Ohio Section
Amy Burkett, MD
Vice/Legislative Chair

Ohio House of Representatives
Health Committee
HB302 Allow a Pregnant Minor to Consent to Care for Self or Child
Testimony of Amy Burkett, MD
American College of Obstetricians and Gynecologists, Ohio Section

Chair Huffman, Vice Chair Gavarone and Ranking Member Antonio, my name is Dr. Amy Burkett. I am an obstetrician-gynecologist currently working as a Laborist in Cleveland. I have lived in Ohio my entire life. I received my medical degree from the Northeast Ohio Medical University, affectionately known as NEOMED, and then did my residency at The Ohio State University Medical Center before returning back to Northeast Ohio. I was in private practice for 10 years prior to starting my current position a year ago. I currently serve as both Vice and Legislative Chair for the Ohio Section of the American College of Obstetricians and Gynecologists (ACOG, Ohio). As you may know, ACOG is the nationally recognized organization dedicated to the improvement of women's health. ACOG, Ohio represents over 1500 Ohio OB/GYNs and their patients. I am grateful for this opportunity to provide proponent testimony for HB302 to allow a pregnant minor to consent to care for both themselves and their child.

As you have heard in previous testimony, under Ohio's current law, pregnant minors cannot consent to her own prenatal, delivery or postnatal care. In Ohio, the only time a minor can provide this consent is an emergency situation. Physicians are regularly put in a precarious position of providing the appropriate standard of care for their patient while abiding by Ohio statute.

While working as a Laborist, I unfortunately see pregnant minors present for pre-natal care through the emergency room or labor and delivery triage the care is broken and often occurs late in pregnancy. These minors would undeniably have a better birth outcome if they received regular prenatal care. However due to an estranged relationship from her parents or guardians, we cannot provide her with the necessary care. Regular prenatal care allows us to identify risk factors for poor pregnancy outcomes such as substance abuse, anemia, gestational diabetes and high blood pressure. ACOG, the Centers for Disease Control (CDC), and The Ohio Collaborative for the Prevention of Infant Mortality (OCPIM) all target early prenatal care as a strategy to reduce maternal and infant morbidity and mortality. (Reference 2) In addition, when a minor presents in labor, she cannot provide her own consent for basic pain relief interventions that are afforded to every woman of the age of majority. ACOG feels that there is no reason to deny any

patient pain medications in labor as there is no other place in medicine where this would be tolerated (Reference 1). Finally, and possibly the most concerning situation is a minor cannot authorize a cesarean section until their condition is considered a medical emergency, a term physicians, mid-wives and hospitals do not take lightly.

In summary, current Ohio statute is placing the health of the minor, her child, and the physician treating them, in an unnecessary compromising situation. I urge you to enact HB302 and thank you for the opportunity to provide proponent testimony. I am willing to answer any questions that you may have.

Reference 1-Obstetric analgesia and anesthesia. Practice Bulletin No. 177. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017;129:e73–89.

CDC Grand Rounds: Public Health Approaches to Reducing U.S. Infant Mortality https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a3.htm

Ohio Infant Mortality Reduction Plan 2015-2020 https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/Infant-Mortality/collaborative/2015/Infant-Mortality-Reduction-Plan-2015-20.pdf