

Dr. Angela Martin, Oral Testimony
House Federal and State Affairs Committee
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Bill #: HRC 5003

As a high-risk obstetrician working in Kansas, I'm concerned about the proposal for an amendment to the state constitution to declare that legislators can regulate abortion as they see fit. I grew up in Kansas and have always felt it was my duty to bring comprehensive and compassionate care back to my community.

I spent 4 years in medical school, 4 years in OBGYN residency, and 3 years in subspecialty training in maternal-fetal medicine. I have been in practice for 4 ½ years seeing only high-risk pregnancies. My years of education and work experience illustrate my commitment to the development of life - in it's most basic form. My career, by definition, is pro-life. Yet, ethical, moral, religious, and scientific issues come together to make every pregnancy a very unique and individual experience. When pregnancies become complicated by any number of circumstances that most people cannot imagine, the best decisions are made by the woman with help from her family, her moral values, and her Doctor. Women's health decisions belong with the woman, not with either political party.

I know that most of you reading this have your minds made up on this matter. For you, it may be black and white. I am here to urge you to listen to our experiences and to understand the facts and science behind our arguments. Being pro-life is so much more than being pro-birth or anti-abortion. There are times when birth is not the best option for preserving life! There is so much gray to our world and in medicine. I have a few examples that illustrate this point. The names and details have been changed to protect patient confidentiality. If you know people with the same names or similar stories, it is purely coincidental.

Erin and Jake tried for 2 years to get pregnant and were thrilled that they were finally growing their family. They were sent to me at 21 weeks, after their obstetrician told them their baby didn't have any amniotic fluid on ultrasound. Being excited and optimistic (as most new parents are), they figured this qualified them as "high risk", but they continued to picture their baby girl at home with them in 4-5 short months. I shattered their whole world when I told them their baby had bilateral renal agenesis; no kidneys. The lack of amniotic fluid was because the baby couldn't make fluid without kidneys. This diagnosis cannot be made until after the first trimester when the fetal kidneys are expected to start functioning. Outside of the first trimester, most women don't get ultrasounds until around 20 weeks, meaning this is almost always a mid-second trimester diagnosis. Without amniotic fluid, the lungs don't expand and develop in-utero as they should, and the small or "hypoplastic" lungs are incapable of sustaining life outside the womb. Without adequate lungs or kidneys, survival is impossible after delivery. After hours of discussing the diagnosis and management options, they went home to consider their options even more. When Erin and Jake returned a few days later and had decided on an abortion, what she told me was so wise, I still use her words to help people understand why parents might choose this gut-wrenching option. She said she selfishly wanted to stay pregnant

because she didn't want it to be over, however she couldn't bear the thought of delivering her daughter just to watch her struggle for breath with her small lungs and go into renal failure. She considered abortion to be the more compassionate choice. To end her pregnancy before her daughter could feel pain and to prevent her daughter from suffering in this world was the right choice for Erin and Jake. It gave them comfort to know that the only existence their daughter would have would be the comfort of growing inside Erin's womb.

Katie and her husband were also expecting their first baby. At 8 weeks her OB did an ultrasound and noted a normal appearing pregnancy. Nothing seemed amiss. Her next routine ultrasound was scheduled around 20 weeks to screen for birth defects. Katie was 20 weeks and 3 days when she was told her baby was growth restricted and the placenta appeared abnormal. Also, her blood pressure was extremely elevated, she was experiencing headaches, and heart palpitations. Based on her symptoms and ultrasound findings, her OB was suspicious of a molar pregnancy. When we saw her the next day, we confirmed the diagnosis. She had a partial molar pregnancy. Partial molar pregnancies are triploid, meaning they have 3 copies of each chromosome instead of the normal 2 copies. Even when these pregnancies are carried to a gestational age when survival is expected, the babies die shortly after birth. Most of these pregnancies end spontaneously in early miscarriage, but rarely they can continue beyond the first trimester as Katie's did, and when they do there is potential for great harm to the mothers. Partial molar pregnancies are at high risk of hypertensive disorders that can cause stroke and seizures. Katie was already showing signs of a hypertensive disorder. These pregnancies can cause hyperthyroidism, which Katie also had, causing her palpitations. We admitted Katie to the hospital. Over the next 2 days, her blood pressure became so high her kidneys began shutting down. She had the best care in the ICU and received all possible medications to keep her safe, however her condition continued to worsen. Even in a scenario where a legal exception for abortion is made to save the maternal life... would all lawmakers agree that renal failure and stroke-range blood pressures qualify? Or do I have to wait until Katie has a stroke or complete renal failure requiring dialysis? Should I delay her care and get a lawyer on the phone to help me interpret the law? Or a politician to help me make this decision? What would you want me to do if it was you, your wife, or daughter? Who would you want helping you or your family member make this decision? Trying to interpret the meaning of laws in the context of these complex medical situations can be dangerous to maternal health. I will never forget what she said when she signed the consent form for her termination: "Dr. Martin, I want you to know that I am pro-life, I never dreamed I would ever make this decision." I told her I was pro-life too. Her abortion was performed at 21 weeks and it saved *her* life.

Jill was a mother to three kids. All three of her children were born by cesarean section. She was expecting her fourth when she started having spotting at 8 weeks and came in for an ultrasound. The pregnancy was found to be implanted in her cesarean section scar instead of inside the body of the uterus where it should be. Cesarean scar pregnancies can result in uterine rupture and life-threatening hemorrhage if they continue to grow. Standard recommendation is to end the pregnancy to prevent maternal morbidity and mortality. While Jill's life was not in imminent danger at that time – I knew what could happen. How would you interpret the law in this scenario if there was an exception to save the maternal life? Do I recommend ending her pregnancy now? Or do I wait until she comes in hemorrhaging from a

uterine rupture? Let's say the law was interpreted to mean the abortion cannot be performed unless there is imminent danger. By law, I'd have to wait until she started bleeding into her abdomen from the uterine rupture. The last case of uterine rupture I saw required 87 units of blood products. That woman barely survived and only did so because she lived close to a trauma center capable of massive transfusion of blood products. If this woman with the cesarean scar pregnancy died, how would you explain her completely preventable death to her three children? Does being pro-life mean that the non-viable fetus is valued above the living mother? Why can't she choose between assuring her own safety to remain alive for her other children, or choose to take the serious risk of continuing the pregnancy?

I have never seen a woman make the decision to terminate her pregnancy without a lot of thought, heart break, and often times prayer. I urge you to look at this issue from all perspectives. Please protect access to abortion as a fundamental right for all of the women I will see in similar situations in my future. Thank you for your time and consideration.

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