; 18(8):537-41

<sup>2</sup> Doubilet PM, Benson CB. The outcome of first-trimester pregnancies with slow embryonic heart rate at 6-7 weeks gestation and normal heart rate at 8 weeks at US. Radiology. 2005 Aug; 236(2) 643-6.

Abortion is not health care. In a representative national survey, over 85% of OB/GYN's do not provide abortions for their patients.<sup>3</sup> This is clear evidence that abortion is not an essential part of women's healthcare. Pregnancy is not a disease. Diseases can arise from pregnancy and pregnancy may alter the underlying physiology of the mother that affects pre-existing disease. I would challenge any of my colleagues to indicate where abortion is listed as a primary treatment or cure for any mental or physical health conditions

The Committee on Excellence in Maternal Healthcare is a group of physicians and other health care providers committed to achieving excellence in healthcare for mothers and babies. This committee issued the "Dublin Declaration on Maternal Healthcare" with over 1000 signatories. The declaration states "abortion is not medically necessary to save the life of the woman" and "there is a fundamental difference between abortion and necessary medical treatment that is carried out to save the life of the mother, even if such treatment results in the loss of her child. They finally conclude that "restrictions to abortion do not affect the optimal care of pregnant women".

What about the special baby with a disability? "Incompatible with life" or "fatal fetal malformations" are not medical terms. In fact, these terms can act to coerce a mother towards the termination of her pregnancy. Termination is offered as the "compassionate choice". This is not compassion. To "suffer with" this mother would be to walk with her on the journey as if accompanying a patient in hospice. In my many years of experience with special pregnancies such as this, those who have continued the pregnancy knew they gave their child the gift of life, no matter how short. The child was comforted and loved by parents, siblings and other loved ones until the heartbeat stopped. The heartbeat means something.

I speak in favor of this bill because our efforts as a society should be to protect all life, no matter how small, vulnerable, handicapped or not.

A heartbeat means something.... with each beat it cries out, "I'm alive, I'm alive"<sup>4</sup>

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<sup>3</sup> Stulberg D, Dude A, Dahlquist B, Curlin F. Abortion Provision among Practicing Obstetrician-Gynecologists. *Obstet Gynecol.* 2011 September; 118(3): 609-614.

<sup>4</sup> thomasvan.com