

Testimony on Senate Bill 67
Dr. Howard Sharp, Ob/Gyn
For Senate Health and Human Services Committee
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Thank you for considering my remarks. They come from my experience as an Obstetrician/Gynecologist in Utah for over 25 years. I was born and raised in Utah. I have delivered over 6,000 babies as a faculty member at the University of Utah though I am speaking today not as a University employee but as a private citizen with extensive experience in the area of helping women manage their pregnancies. Likewise, though I am a member of the Church of Jesus Christ of Latter-day Saints, I do not speak for my church.

This proposed legislation addresses management of the remains of a miscarriage or abortion prior to 20 weeks of gestation. I would estimate that I have counseled and cared for approximately 1,000 women having a pregnancy loss in the first or second trimester. In my vast experience the one thing that I have seen most consistently from my patients and their partners, especially in the immediate moments around a such a loss is the desire to grieve and recover with minimum interruption from doctors and nurses around them. This is a delicate time and people want to move on and go home. In all the cases I have managed I have been asked fewer than 10 times by a patient to keep the remains, and there is a way that this can be accomplished for those extremely rare situations.

For everyone else, it would be extremely inappropriate to address the issue of whether they desired a cremation or burial if it was not requested by the person having the miscarriage. It does not come up in conversation, and forcing that discussion upon people at that moment... Well, it is hard for me to think of something more inappropriate.

I am not a proponent of abortion, in fact, I have never performed an elective termination in my career, and I do respect that sanctity of life. I also fully understand that for some women, most of whom already have children, there are times and situations where it is just not possible for someone to continue a pregnancy. There are many reasons for this, and showing people in this situation compassion and respect is essential.

This bill, as I understand it, has the government intervene in one of the most personal experiences people encounter. Miscarriage is a common experience and ends approximately 15% of all pregnancies. There are more than twice as many miscarriages each year in Utah than abortions. I think it is also worth mentioning that the vast majority of miscarriages occur prior to 9 weeks. The majority of the tissue that is expelled or removed when a pregnancy is removed prior to 9 weeks is the endometrial lining. The pregnancy tissue minimal, usually less than 10% of all the material. The embryo is not visible to the naked eye before 9 weeks. The only pregnancy tissue you can see at that time is the gestational sac and villi. It weighs a fraction of an ounce.

I am a member of ACOG, The American College of Obstetricians and Gynecologists, the leading women's healthcare organization in the country. ACOG has a strong statement about government interference in medical care. It says "ACOG strongly opposes political efforts to limit a woman's ability to get the care she needs, including bans on abortion care. ACOG recognizes that abortion is an essential component of health care for millions of women and opposes political interference in health care." This also applies to this situation involving miscarriages.

I was extremely surprised to learn of this legislation because it intrusively a deeply personal and complex experience. My patients having a miscarriage or abortion want the space and freedom to make medical decisions that align with their vision of their family and their faith informed by counsel from their physician. In my experience it seems that this law aims to fix a problem that does not exist. I urge you to respect the agency of the women of Utah and defeat Senate Bill 67 and any other bill .