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Representative Steve Brunk
Chairman, House Federal and State Affairs Committee

Chairman Brunk:

The purpose of my testimony is to provide evidence in support of the Senate Bill 95, the "Kansas Unborn Child Protection from Dismemberment Abortion Act," specifically to address the objection that such procedures are necessary to preserve the health of the mother.

In order to base my testimony on facts rather than strident opinion, I performed a search of the National Library of Medicine, which catalogs 23 million medical journal articles.

This search yielded two relevant studies.

The first (Haddad et al., 2009) catalogued results of the Partial-Birth Abortion Ban Act upon abortion practice in Massachusetts. This is relevant, as opponents of the Dismemberment Abortion Ban Act claim that it will constrain them in a way that threatens women's health. It is reassuring to see that no injuries were reported in this study. What did happen in response to the Act is enlightening; as the study summary states, "Five hospital-based practices introduced injections to induce fetal demise prior to dilation and evacuation for later second-trimester abortions. One site stopped providing dilation and evacuation abortions in the absence of fetal or maternal indications, and another significantly decreased its volume of procedures." So the only way that this data supports claims about maternal harm from a ban, is if harm is defined as not having an abortion.

The second (Debby et al., 2003) had findings supporting that dilatation and evacuation is not necessary to perform second trimester abortion, even with a pre-existing uterine scar. These researchers investigated extra-amniotic prostaglandin (brand name Prostin) for second trimester abortion in a cohort of 31 patients with previous cesarean section, and none had uterine rupture. One of these had a vertical uterine scar, which carries a higher risk of rupture; still, rupture did not occur. Curettage was performed in the majority. As a result of their observations, the authors concluded that, "Midtrimester abortion with extraamniotic PGE2 seems to be a relatively safe procedure even in patients with a scarred uterus." So even in the hard case of a weakened uterus, there are not data supporting the claim of a maternal need for dilatation and evacuation.

The Haddad study gives indications of what lawmakers might expect from the Dismemberment Protection Act:

- 5 abortion facilities started using medication to induce fetal demise before 2nd trimester abortion;
- 11 facilities started documenting fetal death before initiating abortion;
- 1 teaching hospital with an Ob/Gyn residency stopped training residents in D & E for non-maternal or non-fetal indications;
- 3 facilities reduced medical student involvement in abortion.

I respectfully submit that if these are the types of effects that you want to have, you should pass the Protection from Dismemberment Abortion Act, knowing that the best available data does not show any harm to women's health - unless you define health as access to abortion.

On behalf of the majority of Kansas physicians striving to always protect the life of both the unborn and their mothers, I thank you for your attention.

Sincerely yours,

Pat Herrick M.D., Ph.D.

Debby, Abraham, Abraham Golan, Ron Sagiv, Oscar Sadan and Marek Glezerman. 2003. "Midtrimester Abortion in Patients with a Previous Uterine Scar." *European Journal of Obstetrics and Gynecology and Reproductive Biology* 109: 177-80.

Haddad, Lisa, Susan Yanow, Laurent Delli-Bovi, Kate Cosby, Tracy Weitz. 2009. "Changes in Abortion Provider Practices In Response To the Partial-Birth Abortion Ban Act of 2003." *Contraception* 79: 379-84.