



HOUSE OF REPRESENTATIVES

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Testimony
In Support of

LD 1154 An Act to Require That Informed Consent for Abortion Include Information on Perinatal Hospice

Senator Carney, Representative Kuhn, and the members of the Judiciary committee, my name is Reagan Paul and I am proud to represent House District 37. I am here to present my bill ***LD 1154“ An Act to Require That Informed Consent for Abortion Include Information on Perinatal Hospice.”***

This bill ensures that Maine women who receive the devastating news that their preborn child has a life-limiting condition are told about perinatal hospice services—a compassionate choice that offers comfort, dignity, and time with their child.

This bill requires that when a woman learns her preborn child may not survive long before or after birth, she is informed about perinatal hospice care as an option—unless there’s a medical emergency. This care involves a team of specialists—maternal-fetal experts, obstetricians, neonatologists, nurses, counselors, and more—working together to ease fear and create a supportive environment. It’s about giving families the chance to hold their baby, feel their warmth through skin-to-skin contact, hear their heartbeat, and care for them with feeding or gentle touch, however brief that time may be. If a woman declines, she simply signs a form acknowledging she was offered this support. This bill doesn’t force a path—it ensures she knows there’s a choice.

Why does this matter? Each year, up to 20,000 preborn children are diagnosed with conditions that might limit their lives. Advances in ultrasound and diagnostics make these findings possible earlier than ever, but here’s the reality: those diagnoses aren’t always right. The American College of Obstetricians and Gynecologists (ACOG) admits that while prenatal detection is strong, it’s not perfect. I’ve heard stories of families told their child wouldn’t survive, only to find out later the

condition wasn't as severe as predicted. Perinatal hospice gives women the space to explore that possibility, to care for their child with an individualized plan that might reveal a different outcome.

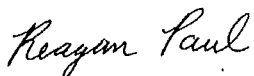
Too often, women facing these diagnoses feel rushed into decisions without knowing there's another way.

Perinatal hospice offers something different: a chance to bond through skin contact, to keep their baby warm and comfortable, to make memories with handprints or photos. Studies show that when parents are offered this care, most choose it—because it honors their child's life, no matter how short. One study found that parents felt their babies were treated with respect in a peaceful, caring setting, achieving a state of comfort that mattered deeply to them. Another showed that even when a child was stillborn or lived only briefly, most parents cherished the chance to meet their baby.

This care isn't just for the child—it's for the family. It includes plans for hydration, pain relief, and respiratory support if needed, all while encouraging parents to bathe, feed, or simply hold their newborn. It doesn't stop at birth, either—grief counseling continues postpartum, helping with memorial services or keepsakes like a recorded heartbeat. Some infants even survive long enough to go home, defying the odds.

Concerns arise that continuing a pregnancy might endanger a mother's health or deepen her sorrow. But data from the Centers for Disease Control tells us the maternal mortality risk at 16-20 weeks gestation is nearly the same, whether the pregnancy ends early or carries on. As for grief, it's an inevitable weight—studies show it lingers no matter the choice. Perinatal hospice doesn't erase that pain, but it softens it with care, offering a chance to cherish a child's fleeting life with love and support, rather than letting it slip away too soon. It's a way to weave meaning into the heartache, to hold a precious moment close.

This bill stands for a fundamental truth: every life, no matter how brief, carries dignity worth honoring. This bill ensures women know they can choose perinatal hospice—a path where a dedicated team of specialists stands ready to uphold that dignity with skill and compassion. From the first heartbeat to the last, these experts craft a plan that respects the child's irreplaceable value, giving mothers the time and support to nurture that life fully. A life-limiting diagnosis tests us all, and Maine must rise to meet it with options that affirm our shared humanity. I urge the Committee to pass this bill—for these children, their mothers, and the principle that every life matters. Thank you.



Reagan Paul
State Representative

Resources:

- 1 Research Committee, American Association of Pro-Life Obstetricians & Gynecologists, Perinatal Palliative Care and Perinatal Hospice, Practice Guideline No. 1 (Nov. 2014, updated 2017, 2021).
- 2 American Association of Pro-Life Obstetricians & Gynecologists, AAPLOG Practice Bulletin, Perinatal Hospice: Care with Compassion for Families with an Adverse Prenatal Diagnosis (2015).
- 3 Committee on Obstetric Practice, Committee on Ethics, American College of Obstetricians and Gynecologists, Perinatal Palliative Care, 134 ACOG Committee Opinion No. 786, e84–e89 (2019, reaffirmed 2024).
- 4 Keele et al., Differences in characteristics of dying children who receive and do not receive palliative care, 132 Pediatrics 72–78 (2013).
- 5 Calhoun et al., Perinatal Hospice. Comprehensive Care for the family of a fetus with a lethal condition, 48(5) Journal of Reproductive Medicine 343–348 (2003).
- 6 D'Almeida, Perinatal Hospice: Family-Centered Care of the Fetus with a Lethal Condition, 22(1) Issues in Law and Medicine 102 (2006).
- 7 Parravicini et al., Parental assessment of comfort in newborns affected by life-limiting conditions treated by a standardized neonatal comfort care program, 38 Journal of Perinatology 142–147 (2018).
- 8 Cote-Arsenault et al., “Have no regrets:” parents’ experiences and developmental tasks in pregnancy with a lethal fetal diagnosis, 154 Social Science & Medicine 100–9 (2016).
- 9 Tucker et al., Outcomes following perinatal palliative care consultation: a retrospective review, Journal of Perinatology (2021).
- 10 Zeanah et al., Do women grieve after terminating pregnancies because of fetal anomalies? A controlled investigation, 82(2) Obstetrics & Gynecology 270–75 (1993).