

Written testimony of Lin Fennell, RN opposing SRC 1613 and HRC 5019

KS House Federal & State Affairs Committee and Senate Judiciary Committee

January 21, 2020

Good Morning,

Thank you for taking the time to hear my written testimony.

My name is Lin Fennell and I am a Registered Nurse who has cared for the Maternal/Child health population spanning three continents, over the last 40 years.

The topic of 'abortion' is quite the debate in our field of expertise right now. We are the ones who assist, observe and take care of these families on the front line so to speak. It can be heart-breaking to go through labor with a family who knows their baby will not survive, but much worse is when a mother doesn't survive because she has, for whatever reason, put her baby first.

Unfortunately, I can still recall the ramifications of 'illegal/back street' abortion, when we saw an increase in maternal death, sepsis, and infertility, to name a few. I certainly don't want to see us go back to a time that rarely exists in the civilized world.

Even if 'abortion' is banned, women will still find a way, healthy or not to end her pregnancy if that's what she feels is necessary to do. Women have been terminating pregnancies for centuries.

I have always been proactive in my field of expertise, learning everything I can about medical treatments, new diagnosis and interventions, I cannot support SRC 1613/HRC 5019.

Below I have listed several medical reasons why a pregnant woman might be faced with the decision to terminate her pregnancy.

Thank you

Sincerely,

Lin Fennell, RN State of Kansas

Possible reasons for considering medically necessary induced Termination of Pregnancy/Abortion

The fetus has a medical condition which is certain to result in death either before or shortly after birth. The mother is at risk of death by continuing the pregnancy.

Examples of problems with the Fetus

- **Anencephaly** - Early in the development of an embryo, a flaw in the formation of the neural tube (which eventually becomes the brain and spinal cord) can result in a failure of the brain, skull, and scalp to develop, a condition called anencephaly. In a fetus with anencephaly, the forebrain and cerebrum do not develop, and the remaining parts of the brain may not be covered by bone or skin. Although babies with anencephaly may live to full-term and be born alive, only basic functions like breathing are possible. They will never be fully conscious. Most of these babies only survive a few hours or days after birth.
- **Chromosomal Abnormalities** – Chromosomal abnormalities are the genetic changes which are responsible for the majority of miscarriages and many stillbirths. They are generally random and do not repeat in subsequent pregnancies. (This is true unless the father or mother is affected by a genetic disorder called balanced translocation, which can lead to unbalanced translocation in a developing fetus.) Chromosomal abnormalities are a frequent indication for therapeutic termination.
- **Hydrocephalus** - Hydrocephalus, or "water on the brain" is a condition which occurs when cerebral spinal fluid cannot flow properly between the ventricles in the brain resulting in a build-up of pressure. Hydrocephalus has a range of causes. Independently, it is not usually life-threatening, but if your baby is found to have excess fluid in the brain on ultrasound, you should have further evaluation to look for the related condition ventriculomegaly and its associated causes.
- **Meckel Gruber Syndrome** - Meckel Gruber syndrome is a rare genetic disorder that only occurs when both parents carry the recessive gene for it. Meckel Gruber results in a combination of congenital malformations that include a too-large fontanel (soft spot) in the front of the skull, polycystic kidneys and polydactyly (too many fingers or toes). The liver and lung development is impaired in this disorder, and it is always fatal. This is an indication of a therapeutic termination.
- **Pentalogy of Cantrell** – This is a rare genetic disorder with five possible malformations. Most affected fetuses do not have all five, but the condition can be life-threatening even without all of them. These defects include: omphalocele (a defect in the abdominal wall which allows intestines to protrude outside the body), anterior diaphragmatic hernia (an internal muscle

defect which can allow lower organs to intrude into the chest cavity), sternal cleft (a groove or cleft in the sternum), ectopia cordis (where the heart may protrude outside the body) and intracardial defect (a hole or defect in one of the walls of the heart). An ultrasound diagnosis of any of the possible malformations should be referred to a perinatologist for a complete assessment and to form a treatment plan.

