



UNFAVORABLE STATEMENT

HB1380/SB676 – Health Care Facilities – Hospitals and Freestanding Birthing Centers-Perinatal Care Standards

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On behalf of the Board of Directors of Maryland Right to Life, I strongly object to any legislation or policy that would legalize infanticide. While infanticide remains illegal in Maryland, it has become an all too common practice among abortion providers when their patients suffer incomplete abortions. Any attempt by the Maryland General Assembly to shield abortionists from prosecution for intentionally killing infants born alive, must be soundly rejected.

FAILED ABORTIONS CREATE CRISIS STANDARD OF CARE

With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. As a result we are seeing more needless injuries and deaths, as well as many more failed abortions. When abortions fail, women often are instructed by their abortionists to dispose of their babies whether alive or dead. As a result, infanticide is being normalized by the abortion industry.

In 2022 democrat lawmakers introduced a bill to legalize infanticide in Maryland. The Pregnant Person’s Freedom Act dealt with abortion and attempted to prohibit the investigation of, and criminal penalties related to, the death of a child in the first 30 days following birth. This bill was a shield law that would have allowed abortionists, including abortion drug manufacturers, to evade liability and prosecution for infanticide including advising patients to kill or dispose of their babies following incomplete abortion attempts.

The current bill seeks to change the standards of care at hospitals and birthing centers, for treating infants within the first 30 days following birth. According to the Maryland Department of Health, the Maryland Perinatal System Standards were revised in 2018 by the Perinatal Clinical Advisory Committee in order to be consistent with the 8th edition of the Guidelines for Perinatal Care, issued in 2017 jointly by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).

Unfortunately, these national organizations support and in some cases promote abortion and no pro-life organizations were included in the Advisory Committee. For this reason, any recommended revisions by this Committee to the Maryland Perinatal System Standards, will be abortion-biased and breed a pro-death culture that may view infanticide as an acceptable standard of care.



INFANTICIDE IS NOT ACCEPTABLE STANDARD OF CARE

Infanticide is never an acceptable response to a failed abortion. Instead, Maryland Right to Life supports adoption of the **Born Alive Infants Protection Act**, to require hospitals and birthing centers to provide the same standard of care to an infant born despite an attempted abortion as they would for a child born prematurely.

Infanticide, is never an acceptable standard for treating ill or unwanted infants, including those born with disabilities or terminal disease. Instead, parents must be provided the option to utilize perinatal hospice services.

When an unborn child is diagnosed before birth with a life-limiting or life-threatening condition, many obstetric health professionals now believe that the best course of action is to terminate the pregnancy.

Parents in this situation are often not given the support and information that they need to make a truly informed decision about what to do, and indeed that sometimes they are almost coerced into immediate termination of these pregnancies.

Health professionals may also speak passively of “inducing the pregnancy” without giving clear details of what this would involve and without explaining that this is really an abortion. They also fail to advise that abortion for fetal disability is particularly traumatic and can be psychologically damaging for women.

In many cases parents are not being allowed to make their own, truly informed decisions. They can be pressured to decide when they have just been told devastating news and are not yet able to think clearly. They are sometimes not told all the alternatives. They are usually not fully informed about the risks and benefits of these alternatives. Nor are they given the ongoing support that they need to make a truly informed decision.

Instead of termination, some hospitals and centers only offer routine care – that is, care that is appropriate for a normal pregnancy. Others offer routine care minus. For example, they do not bother to provide regular scans and other tests in these pregnancies. However, routine care and routine care minus are not appropriate for these pregnancies.

IMPROVING STANDARDS FOR PERINATAL CARE

The state must improve upon the current practice and standards of perinatal care, starting with including pro-life perspectives from organizations like the American College of Pediatricians and the American Association of Pro-Life Obstetricians and Gynecologists.

The alternative to termination and infanticide must be perinatal palliative care, also referred to as perinatal hospice.



Perinatal palliative care is designed to affirm the existence of this child and to maximize the opportunities to experience and parent him or her. For example, there should be not less but more scans, so that the parents and all their family and friends can see and experience this child.

There is the hope that the child might be born alive and perhaps for a very short time that the parents might be able to see their child breathe, to hold and to love their baby, to take photographs and collect other keepsakes such as a lock of their child's hair or the child's footprints and handprints in plaster of Paris moulds, and even to bathe or breastfeed him or her.

If perinatal palliative care is offered, experience has taught that a significant number of parents will choose this, and ultimately that very few will regret their choice. Perinatal palliative care must be offered as the alternative to terminating the pregnancy or normalizing infanticide.

For these reasons, we urge your unfavorable report to consider amendments to the bill to adopt a more fair and inclusive process for revising the Maryland Perinatal Systems Standards.

SOURCE:

[Continuing the Pregnancy When the Unborn Child has a Life-Limiting Condition](#), Chisholm Health Ethics Bulletin, Autumn 2012, citing *A Gift of Time* by Byron Calhoun colleagues.