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Proponent, HB 2324

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Chairman Hawkins and committee members,

I am Kathy Ostrowski, legislative director for Kansans for Life. We advocate for public policies that promote the dignity of human beings at all stages of life. This bill aims

- to help insure that stillborn children and their families are treated with the utmost respect, and
- to improve health statistics surrounding preterm births and subsequent disabilities.

The bill involves the birth defects information system established in 2004, K.S.A. 65-1,241 et seq specifically (*emphasis added*):

65-1,242. (5) to **identify risk factors for congenital anomalies, stillbirths and abnormal conditions** of newborns; ... (8) to inform and **educate the public** about congenital anomalies, stillbirths and abnormal conditions of newborns.

65-1,243. **Confidentiality of records.** (a) Except as provided in this section, records received and information assembled by the birth defects information system pursuant to K.S.A. 2015 Supp. 65-1,241, and amendments thereto, are confidential medical records. All medical records reviewed and maintained by the department pursuant to this section shall be kept confidential and shall not be disclosed except upon the order of a court of competent jurisdiction and shall not be subject to subpoena, discovery or other demand in any administrative, criminal or civil matter....(c) The secretary may disclose information assembled by the system in summary, **statistical or other form that does not identify particular individuals** or individual sources of information.

The part of HB 2324 that we want to weigh in on is Sections 5 and 7(*emphasis added*):

**Sec. 5.** The secretary shall establish a fetal death evaluation protocol, which a general hospital or freestanding birthing center shall follow in **collecting data relevant to each stillbirth**. The information required to be collected shall include, but **not be limited to**:

(a) The race and **age** of the mother, maternal and paternal family history, comorbidities, prenatal care history, antepartum findings, **history**

**of past obstetric complications**, exposure to viral infections, smoking, drug and alcohol use, fetal growth restriction, **placental abruption**, chromosomal and genetic abnormalities obtained pre-delivery, **infection in a premature fetus**, cord accident, including evidence of obstruction or circulatory compromise, history of thromboembolism and **whether the mother gave birth previously**; and

**Sec. 7.** (a) The department shall evaluate the data obtained pursuant to section 5, and amendments thereto, for purposes of identifying the causes of, and ways to prevent, stillbirths and may contract with a third party, including, but not limited to, a public institution of higher education in the state or a foundation, to undertake the evaluation.

Kansans for Life recommends that ABORTION belongs in the medical facts collected in section 5.

Scientific evidence continues to accrue that shows a significant risk of future preterm birth from induced abortion. The Kansas' Women's Right to Know Information reads:

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**Future Childbearing:**

Some complications associated with an abortion, such as infection or a cut or torn cervix, may make it difficult or impossible to become pregnant in the future or carry a pregnancy to term. The 2007 Institute of Medicine report Preterm Birth: Causes, Consequences, and Prevention lists a prior first trimester induced abortion as an immutable medical risk factor associated with preterm birth. A 2009 analysis of international studies concluded prior induced abortions are associated with a significantly increased risk of low birth weight and preterm births, and that the risk increased as the number of previous induced abortions increased. Preterm babies, who have higher risk of death, also have the highest risk for lasting disabilities, such as cerebral palsy, mental retardation, and visual and hearing impairment.

[[http://www.womansrighttoknow.org/download/Handbook\\_English.pdf](http://www.womansrighttoknow.org/download/Handbook_English.pdf)]

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Over the last 50 years, over 180 studies have examined women's history of abortion with subsequent preterm births and low and very-low birthweight babies. There are 3 meta-analyses of those studies that all verify an abortion-preterm risk.

1 Shah. 2009 [<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2009.02278.x/pdf>]

2 Swingle. 2009 [<http://johnrodgerssmith.com/MedicalObservations/Swingle/JRM%20Swingle%20paper%202009.pdf>]

3 Lemmers 2015 [<http://humrep.oxfordjournals.org/content/early/2015/11/02/humrep.dev274.abstract>]

Certainly not every stillbirth is linked with abortion but abortion is undeniably a risk factor for incompetent cervix and infection, which are—themselves—risk factors for preterm birth. A check-off for incidence of prior induced abortion(s) can be easily added to the other factors collected for analysis. Existing law and KDHE practice completely insures that the information will remain confidential.

Thank you, I stand for questions.