

Planned Parenthood New Hampshire Action Fund (/planned-parenthood-new-hampshire-action-fund)

Issues (/planned-parenthood-new-hampshire-action-fund/issues)

SB 399 - To Repeal NH's Abortion Ban & Ultrasound Mandate (/planned-parenthood-new-hampshire-action-fund/issues/sb-399-repeal-nhs-abortion-ban-ultrasound-mandate)

Elliot Hospital Provider Letter in Support of SB 399

# Providers at The Elliot Hospital Urge Lawmakers to Support SB 399, Repeal NH Abortion Ban

February, 2022

We present this letter as a united voice of the OB/GYN physicians and women's health care providers practicing at The Elliot Hospital. The 24 week abortion ban will lead to cruel and unnecessary physical and emotional harm to the women of New Hampshire. The Elliot, located in Manchester, performs the highest number of deliveries in the state of New Hampshire. We have the highest level Neonatal ICU care available in the state, which makes us a referral center to many families for high-acuity and complex care. Additionally, we have two full-time maternal fetal medicine specialists, who provide consultation for complicated pregnancies. These complications sometimes include a fatal fetal diagnosis. This can range from a genetic abnormality that is expected to end in stillbirth or neonatal death, as well as congenital anomalies that would make life outside the

mother impossible. These diagnoses are not always found easily or at a consistent time in the pregnancy. As OB/GYNs, we are extensively trained in the diagnostic and counseling process. More locally, we are actively involved in caring for the mothers and families that are faced with these diagnoses. We are highly trained experts in this field.

An abnormal genetic result can sometimes be detected by blood work, but this screening test does not look for all genetic abnormalities - in fact, it only screens for the four most common anomalies, as well as fetal gender. Additionally, it is not a universally provided test. Some families elect not to do any genetic screening, which is their right, and not all insurance providers will cover this test, so it is not financially available for all families.

Congenital anomalies are defects that occur during in-utero development and may not have an underlying genetic finding that we can screen for. These defects would be identified on a screening anatomy ultrasound, which occurs between 18-22 weeks (depending on maternal factors). Some families opt to just have this screening ultrasound, meaning this would be the first opportunity to identify a fetal fatal diagnosis. Once an abnormality is found, patients are referred to maternal fetal medicine specialists, which can take a few weeks to arrange. If definitive testing is recommended, those results can take another 5-14 days, and therefore a final diagnosis may not be made until after 24 weeks. When a woman has enough information to now make a choice, we support whatever that may be - continuing to carry the pregnancy, inducing labor, or a termination, if available.

To see a woman and her loved ones hear that their baby has a lethal abnormality is distressing. To then force a woman to carry a fetus that has no chance of survival is unthinkable. No matter what decision is made, this is the hardest decision a mother has to make - we provide the medical information, and each woman knows her own body and life circumstances to make a choice that is right for her and her family. No scenario is black and white and no blanket law can justly address the needs of each woman.

Fortunately, these scenarios do not happen for the majority of women. However, the impact of such laws is far-reaching - they restrict access to care when a woman needs it most.

This is why banning abortion at or after 24 weeks, which has now been in effect in New Hampshire since January 1, 2022, is so dangerous for the women and families in these complex pregnancies.

We sign below in support of repealing New Hampshire's abortion ban and in support of our patients.

Danielle Albushies, MD

Jenny Backman, MD

Kristen Bannister, MD

Nadine Byers, DO

Mary Cullen, DO

Jennifer Donofrio, MD

Jillian Dulac, MD

Kristin Fedorchak, APRN

Rachel Franchi-Winters, MD

Christina Haag, NP

Lara Hanlon, MD

Bethany Hart, DO

Kristine Henneberry, DO

Gary Kaufman, MD

Linda Lassonde, NP

Heidi Mainz, MD

Gavin Muir, MD

Lisbeth Murphy, MD

Joshua Nathan, MD

Kris Orestis, CNM

Alison Palmer, APRN

Samantha Pawlowski, MD

Kate Peters, DO

Polyxeni Rounds, MD

Brenna Stapp, DO

Meghan Stringer, CNM

Katlyn Viglianco, MD

Fletcher Wilson, MD

This page is controlled and operated by Planned Parenthood New Hampshire Action Fund.