

Good afternoon. My name is Dr. Jessica Tarleton, and I am an obstetrician/gynecologist in Charleston, South Carolina. I am represented by Senator Sandy Senn in District 41.

Thank you for the opportunity to share with you why I am against House Bill 3020, and why it is harmful to the health of women and my patients.

My job as an obstetrician has many moments of joy. Healthy moms, healthy families, new babies. This is what most people think of when they imagine my job, and certainly that is what I love the most about what I do.

What is kept mostly private, and what is largely ignored in the formulation of these laws, is when pregnancies do not turn out this way. As an obstetrician, I also take care of patients with pregnancies that do not and will not survive. Because these patients sometimes barely have the strength to cope with a prenatal diagnosis of birth defect in their pregnancy, they rarely have the strength to come out publicly and tell their stories (like the incredibly brave patients you've heard from today). I can assure you that the patients you have heard from are not alone in their experiences. The joy of obstetrics is not infrequently balanced with the heartbreak of how to move on after a pregnancy does not turn out the way it should.

I'll never forget Eliza. She has a daughter who is about 8 years old and was desperately hoping for another before she felt that

she was too old. She was overjoyed to conceive and was looking forward to her anatomy ultrasound. Most patients anticipate this milestone as when they will find out if they are having a girl or boy.

But for Eliza, this ultrasound showed that at 20 weeks of pregnancy, the baby was no bigger than 15 weeks size. As the ultrasound progressed, her pregnancy was diagnosed with major heart and spine defects. A high risk obstetrician gave Eliza the news that no woman wants to hear: there was almost no chance that her pregnancy would survive to full term.

What would you do?

If this bill passes, Eliza would have no choice other than to continue carrying the pregnancy until its inevitable death, and she would be forced to suffer through labor of a child who couldn't be born alive, before she could start healing, emotionally, and physically, from her loss.

If the state takes a legitimate interest in the health of women, mothers, and families, it would not take away the ability of this patient and others like her to choose what to do next. Ending a pregnancy by surgical or medical abortion is nearly always safer for the woman than continuing a pregnancy to term. As pregnancies progress, so too does the risk of high blood pressure, preeclampsia, eclampsia, diabetes, hemorrhage, and even maternal mortality. With South Carolina ranking in the

top 10 of all US states in highest maternal mortality, we should be asking how we can reduce this number. To quote a New England Journal of Medicine editorial published just last week, "Access to legal and safe pregnancy termination is essential to the public health of women everywhere. None of us want to return to a time when desperate women sought unsafe pregnancy terminations and suffered irreversible harm and sometimes death."

In the face of this complex ethical, moral, religious, and medical decision making, how are you to decide? I am here asking you not to decide. I'm here asking you to oppose house bill 3020, and trust women and families to make their own very difficult decisions based on their own beliefs, religion, and values. I am asking you to trust doctors to support and advise these women and please, allow us to provide them with the best and safest medical care available.