

Senate Hearing, Harrisburg, Pennsylvania Wednesday April 13, 2011

Good afternoon. Thank you for the opportunity to speak with the Public Health and Welfare Committee of the Pennsylvania Senate. I am Virginia Hall, MD and work at the Penn State Milton S. Hershey Medical Center, a partially publicly funded facility that provides no abortion services. I am an Associate Professor of Obstetrics and Gynecology in the Division of Women's Health but I am speaking as an individual and not offering the opinion of my institution. I am going to comment on the medical aspects of abortion and the case to keep patients AND abortions safe.

Before I begin to talk about medical aspects of abortion care, let me comment on Dr. Kermit Gosnell and the West Philadelphia Women's Medical Society who are in sharp contradiction to what is the standard of care. Reprehensible is an inadequate word to describe his misconduct and violation of what physicians of this Commonwealth hold as tenets of patient care.

The American College of Obstetricians and Gynecologists of which I am a Fellow has a college statement of policy on abortion. This organization recognizes the abortion debate is marked by serious moral pluralism with different positions in the debate representing different but important values. The diversity of beliefs should be respected.

We live in a country where more than 50% pregnancies are not planned and thus not optimally prepared to give the embryo/fetus an opportunity to maximize potential development. Many of these unplanned pregnancies will result in the birth of a child. For some women and their families bringing another child into the world is difficult for medical, economic and/or social reasons. What precipitates such a pregnancy is often lack of education regarding reproduction or lack of access to adequate contraceptive services. As an obstetrician and gynecologist I see this scenario all too often.

It has often been said it takes a village to raise a child. I would say it takes a community of families, educational, social, religious and medical leaders to educate our men and women, boys and girls regarding responsible sexual activity, sexually transmitted diseases and pregnancy prevention. People such as Kermit Gosnell who

operate outside the boundaries of moral, ethical and legal imperatives only serve to polarize and prevent the needed discourse necessary for a civil society.

Not all pregnancies are prevented by use of contraceptive techniques. Implanted devices and hormonal techniques offer the lowest pregnancy rates but are not zero. Barrier techniques such as foam and condoms (there are male and female varieties), diaphragms, cervical caps, inserts and sponges are less reliable as individual use and motivation are most important for success. The rhythm and no contraception approaches result in the highest pregnancy rates of up to 85-90 % dependent on age. (Younger women generally have higher pregnancy rates.)

Pregnancy is not without risks to the mother. Heavy bleeding that can lead to death, high blood pressure disorders, infections and exacerbations of medical complications are disorders that occur not infrequently. We see these disorders frequently as we are a tertiary referral center. The rare maternal death is always a great tragedy for the family and the medical and larger communities.

In 2007 according to the Centers for Disease Control and Prevention, Pennsylvania reported 38,559 abortions. The majority were first trimester with 21,201 or 57.8% at 8 weeks or less. Another 12,352 or 33.7% were completed between 9-13 weeks. Less than 9% were beyond thirteen weeks with 267 abortions occurring at or beyond 21 weeks. Very often these later abortions occur when significant fetal malformation is diagnosed and occur only after extensive counsel and ethics panel reviews.

54.6% of those obtaining abortions were identified as white, 39.4% black and 5.9% as other. Hispanics in another breakout of ethnicity were 6.1%. The majority of women undergoing abortions are white, unmarried (86.2%), between 20-24 (58% were in their twenties and having no prior induced abortions.

The myth such as it is teenagers who are the greatest percentage of abortion recipients is patently false. Tragically teenagers often seek either pregnancy or abortion care later than their older compatriots.

Other myths such as depression after abortion, breast cancer increases post abortion and impaired fertility are widespread but false. Information based on rigorous scientific methodology in terms of data collection and analysis does not support these allegations and such disinformation must be construed as efforts to assure pregnancy maintenance and undermine the individual's autonomy, one of the four basic principles on which all ethics is established.

Pre procedure counseling by the abortion provider partnered with contraceptive services for post procedure is what responsible practitioners do for patients and their families.

I am going to let my colleagues who provide abortion care speak but will be available for a short time today to answer your questions after their presentations.

Thank you again for your interest and kind attention as we all strive to keep Pennsylvania and its citizens health and safe.