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As a high-risk obstetrician working in Kansas, I am 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 manage complicated pregnancies. My goal is always to have a healthy mom and baby. In that regard, I am very “pro-life”! Most of the time, my colleagues and I can accomplish the goal of a healthy mom and baby. However, there are scenarios when delivering a healthy baby from a healthy mom is unattainable. Families from all across the state of Kansas are referred to my practice. Many times, they have just been given the worst news of their lives. Their dreams have been shattered and they are terrified. They are left to make one of the hardest decisions they will ever be faced with. I am honored that mothers and families allow me to help them through this vulnerable and terrifying time. I will share with you a few scenarios that I hope lawmakers never find themselves (or their loved ones) in. If they do, however, I hope they too have abortion as an option.

First, the names and details of the scenarios presented in this testimony 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 struggled to get pregnant. They tried for 2 years before seeing a specialist. There had never been a more desired pregnancy. They were sent to me at 21 weeks, 1 week after their OB doctor told them they the baby didn't have any amniotic fluid on ultrasound. Being excited and optimistic (as most new parents are), they figured this maybe meant they were considered “high risk”, but they continued to picture their baby girl at home with them in 4 short months. They were talking about the nursery design when I walked into the room to speak with 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. This is a lethal diagnosis. I knew I was about to shatter their whole world. 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 she told me something that was so wise, I still use her words to help people understand why parents might choose this gut wrenching option. She said “I couldn't bear the thought of delivering her just to watch her struggle to breath and survive. I think that would be the more selfish choice... I want to stay pregnant, I want the chance to hold her. I'm not ready to say goodbye to her. But I know the more compassionate choice would be to end the pregnancy now, while she is still comfortable, before she has to suffer in this world.” On the day of the procedure, I spoke with her before she went to the operating room. Again, her bravery to make the more compassionate yet more difficult choice left me humbled. “It gives me a little comfort to know

that the only existence she will know is the comfort of growing inside me. I think I've made her happy in there.”

Amber had 1 child. After delivery of that first child, she developed a cough and had some shortness of breath. Her legs began to swell. She was so wrapped up in the nightly snuggles, breastfeeding schedule, and continuous stream of family and friends coming to visit her new arrival, that she didn't have time to think much about it. I am so grateful the pediatrician noticed her struggling for air and the edema in her legs while she was at an appointment with her baby girl 1 week after delivery. The pediatrician advised Amber to go straight to the hospital where was found to be in congestive heart failure – her heart was failing, a condition known as postpartum cardiomyopathy. She was admitted to the ICU and put on several medications to maintain her blood pressure and help her dilated heart pump. She has not and will never fully recover from this and she requires daily medications. Given the severity of her heart failure and lack of a full recovery she was counseled that the risk of recurrent heart failure in subsequent pregnancies was very high. Recurrent postpartum cardiomyopathy could be so severe she could require a heart transplant, or even die. To prevent pregnancy, she opted for a very effective form of contraception. She had an intra-uterine device (IUD) inserted. The IUD also prevented her from having regular periods, which is why she didn't even consider pregnancy as an option when she started feeling nauseous a few years later. When the “GI bug” didn't go away after a few months, she saw her primary care provider, who determined that despite use of an effective contraceptive, she was pregnant. She was 17 weeks when I saw her in my office. She told me “I always wanted Avery to have a brother or sister, but I don't want her to have a brother or sister instead of a mom.” Her abortion 2 days later allowed her daughter to grow up with a healthy Mom.

Jill recently moved to the area with her husband and three kids. She had good prenatal care, with a normal ultrasound in the first trimester. When she presented to my office at 19 weeks for her routine birth defect screening ultrasound, she was given some devastating news. While her baby boy looked healthy, her placenta was very abnormal. Her first three children were born by cesarean section. After multiple cesarean sections, the placenta can sometimes invade the uterine muscle (and beyond), a condition known as placenta accreta. Prolonging the pregnancy put her at risk for life-threatening hemorrhage. Understandably, Jill did not want to end her pregnancy. We ordered an MRI to get a better idea of the severity of the placental growth in her abdomen, but 2 days later, and before the MRI was done, Jill came into the hospital hemorrhaging. She required an emergency surgery to remove the bleeding placenta and uterus. Unfortunately, 19 weeks is too early for a fetus to survive outside of the womb, and therefore Jill lost her baby. Had we kept her pregnant because of the healthy 19 week baby growing along with her invasive placenta, she would have died. Because of the abortion, Jill lived. The surgery was 8 hours long and Jill required over 60 units of blood products to save her life. Despite a long recovery in the ICU, she was able to go home to her 3 children and husband.

Katie and her husband were also expecting their first baby. They lived in rural Kansas. At 8 weeks her OB noted a small fetus in the uterus. 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 severely growth restricted and the placenta appeared abnormal. Also, her blood pressure was extremely elevated. She had been feeling jittery, had started getting headaches, and had some heart palpitations over the past several

weeks that she attributed to normal pregnancy. 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. The fetuses of partial molar pregnancies cannot survive. Even when carried to a gestational age when survival is expected, they die shortly after birth. Most of these pregnancies end spontaneously in early miscarriage, but occasionally they continue, and when they do, there is potential for great harm to the mothers. Partial molar pregnancies are at very 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 did have, causing her racing heart and 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. But her life was at risk and she was carrying a baby that would not survive. I will never forget what she said when she signed the consent form for an abortion: "I am pro-life, I never dreamed I would ever make this decision." Her abortion was performed at 21 weeks and it saved her life.

88% of abortions are done at or before 12 weeks, ~ 4% are performed at 16-20 weeks, and only 1.3% are done at 21 weeks or beyond. These scenarios I have described represent the minority of abortion procedures done. But perhaps they are some of the most important. None of these women ever pictured having to end their pregnancies with an abortion. It wasn't what they wanted. I have never seen a woman make the decision to terminate her pregnancy in the late second trimester without a lot of thought, tears, heart break, and often prayer. Please protect access to abortion as a fundamental right for all of the women I will see in similar situations in my future.

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