

## Anabella Mayorga

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**From:** Jane Sharp <jane\_sharp@icloud.com>  
**Sent:** Monday, April 7, 2025 8:47 AM  
**To:** House Judiciary Committee  
**Subject:** Testimony against anti-abortion bills

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

To my Elected Leaders,

It is much to my dismay that I hear the judiciary is considering several poorly thought out and completely unnecessary bills to restrict how OB/GYN's care for their patients. The three bills are completely unnecessary, and restrict doctors' ability to care for patients. They also restrict parents' ability to make the best decision for their families.

I had a patient several years back who desperately wanted to have more children. She and her husband had difficulty conceiving on their own. They ended up emptying their retirement account in order to pay for IVF. They conceived twins and were overjoyed! Unfortunately, my patient's water broke at 18 weeks and she delivered the first twin soon after. She was devastated. At 18 weeks, there is no chance for life or survival. Every now and again, these severely premature pregnancies can be born with some evidence of life, usually just a weak heartbeat. Instead of torturing the baby after their birth with painful resuscitation efforts that have no hope of success, that baby can instead be swaddled and held in their mother's arms. In this case, my patient was able to hold her daughter for the last moments of her brief life and love her, rejoice in her, and grieve.

One of the bills being considered this week would prevent parents from being able to choose to decline resuscitation when there is abysmal if any chance of survival. It would force doctors to take these babies away from their parents and perform painful and medically unindicated interventions.

I had another patient who joyfully conceived a very desired pregnancy. However, at 20 weeks an ultrasound revealed that there was no top of the head and no brain, just a rudimentary brain stem. This baby had no hope of survival after delivery. Furthermore, this anomaly put the mother, my patient, at increased risk of pregnancy complications that would threaten her health if not her life and also risk her ability to have more children in the future. She and her husband made the painful decision to end the pregnancy. However, the baby was breech (head up, bottom down) with a head that was 3 times larger than his tush. This complicates the baby's exiting his mom in the usual way. Her choice was either a c-section (which at this early stage would necessitate a uterine incision that would jeopardize future pregnancies) or a procedure that the anti-abortion bill inflammatorily calls "partial birth abortion". The latter procedure only very rarely needs to be done in the course of caring for our patients, but it is clearly the safer choice for unusual situations like my patient's.

I urge you to please vote No on these bills. Let trained professionals work with their patients to help them achieve their goals, in keeping with their patients' values, within well studied medical guidelines.

No two patients are alike. Medical care givers need the opportunity to care for them as their individual circumstances require. These bills unnecessarily restrict safe, medical options or strip away a woman's ability to make health care decisions about her body and her pregnancy.

Vote No.

Sincerely,

Jane Sharp, MD

Sent from my iPhone