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SB 664: Opposed

Dear Maryland Legislators ,

As an Ob/Gyn at a local community hospital I witness the tragedies of abortion on a regular basis.

Whether it's the unfortunate discussion about a woman's inability to carry a desired pregnancy to term, related to multiple D&C procedures for abortions she's had in the past; the regret that women face after making this decision; the frequent ER and doctor office visits they need for minor post-abortion complications that the abortion clinic does not handle; or the emergent hospitalization and operations required for serious, life threatening complications from an abortion.

If the Ob/Gyns of this country would write a book of the many serious and life threatening complications of abortions, I'm certain many people would have a better understanding of how unsafe these procedures can be.

Last year, I helped take care of two women who nearly lost their lives after second trimester abortions in outpatient clinics. The first patient came to my ER after an abortion at a nearby clinic. She apparently was told that her procedure went well. Later, she woke up in a pool of blood at her home. Her worried mother rushed her to the ER where she was beginning to show signs of instability.

Myself and a colleague rushed her to the operating room where we made a large incision on her abdomen to locate the source of her bleeding. We found a gaping hole in her uterus at the location of the uterine arteries and her fallopian tube on that side had been severed. There were also intact fetal parts remaining in her pelvis. We were able to stop the bleeding and save her uterus but she received a few units of blood in the operating room.

This patient was kept in the hospital for a week where she received treatment for a pelvic infection and severe anemia. When she was ready to leave the hospital, she was able to resume her daily functions but it was obvious that she had a long recovery ahead. I saw her again a few weeks later. She still had not completely recovered, but she reported that she was making progress.

The second patient I took care of also required emergent surgery to stop internal bleeding following a second trimester abortion. This woman's situation was much more grave. The abortion clinic sent her directly to the ER shortly after her procedure because they recognized something had gone

terribly wrong. When she arrived to the hospital, her blood pressure was critically low from the loss of blood. A surgical specialist was called in from out of town to save this woman's life. She required multiple units of blood transfusions as well. She too survived, but was left with emotional and physical scars.

These stories don't even take into account the additional costs and burden on the medical system and their families. And it's hard to believe that these women almost lost their lives and made orphans of their children, for an elective procedure.

These incidents are only two of a few serious complications that I helped to manage at my hospital. My department later decided to ask the local abortion clinic to transfer their patients to a larger hospital in the area. These complications will eventually lead to death or other irreversible medical conditions.

The doctors at the abortion clinic are trained Ob/Gyns. They are not unskilled or inexperienced. They have completed residency programs like all of us and are working within their scope of practice.

Abortions are simply dangerous. The outcomes cannot be predicted. As mentioned earlier, this letter only contains my personal experience. I see complications of abortions weekly. None of which are performed at my hospital. I can only imagine how many stories that could be added to mine by simply asking my colleagues about their experiences with complications from abortions. I also wonder how much we could potentially cut down on Maryland's maternal mortality statistics by simply eliminating abortion.

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