

Maryland House of Delegates
Health and Government Operations Committee
Annapolis, Maryland
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Testimony in Support of House Bill 975

by Patrina Mosley

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Good afternoon. I am here to urge that you support House Bill 975, which would protect unborn children who can feel pain from abortion. The most common abortion procedure for the second trimester of pregnancy—accounting for 96 percent of all second-trimester abortions—dismembers a child in the womb piece by piece.¹

As explained in one medical textbook, “Pain receptors appear around the mouth 4 to 5 weeks post-fertilization, followed by the development of nerve fibers, which carry stimuli to the brain. Around 6 weeks post-fertilization, the unborn child first responds to touch. By 18 weeks post-fertilization, pain receptors have appeared throughout the body.”²

Contrary to those who focus only on one element of pain perception, there is a multiplicity of evidence that proves unborn children can feel pain by 20 weeks post-fertilization. This information has been applied in standard medical practice.

The leading textbook on clinical anesthesia states: “The fetus is able to mount a *physicochemical stress response* to pain starting around 18 weeks of gestation. It becomes capable of experiencing pain between 20 and 30 weeks of gestation [18 and 28 weeks post-fertilization].”³

Perinatal medicine now treats unborn babies as young as 18 weeks for dozens of conditions, and pain medication for these patients is routinely administered as standard medical practice.⁴ A review article titled “Anesthesia for fetal surgery” in a journal on anesthesiology, summarizes, “The current consensus is to provide fetal analgesia/anesthesia in a judicious and proper manner during painful interventions that trigger noxious fetal responses.”⁵ “Observations of fetal behavior and physiology have resulted in a clear consensus among professional anesthesiologists for the use of anesthesia in prenatal surgery.”⁶

I hope “[t]he state’s compelling interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates that they are capable of feeling pain”⁷ will propel a favorable report on House Bill 975.

Thank you.

¹ Maureen Paul, et al., *Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care* (Wiley-Blackwell, 2009), 157-159.

² Susan Tucker Blackburn, *Maternal, Fetal, & Neonatal Physiology: A Clinical Perspective 2nd Edition* (Philadelphia: Elsevier Inc., 2003).

³ Linda S. Aglio, Robert W. Lekowski, Richard D. Urman, eds., *Essential Clinical Anesthesia Review: Keywords, Questions and Answers for the Boards* (Cambridge University Press, 2015), 399.

⁴ K.J.S. Anand and P.R. Hickey, “Pain and Its Effects in the Human Neonate and Fetus,” *The New England Journal of Medicine* 317 (1987), 1321-1329, accessed March 7, 2019, <https://www.nejm.org/doi/full/10.1056/NEJM198711193172105>.

⁵ Mauricio Vasco Ramírez, “Anesthesia for fetal surgery,” *Colombian Journal of Anesthesiology* 40 (2012), 271, http://www.scielo.org.co/pdf/rca/v40n4/en_v40n4a07.pdf.

⁶ Arina Grossu, “What Science Reveals about Pain,” Family Research Council, October 2017, <https://downloads.frc.org/EF/EF15A104.pdf>; “Testimony of Maureen L. Condic, Ph.D.,” University of Utah, School of Medicine, Department of Neurobiology and Anatomy, Before the Subcommittee on the Constitution and Civil Justice, Committee on the Judiciary, U.S. House of Representatives (May 23, 2013), 7, <http://www.priestsforlife.org/legislation/hr-1797-condic.pdf>.

⁷ Del. Robin L. Grammer, Jr., et.al, “House Bill 975: Pain-Capable Unborn Child Protection Act,” Maryland House of Delegates, 33, <http://mgaleg.maryland.gov/2019RS/bills/hb/hb0975f.pdf>.