SEN. DAVID VITTER – QUESTIONS FOR THE RECORD

Senate Judiciary Committee Hearing:

Late-Term Abortion: Protecting Babies Born Alive and Capable of Feeling Pain

Hearing, March 15, 2016

Question for Dr. Kathi Aultman:

During testimony before the House Judiciary Committee in October 2015, Dr. Anthony Levatino, M.D., J.D., stated "I often hear the argument later-term abortion is necessary to save women's lives in cases of life threatening conditions that can and do arise in pregnancy…There are several serious conditions that can arise or worsen typically during the late second or third trimester of pregnancy that require immediate care. In many of those cases, ending or 'terminating' the pregnancy, if you prefer, can be lifesaving. But is abortion a viable treatment option in this setting? I maintain that it usually, if not always, is not." His statement referring to ending or terminating the pregnancy being a viable option, refers not to abortion, but to delivering the unborn child.

1. Based on your many years in practice as a gynecologist, do understand and agree with the statement from Dr. Levatino's testimony?
2. Can you elaborate any further on why a late-term abortion would not be the priority option for protecting the life of the mother?

Answers from Dr. Kathi Aultman:

1. I understand Dr. Levatino's statement made during his testimony before the House Judiciary Committee in October 2015 and based on my experience as a gynecologist and on my experience as an obstetrician I completely agree with him. I never found it necessary to recommend a late term abortion to protect the life or health of any of my pregnant patients nor did I ever hear of any of my colleagues finding that option necessary.

2. Late-term abortion is not the priority option for protecting the life of the mother for several reasons:
   1) If the mother becomes so ill that the pregnancy must be ended to protect her health or her life, an induction or a C-section can be done under controlled circumstances to get the best outcome for both the baby and the mother. In my experience the mother was always the one who wanted to continue the pregnancy as long as possible in order to give her baby the best chance of survival.

   2) At 20 weeks gestation (22 weeks LMP), an abortion cannot be accomplished quickly. For D&E or intact D&E procedures the placement of osmotic dilators over the course of 1-2 days prior to the procedure is utilized to prevent cervical damage and to insure adequate dilation of the cervix. *(UpToDate Online Article. Second-trimester pregnancy termination: Dilation and evacuation. Literature review current through: Mar 2016. | This topic last updated: Nov 17, 2015.)* Medical abortions also take an extended period of time *(UpToDate Online Article. Second trimester*

pregnancy termination: Induction (medication) termination. Literature review current through: Mar 2016. | This topic last updated: Jul 22, 2014.) and thus neither would be useful if the woman was in imminent danger. If she were so ill that there was insufficient time or she couldn't tolerate the induction of labor, a C-section would be the quickest and safest choice. We would make sure all the necessary resources were available to care for the mother and the baby during that process. There would be no medical reason or need to end the life of the baby. Even if the baby didn't survive, at least the mother would know that she and we did everything in our power to save it.

3) The risk of death associated with abortion rises with each week of gestation and at 20 weeks the risk of dying from an abortion exceeds that of delivery. *(See slide #19 of the PowerPoint Presentation An Overview of Abortion in the United States by the Guttmacher Institute 2014. The sources Guttmacher provides for the chart are: Grimes DA et al., Unsafe abortion: the preventable pandemic, Lancet, 2006, 368(9550):1908–1919; and Bartlett, LA et al., Risk factors for legal induced abortion-related mortality in the United States, Obstetrics & Gynecology, 2004, 103(4):729–737.)*