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ME LD 1619

Hello, I am Donna Miller, and have been an RN for 50+ years. Graduated as a psych nurse and later went into OB/GYN and Med/Surg nursing so I know what an abortion looks like as the later term abortions are generally done in the hospital. Formerly I was pro-choice as I assisted in abortions in the operating room, on the unit with post abortion patients, and in the nurseries taking care of the “dreaded complication” = a live birth, aka, an unwanted baby that lives. Most people I speak with who support abortion have never seen an abortion to realize its true description. From my experience its traumatic for the mother, brutal and final for her child. It’s not how it appears to be, white-washed and ending well. Up until the time of birth, 40 weeks gestation, the heartbeat begins at around 21 days after conception, by 12 weeks all the organs and systems are in place and the baby simply needs to grow until delivery, as well as at approx. 20-23 weeks the baby can feel pain per the science studies. In my nursing opinion I feel a baby is a baby no matter the point of development. The baby has all the DNA accounted for at conception. Legislatively, “when up until the time of birth” it ceases to be an abortion, it’s really **infanticide**. Enough about me!

Being pro-life now I want to point out that these are actual quotes from the women I have counseled with personally, not from me:

As I am doing their PG tests they are asking me, “was it a baby?” which tells me they made an uninformed abortion decision in the past. Several women have shared that when they were “in the abortion clinic having an ultrasound that the technician turned the screen away saying, ‘you don’t want to see that’” denying truth. Where I worked at a Center in Dorchester, Massachusetts I was told by some women that “adoption was not encouraged as a viable option at the abortion clinic.”

Several of these women clients “have aborted the only child they will ever have as they have been injured by the surgical procedure causing damage to their cervix” where spontaneous miscarriage can occur.

Here in Maine we are on a slippery slope when it comes to increasing the point of the baby’s development for abortion access because we are dealing with the human condition here in Maine.

Being a psych nurse, having graduated from the Psychiatric Division of Massachusetts General Hospital, I

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am well-aware of the human condition re: this matter. The reality of this discussion is that the tendency of the human experience will be to misuse this law, ME LD 1619, re: increasing the time a woman has the right to have an abortion. The tendency I have seen in this arena of abortion is for a woman to vacillate and prolong their regrettable decision given more time, thus more dangerous for her and more painful for the child.

I have seen too many negative manifestations of this damaging abortion decision in not only my clients lives but in my immediate family including: promiscuity, unhealthy relationships, drugs and alcohol abuse, panic attacks, depression, suicide ideation, etc.

In conclusion, it's not so much about being pro-choice, but being pro uninformed choice, unfortunately. I'm thankful for my son who I almost aborted 52 years ago when it was illegal but available.