

Madam, Mister Chair and Honorable Members of the Joint Standing Committee on Judiciary,

My name is Debra Sepulveda, MD, and I am a resident of Raymond, Maine. I am submitting this testimony in opposition to LD 1619 from my perspective as a board-certified obstetrician-gynecologist.

Obstetricians have the unique challenge of caring for two patients simultaneously – pregnant patient and fetus – and they work towards the healthiest outcome possible for both mother and baby. All too often, preterm deliveries, either due to natural processes, *or* medical intervention required due to pregnancy complications, tragically result in fetal or infant death and family heartache. However, due to incredible advances in neonatology, babies that once would have been lost, at gestational ages from 23 weeks and beyond, are increasingly able to survive and thrive.

IF LD 1619 passes - normally developing fetuses, capable of survival, and identical to those who are “saved” through effort, medical expertise, and great compassion – will instead be killed. One thirty-week gestation baby will live, despite medical challenges, and another, healthy, will die – by intention. The physician or “provider”, who is making an intense effort to prolong a pregnancy for one patient and to save one baby – moves on to the next patient at the same gestation and disrupts the pregnancy - ending and discarding life.

This bill is extreme in its latitude and places Maine among the most radical of states and countries. It runs counter to the ethics espoused by our Hippocratic oath – which, until recently, was sworn by our medical graduates. “Do no harm. Do not play God.”

It is unnecessary. Law to permit abortion in the case of a fatal fetal diagnosis can be clarified if further clarification is needed. Preterm delivery is already permitted when medical indications require intervention.

Please oppose LD 1619.

Thank you,

Debra Sepulveda MD MPH

Debra Sepulveda
Raymond
LD 1619

Madam, Mister Chair and Honorable Members of the Joint Standing Committee on Judiciary,

My name is Debra Sepulveda, MD, and I am a resident of Raymond, Maine. I am submitting this testimony in opposition to LD 1619 from my perspective as a board-certified obstetrician-gynecologist.

Obstetricians have the unique challenge of caring for two patients simultaneously – pregnant patient and fetus – and they work towards the healthiest outcome possible for both mother and baby. All too often, preterm deliveries, either due to natural processes, or medical intervention required due to pregnancy complications, tragically result in fetal or infant death and family heartache. However, due to incredible advances in neonatology, babies that once would have been lost, at gestational ages from 23 weeks and beyond, are increasingly able to survive and thrive.

IF LD 1619 passes - normally developing fetuses, capable of survival, and identical to those who are “saved” through effort, medical expertise, and great compassion – will instead be killed. One thirty- week gestation baby will live, despite medical challenges, and another, healthy, will die – by intention. The physician or “provider”, who is making an intense effort to prolong a pregnancy for one patient and to save one baby – moves on to the next patient at the same gestation and disrupts the pregnancy - ending and discarding life.

This bill is extreme in its latitude and places Maine among the most radical of states and countries. It runs counter to the ethics espoused by our Hippocratic oath – which, until recently, was sworn by our medical graduates. “Do no harm. Do not play God.”

It is unnecessary. Law to permit abortion in the case of a fatal fetal diagnosis can be clarified if further clarification is needed. Preterm delivery is already permitted when medical indications require intervention.

Please oppose LD 1619.

Thank you,
Debra Sepulveda MD MPH