

Re: SB 664  
Judicial Proceedings Committee  
Dr. Sandy Christiansen, MD, FACOG  
Care Net National Medical Director  
Care Net Pregnancy Center of Frederick Maryland  
Oppose

Mr. Chairman and Distinguished Members,

My name is Dr. Sandy Christiansen and I'm the National Medical Director for Care Net and medical director of the Care Net pregnancy center of Frederick and a board certified obstetrician/gynecologist licensed in the state of Maryland. I've spent my career of 30 plus years dedicated to women's reproductive health and have met scores of women who have been harmed by abortion and that makes me passionate about women receiving full informed consent before undergoing a procedure that carries the risks of significant complications.

I'm opposed to SB 664 because it sets the stage where select medical procedures, namely induced abortion, may be removed from safeguards that protect the women of our state, and it promotes bad medicine.

If we are truly pro-woman than we will all work hard to fully protect women's health and that means applying a consistent standard to all medical procedures.

- ✓ **Uniform standard of care:** The state has a compelling interest in the health of pregnant women.

Pregnant women and girls seeking abortions deserve the same standard of care required for every other medical procedure. Abortion requires greater scrutiny because, it isn't a "simple procedure" like getting your gall bladder removed. It can affect women and men profoundly for years to come. It carries the risk of:

1. Hemorrhage, infection, and damage to organs
2. Late term and dilation and evacuation abortions substantially increase the risk of these complications, including lacerations due to fragmented fetal bones, and infection due to retained fetal parts
3. Other risks include: clots, anesthesia complications and death (6.7 per 100,000 abortions for pregnancies over 18 weeks);
4. Scientific data from peer-reviewed journals around the world point to induced abortion as a risk factor for clinical depression, anxiety, suicidal thoughts and behavior, and substance abuse.
5. A 2011 meta-analysis published in the British J of Psychiatry found nearly 10% of the incidence of all mental health problems was shown to be directly attributable to abortion.<sup>i</sup>

6. There is abundant data clearly demonstrating that induced abortion increases the risk for preterm delivery and shows a dose related effect.<sup>ii</sup> Preterm delivery carries a host of associated complications for the preemie newborn.

✓ **Abortion carries risks, like any other medical procedure, and then some**

We can argue the validity of these studies, we may disagree about the overall safety of abortion, but we should all agree that it carries certain risks, just like any other medical procedure involving pregnant women. Women seeking abortions deserve to be protected, this bill is focused on protecting the procedure, not the women.

Nowhere else in the practice of medicine do we neglect protections for patients or make exceptions for medical providers to the degree we tolerate in abortion.

Maternal mortality is on the rise in the U.S., putting us near the top of the list among developed nations. Black women have over three times the maternal mortality rate compared to white women and also have disproportionately more abortions.<sup>iii iv</sup> This disparity will not be aided by this bill. Plus, maternal mortality data often do not include abortions.

While Maryland champions access to abortion, it's not particularly interested in monitoring its safety, being one of only three states that doesn't give the CDC abortion-related statistics.

The systems that the U.S. currently uses to capture maternal and abortion related mortality are woefully inadequate and are riddled with flaws. **The shocking reality is that in this country and in this state, we do not keep accurate records about abortion and related complications.** We need to stop and ask ourselves why that is.

- ✓ **Loss of existing protections:** In light of this, I do not see how, in good conscience, this distinguished body can move this bill forward—it would invalidate any existing health and safety standards for women seeking abortions and prevent the state from enacting any new laws to address their health needs, paving the way to unrestricted access to abortion on demand, without the protection of our current due process for addressing public health concerns and removing any *medical necessity* for abortion.

Abortion related risks are real and they happen to people every day. If this bill is passes, the only recourse citizens of Maryland will have is to sue the provider and the government for failing to provide adequate protections under the law.

The priority must be on the patient and her specific health needs; this is in step with the ethical practice of medicine. More regulation in this area is needed, not less.

If I was a cardiac surgeon and I started lobbying to put unrestricted access to robotic heart transplants in the state constitution, you would rightly ask me how this would improve healthcare for this population.

The truth is, SB 664 does nothing to improve the healthcare of women seeking abortions, in fact, and it would likely be detrimental.

Maryland is notorious for out-of-state abortion providers setting up shop. Do we want more or less protections against the likes of another Kermit Gosnell? This bill effectively silences the people of Maryland, removes power from this body, and wipes out existing processes that were established for the good of women's health.

I ask for an unfavorable report for SB 664.

Sandy Christiansen, MD

March 11, 2020

See written testimony for full bibliography

---

<sup>i</sup> Coleman, P.K. (Sept, 2011). Abortion and Mental Health: A Quantitative Synthesis and Analysis of Research Published from 1995-2009. *British Journal of Psychiatry*

<sup>ii</sup> Alexander, Greg. 2007. Prematurity at Birth: Determinants, Consequences, and Geographic Variation. In *Preterm Birth: Causes, Consequences, and Prevention*. (Ed.), R. E. Behrman and A. S. Butler. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK11386/>

Shah, P. S., Zao, J. (2009). Induced termination of pregnancy and low birthweight and preterm birth: A systematic review and meta-analyses. *British Journal of Obstetrics*

<sup>iii</sup> <http://healthymaryland.org/wp-content/uploads/2019/01/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>

[https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal\\_mortality\\_a/state/MD](https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/MD)

<sup>iv</sup> <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>