- **Potter's Syndrome** – This term may refer to the characteristic appearance of a baby without adequate amniotic fluid (the fluid or "water" that surrounds the baby inside the uterus) during pregnancy. It is more specifically applied to a fetus with bilateral renal agenesis (BRA, failure of the kidneys to develop). In cases of BRA, the condition is lethal and may be an indication for a therapeutic termination.
- **Thanatophoric Dysplasia** – A genetic disorder that causes severe skeletal malformations. The skull, long bones, and torso are affected. Although there have been rare cases of affected people surviving into early childhood, the condition is still largely considered lethal. This disorder is an indication of a therapeutic termination.

Problems in Pregnancy

- **Amniotic Bands** – When strands of the amniotic sac detach from the sac, they can become wrapped around any part of a developing fetus. Complications can include amputations of fingers or toes, fused digits, clubbed feet and cleft lip. In more severe cases, amniotic bands can wrap around the head or umbilical cord and become life-threatening.

Maternal Conditions – Occasionally, women with severe medical problems become pregnant, and the biological stress of pregnancy would be dangerous, or deadly to her. These situations could include a woman with:

- **Compromised heart** – including but not limited to: Severe pulmonary hypertension (high blood pressure in the blood vessels of the lungs), some heart birth defects, including coarctation of the aorta, Marfan syndrome (a hereditary connective tissue disorder), severe aortic stenosis (narrowing of opening of the aortic heart valve), mitral stenosis (narrowing of opening of the mitral heart valve), aortic valve anomalies with two instead of the normal three flaps and an enlarged aorta, heart damage (cardiomyopathy) that may have occurred in a previous pregnancy and moderate or severe heart failure
- **Cancer** that requires immediate treatment. These cases are unusual and recommending a termination is not done lightly. Your doctor should thoroughly assess the risks and benefits of continuing your pregnancy, including your wishes, and work with you to choose a satisfactory treatment plan. It's important to note that it is possible for some women to receive chemotherapy during pregnancy, at least during the second and third trimester. If you are diagnosed with cancer during pregnancy it is important to work with both an

obstetrician who specializes in high-risk pregnancies and an oncologist who is comfortable treating women who are pregnant.

- **Premature Rupture of Membranes** - Premature rupture of membranes is a condition in which a woman's bag of waters (the amniotic sac) breaks before the pregnancy reaches full-term. If it happens prior to 24 weeks gestational age, your physician may recommend a therapeutic termination because the lack of fluid will severely impair the normal development of your baby's organs. There is also a high risk of infection for you, and if you become infected, ending your pregnancy may be the only cure.
- **Selective Reduction** – In multiple pregnancies, there are circumstances where your doctor may recommend a selective reduction or terminating one or more of the fetuses. This is intended to decrease risk to the other babies and/or the mother. For example, if in vitro fertilization is done and seven embryos implant, a woman may choose to "reduce" this to two or three in order to prevent the likely loss of all of the embryos.
- **Severe Pre-Eclampsia** - Rarely, a woman can develop severe pre-eclampsia before a fetus is viable (can live outside the womb.) but because the only known "cure" for pre-eclampsia is delivery, it may be necessary to end your pregnancy to save your own life. Continuing a pregnancy with severe pre-eclampsia can lead to seizures, kidney failure, stroke, liver complications, and death.
- **Rape/Physical Assault** that leads to pregnancy
- **Physically/Mentally challenged** - unable to care for selves or others
- **Serious psychological/psychiatric diagnosis** – medication necessary for mother's wellbeing but may harm the fetus if mother continues to take medication.

These are just some examples of reasons to terminate a pregnancy, and not a conclusive list. It takes an entire medical team to ensure the parents/families have the necessary information to make informed decision or choice. Nothing about termination of pregnancy is easy or straight forward; each case has to be looked at with the utmost care and consideration.

Thank you