

June 18, 2013

Dear Member of the House of Representatives,

We, the undersigned medical and public health organizations, stand in strong opposition to H.R. 1797, the Pain-Capable Unborn Child Protection Act, sponsored by Representative Trent Franks (R-AZ). This bill would deny women of safe and legal medical care through governmental interference with the doctor-patient relationship.

If enacted, H.R. 1797 would ban most abortions in the United States at 20 weeks after fertilization. The bill threatens providers with fines and/or imprisonment, clearly intended to intimidate and discourage doctors from providing abortion care.

This legislation endangers women by criminalizing safe, legal abortion. With only a narrow and inadequate exception for the life and health of a woman, H.R. 1797 would place doctors in the untenable position of denying abortions to women in need, including women carrying a pregnancy with severe and lethal anomalies, which are sometimes not diagnosed until 20 weeks or later. These include:

- Anencephaly, a “lethal defect characterized by absence of the brain and cranium above the base of the skull and orbits;”ⁱ
- Renal agenesis, the failure of kidneys to materialize;
- Limb-body wall complex, in which the organs are often outside the body cavity;
- Severe heart defects; and
- Neural tube defects such as encephalocele (the protrusion of brain tissue through an opening in the skull) and severe hydrocephaly (severe accumulation of excessive fluid within the brain).

These and other pregnancy complications often result in fetal death before or soon after birth. The bill attempts to dictate how physicians should care for their patients, based on inaccurate and unscientific claims:

- Gestational Age

Obstetrician-gynecologists use last menstrual period (LMP) to date pregnancies. This bill seeks to take the determination of gestational age away from medical doctors who are trained to make this determination.

- Fetal Pain

A rigorous 2005 scientific review of evidence on fetal pain in *Journal of the American Medical Association (JAMA)*ⁱⁱ concluded that fetal perception of pain is unlikely before the third trimester. No new studies since then have changed this dominant view of the medical profession. While bill supporters present studies which support the claim of fetal pain prior to the third trimester, when weighed with the JAMA study and other available information, the supporters’ conclusion does not stand.

- Fetal Viability

Most ob-gyns understand fetal viability occurs near 24 weeks gestation using LMP dating. The bill relies on misleading evidence about fetal viability, using post-fertilization age instead of LMP dating in a normal (or healthy) pregnancy, falsely implying high survival rates among neonates.

We strongly oppose governmental interference in the doctor-patient relationship. H.R. 1797 jeopardizes the health of all women in the U.S. by denying access to safe and legal abortion, and replaces personal decision-making by women and their doctors with politicians' personal ideology. Our organizations oppose this interference and threat to women's health and urge you to oppose passage of H.R. 1797.

Sincerely,

American College of Nurse-Midwives
American Congress of Obstetricians and Gynecologists
American Medical Women's Association
American Nurses Association
American Public Health Association
Association of Reproductive Health Professionals
American Society for Reproductive Medicine
Medical Students for Choice
National Abortion Federation
National Association of Nurse Practitioners in Women's Health
National Family Planning & Reproductive Health Association
Physicians for Reproductive Health
Planned Parenthood Federation of America

ⁱ Cunningham et al. eds. *Williams Obstetrics*. 22d ed. 2005, 394.

ⁱⁱ Lee SJ, Ralston HJP, Drey EA, Partridge JC, Rosen MA. Fetal pain: A systematic multidisciplinary review of the evidence. *JAMA* 2005; 294: 947-954.