

Fetal Pain Bill (SB 179, AB 237)

I am submitting this testimony in support of SB 179 and AB 237, the Fetal Pain Bill. I am speaking for myself.

My name is Cynthia Jones-Nosacek, MD. I am a family physician in private practice in Milwaukee, WI, having been in practice for over 30 years in the Milwaukee area. My practice includes everything from delivering babies, caring for the baby, mom, dad, grandparents, even great-grandparents. I do hospice work and continue to see my patients in the hospital.

When I was in residency, I had to learn how to do circumcisions. I hated it. In those days, it was done without any anesthesia because, as my obstetrical attendings told me, "babies don't feel pain." They tried to convince me that the babies were crying merely because they didn't want to be strapped down, ignoring the fact that they would scream harder when we crushed their foreskin. When I found out there were ways to eliminate their suffering, I learned it, especially after reading a study by Anna Taddio which found that circumcised boys cried more with their vaccinations months later than uncircumcised boys. And so I was the first, and for many years the only, doctor who used nerve blocks so **MY** babies didn't feel pain. In fact, the nursing assistants would tell me that they really liked assisting my circumcisions because sometimes the baby would even sleep through the procedure.

The reason I bring this up is because now there is the suggestion that fetuses can't feel pain. Yet we know the connections from the pain nerves to the thalamus to the cortex are present by 18 weeks after fertilization (20 weeks gestation), the latest being 22 weeks post fertilization (24 weeks gestation). This is also the time when over 50% of premature babies will survive. Unfortunately, those connections occur before the ability to consciously modulate the pain so the brain is flooded with the sensation. Fetuses receiving blood transfusions at this time will act as if in pain and after receiving a pain killer, did not.

With viability occurring around 22 weeks post fertilization (24 weeks gestation), there is a need to remind physicians that, in a medical emergency in the mother, there are 2 patients to be concerned about. And these bills require the doctor to deliver the baby in a manner that "provides the best opportunity for the unborn child to survive."

Over the years, I have cared for women whose babies had anomalies which we knew would probably result in the death of their child before, during, or shortly after birth. There can be nothing more heartrending than watching the anguish of parents who have been told that their child may not survive even six months, no matter if that child be an adult, teenager, toddler, infant or before birth. Yet it only those unborn where we somehow think that to ease the parents' emotional suffering includes taking the life of the child who is not suffering at all. This is what makes perinatal hospice is so important. Parents facing this tragedy need this support. When offered these services, up to 87% of parents chose to parent their baby for as long as it lives. And since medicine is never error free, it also gives everyone a second chance in those occasions where it happens.

The grief of a woman who has had an abortion for fetal anomalies can be severe, even complicated, with higher rates of depression and post-traumatic stress. I had a patient who, due to premature rupture of membranes, decided to have an abortion rather than continue the pregnancy, before she had

a chance to do so, nature intervened and she went into labor and delivered her baby who died shortly thereafter. Before, she insisted there was no difference. After, she admitted there was and she much preferred how everything turned out. She did not have to live with added guilt of ending her child's life mixed in with the grief of losing her child.

Unfortunately, while these bills state that perinatal hospice be offered, it is not a covered benefit. Luckily where I practice, the hospital's foundation pays for the support, but in rural hospitals, this may not always be available and I would hope a way would be found to address this.

Finally, abortions at this time are more dangerous for the mother than term delivery (9 maternal deaths at 21 weeks vs 7.5 at term/100,000 per the Guttmacher Institute and CDC).

SB 179 and AB237 address a reality: that a human being before birth experiences pain, maybe not in the way you and I "feel", but in a way that is uniquely their own. It also shows concern for the parents, especially the mother, by giving support through this trying time.

Thank you.