

Assembly Bill 710: Partial Birth Abortion Ban
Susan M. Haack, MD, MA, FACOG

Good afternoon. My name is Susan Haack. I am a board-certified obstetrician-gynecologist, with a Master's degree in bioethics from Trinity International University. I attended medical school in Texas (UTMB-Galveston) and did my residency in ob-gyn at Northwestern University in Chicago. I practiced with the Dean Clinic here in Madison before moving to central Pennsylvania where I practiced with my husband for 15 years before returning to Wisconsin. We now practice in Mauston. I am here this afternoon to testify in support of AB 710: the Partial Birth Abortion Ban Act.

While there are indeed certain, but rare, medical conditions that necessitate the premature termination of a pregnancy for the sake of the life the mother, partial birth abortion when used on a living infant has no medical indication other than to insure that the child is born dead. It is merely another means of eliminating an inconvenient life. It is a barbaric and inhumane procedure, which degrades the medical profession and diminishes us as human beings. As such it has no place in the armamentarium of our moral profession and healing art.

I was first introduced to the "D & X" procedure, referred to by many as Partial Birth Abortion, in my residency program in the early 80's but even then it was only of historical interest, being considered an archaic and obsolete procedure which had no place in modern obstetrics. The procedure was originally utilized in an era before the development of routine ultrasonography, electronic fetal monitoring, and safe and effective cesarean sections. Its sole purpose was to effect delivery of a dead, partially birthed, hydrocephalic infant, in order to save the life of the mother, and avoid a cesarean section for a dead infant. To explain, hydrocephalic infants accumulate massive amounts of cerebrospinal fluid in their skulls, causing their soft bones to expand and their heads to

grow far out of proportion to their bodies. Because of the shape of the uterus and maternal pelvis, these unborn infants usually assume a breech position. Before the days of routine ultrasonography, and when breech infants were still delivered vaginally, these infants would deliver in breech position, up to the level of the abdomen or chest, but the enlarged head would get stuck on the maternal pelvic bones, unable to pass into the birth canal. By performing this “D & X” procedure, the fluid in the head could be removed and the baby delivered without having to perform a cesarean section for a dead infant—especially when cesarean sections were not as routine or as safe as they are today. But this was the only indication for this procedure 25 years ago, and is still the only indication for it today. We never used it in our training, in spite of the fact that I distinctly recall one woman whose pregnancy had to be terminated at 20 weeks due to severe atypical toxemia that endangered her life. We delivered her unborn baby by hysterotomy, an incision in the uterus to remove the baby, leaving the uterus intact. While the baby did not survive due to extreme prematurity, we did not intentionally destroy it, nor was there a need to do so.

In the intervening years, I have had only one incident where such a procedure would have been indicated, and it was the exact indication noted above. I was working in a jungle hospital in Gabon, West Africa. A young woman arrived at our hospital from a neighboring hospital 5 hours away with the torso of a dead baby hanging between her legs. With no ultrasound, and not wanting to perform a cesarean section in a primitive hospital for a dead baby, I attempted to place forceps on the head. The forceps had the same effect as a D & X, causing the head of the dead baby to decompress (burst) so the baby could be delivered. That was no doubt life-saving for the mother.

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In recent years, as this procedure has become a contentious issue, I've repeatedly considered whether there is any possible scenario that could justify such a procedure—in other words, any case in which the life of the mother required not simply the termination of the pregnancy but the intentional killing of the infant in the process—and to the best of my knowledge there is none. Yes, sadly there are situations in which a pregnancy can seriously jeopardize or endanger the life of the mother, situations which fall into 4 broad categories (severe cardiac conditions, renal conditions, pregnancy-induced conditions such as toxemia or HELLP syndrome, and cancer); but fortunately with our current technological capabilities these are very rare. However, when they do occur, never—never—does termination of the pregnancy require the intentional destruction and death of the infant. An explanation is in order. In most instances where a “D & X” or partial birth abortion procedure would be utilized, the pregnancy is in the second trimester, or about 2-5 months from term. The labor has to be induced, which is a time consuming process if the uterus is not ready for labor. If the mother's life is truly in danger, one may not have the luxury of such time, necessitating a cesarean section. But having said that, there is something else that you have to understand about preterm deliveries: once the patient is in labor, the delivery is often precipitous. In a term pregnancy, the cervix has to dilate to 10 centimeters, before the second stage, or pushing phase begins. This second stage in a term pregnancy can take anywhere from a few minutes to a few hours. But in a preterm delivery, the cervix only dilates to 3-5 centimeters, depending on the gestational age, and the baby is usually expelled with one push. In order to perform a “partial birth abortion,” this precipitous process has to be intercepted and stopped, while the baby is turned to a breech position, its skull punctured, and a suction catheter inserted so that the neural

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tissue can be “extracted.” So I ask you: if the issue is that the life of the mother is endangered and requires termination of the pregnancy, and if time is of the essence, then why is a precipitous process interrupted with a painful and traumatic intervention that kills the baby, when such termination can occur more quickly by allowing the baby to deliver naturally? The answer: the baby is unwanted. That is the only indication for this barbaric procedure—to make sure that the child is delivered dead. In our modern era of obstetrics, there is no indication for this procedure either for the life or the health of the mother. Therefore, I would challenge any obstetrician to identify one specific situation in which the life of the mother requires not simply the termination of pregnancy, but additionally, the destruction and death of the unborn child.

The “mantra” of medicine these days is that we practice “evidence-based medicine.” Everything that we do, every treatment that we utilize is to be backed by sufficient scientific evidence. I would also challenge anyone to provide concrete scientific evidence that supports the safety, efficacy, and necessity of this procedure. To the best of my knowledge, none exists.

In summary, partial birth abortion when used on a living infant, is a barbaric and inhumane procedure that has no medical indication other than to insure that the child is born dead. I urge this committee to support Assembly Bill 710.

Thank you for your time and attention.