

Joint Standing Committee on Health and Human Services
Room 209, Cross Building, Augusta, Maine
Monday, March 24, 2025

Dear Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services,

My name is Sophie Smith, and I am a third year medical student in Portland, ME and aspiring obstetrician-gynecologist. I am submitting this testimony to express my support of LD94, An Act to Eliminate Miscarriage Reporting Requirements.

During my time in medical school, I have been a part of teams caring for people experiencing pregnancy loss. Having witnessed the physical and emotional impact of miscarriage, I firmly believe elimination of this reporting requirement is a necessary and compassionate step forward. The experience of pregnancy loss is highly individualized— often characterized by feelings of grief, heartbreak, trauma, isolation, guilt, or uncertainty. Especially in these moments, people deserve privacy and compassionate care from their healthcare providers, without the confusion and fear that mandated reporting adds to these interactions.

It is also important to note that approximately 10% of clinically recognized pregnancies end in miscarriage with 80% of spontaneous pregnancy losses occurring in the first trimester.¹ Of miscarriages occurring before 8 weeks, 80% are managed expectantly, meaning without any medical intervention.² This suggests that reporting of miscarriages that presented to healthcare providers would severely underestimate the rates of miscarriage in our communities, making the data reported to DHHS inaccurate.

In summary, passing LD94, An Act to Eliminate Miscarriage Reporting Requirements is crucial for promoting patient confidentiality and trust, as well as compassionate medical care in Maine.

Thank you for your consideration,

Sophie Smith

¹ Wilcox AJ, Weinberg CR, O'Connor JF, Baird DD, Schlatterer JP, Canfield RE, et al. Incidence of early loss of pregnancy. *N Engl J Med* 1988; 319: 189-94.

² Luise C, Jermy K, May C, Costello G, Collins WP, Bourne TH. Outcome of expectant management of spontaneous first trimester miscarriage: observational study. *BMJ* 2002; 324: 873-5.