

I am writing as a mother who has gone through perinatal hospice to urge your support for HB1112/SB891.

On January 5th, 2010, my husband Adrien and I were excited to see the first ultrasound of our first baby who was 12 weeks gestation. We went into the ultrasound room together, smiling and holding hands. A few minutes after the ultrasound was started, the technologist politely excused herself from the room.

A few minutes later, we were escorted into a small conference room where we were soon greeted by Dr. A, a perinatologist, who was accompanied by a team of medical students. Dr. A proceeded to tell me that our baby had a neural tube defect (anencephaly), that it was quite severe, and that the baby, if it made it to term, would not likely live past one year old. Receiving this information is a blur to me. When he asked if I had any questions, I asked him for a minute alone with my husband.

We briefly discussed our situation, and decided together that we wanted to continue the pregnancy, as long as my health was not put at risk.

When Dr. A. returned, he provided information regarding all of my termination options. He advised that early termination would allow me to conceive again sooner and we would be able to fulfill our dream of having a healthy child. I remember him saying, "this can all just go away". Prior to this, I had been receiving care through a midwife. When I called to give her an update on my pregnancy, she never returned my calls.

A genetic counselor helped me to receive a second opinion ultrasound to confirm the diagnosis. I then made several appointments with various OBGYNs to discuss treatment plans.

I asked for counseling services, searched perinatal hospice centers, charitable organizations, and for the information of any woman who has been in a similar situation to provide guidance. Through months of individual research, I found a support system that helped to lighten the load.

We finally found the option of Gilchrist Perinatal Hospice and an OBGYN at Saint Joseph Hospital who was willing to work with our birth plan.

Our daughter did not go along with that plan. Because I continued to work through this pregnancy, I was Charge Nurse on an intensive care unit on May 5th when my water broke and contractions started. I was 31 weeks gestation.

Maria Grace was born a few hours later in the hospital in which I worked. Nothing went according to the plan that we had put together for months. Because of her poor prognosis at that

gestational age, I signed a DNR for the baby. She was born and lived long enough for my husband and I to hold her. She was baptized.

Throughout the 5 months that I was pregnant with this terminal pregnancy many people asked why I had decided to carry my child to term. Though I was raised Catholic, the desire to carry the baby to term had less to do with Catechism and more to do with an instinctive need to let my baby live as long as possible and naturally reach her full potential. We knew the road would not be easy but we did everything that we could to make the best of the situation. It was a very difficult decision and the sadness of losing my first child affected me for several years. I have no regrets for carrying her to term. I'm so glad that I was able to hold her and know that I did everything that I could to help her to live her most comfortable life.

After my pregnancy, I was contacted by the Baltimore City Department of Health. They asked to interview me about my experience. I offered to provide that with the list of resources that I had found through months of searching during a very difficult time. I have not seen how these resources have been used or submitted. Having a page on the Department of Health website and brochures for doctors to give to families would help families going through a difficult time to be supported with sensitivity and compassion. My desire to provide help for any family in the same situation was real then, at it is now.

HB1112/SB891 would ensure no family is only offered termination, or left to find their own information regarding options, during a very difficult time. The best decision is an informed one. Families should feel the support of their health care providers and their Health Department for any choice that they make.

For these reasons, I urge a favorable report on HB1112/SB891.

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*What we have once enjoyed
and deeply loved
we can never lose,
for all that we love deeply
becomes a part of us.*

--Helen Keller