

My name is Meghan Orbich. I am a 43 year old mother of two. I am a parent to a child with extreme medical needs. My husband, 2 boys, and I live in Oakmont, Pennsylvania. I grew up in a large catholic family and I went to Catholic school in Philadelphia. I mention this only because I think it gives some insight into some of the traditions and values taught and believed regarding the sanctity of life. When I was in my 20s, if you asked me what my beliefs were on abortion care, I would have told you that it would never be something that I would do for myself, but I don't judge others for their choices. I was naive (and let's be honest, was probably judging).

At 29 I had my first son. He was 8lbs 9oz and 21 inches long. He was perfect. Years later after the shock of new parenthood wore off, my husband and I started talking about a second baby. I got pregnant quickly. That pregnancy ended at 11 weeks in miscarriage. I had to have a D&C to remove the pregnancy since it did not pass naturally. It was one of the most devastating experiences of my life to that point.

A few months later, I was pregnant again, and a ball of nerves. I wouldn't tell anyone I was pregnant until after my ultrasound at 12 weeks. I scheduled this the Wednesday before my sister's wedding, for which I was leaving right after to help her with the final details. I wanted this to be done before the wedding since I had started showing a bit and wanted to be able to tell people I was pregnant if they asked.

It is because of this experience that I tell people - when you end up having to wait in a doctor's office, be thankful that you aren't the person causing you to wait. What for most people is a 20-minute ultrasound became a whole day with lots of ultrasound technicians and specialists for me. First, it just seemed to be taking a long time. The ultrasound tech told us at some point that she could not get a good view of my fetus' right arm. Eventually a doctor came in to help. She explained that the right arm did not seem to be developing and they were going to have us meet with genetics. We looked at each other and both said - "We can handle this!" One arm would be okay.

Then we visited genetics. The doctor let us know that many times fetuses with limb abnormalities also have comorbidities. Many times, this comes with a diagnosis of trisomy 18 or 13. He told me that there was a good chance that my pregnancy would have serious complications. He explained these complications as best he could to two people who walked in only considering a handful of things that could go wrong, and not expecting any of them. He recommended further testing.

I went to my sister's wedding not knowing if I was having a baby in several months or not. A few people asked me if I was pregnant, I couldn't answer them. Literally couldn't put words around it at that time. When I got home, I had a CVS, which is very similar to an amniocentesis. This test is done earlier in a pregnancy to try to get results sooner. It still takes FOREVER.

My husband and I discussed what we would do if the baby had a genetic condition that would cause him to not live long. We struggled. We were in crisis. We had seen his heartbeat. I could

not fathom being pregnant for 5 more months. I could not fathom having my child die. I could not fathom explaining to my 3-year-old what was happening.

We decided to wait until the tests came back to decide what to do, once we knew what we were up against.

1 week went by, no results. 2 weeks, no results. 3 weeks, no results. It became painfully apparent to me that time limits on abortion care make no sense. We wanted to make the very best most informed decision for our child. Getting test results back so that we could do this took way longer than we would have expected and put us uncomfortably up against the existing 24-week limit on abortion care in Pennsylvania. We finally received the results that our son had none of the most common genetic conditions. Our genetics doctor recommended that we have more tests.

We had a fetal echocardiogram at 20 weeks. I have known a lot of kids with heart defects, so this wasn't too scary. In my mind, heart defects are fixed by surgery. (Again, very naive). We learned our son had Tetralogy of Fallot with an Absent Pulmonary Valve. Tetralogy Fallot is fairly common as heart defects are concerned. Absent Pulmonary Valve is not common. Absent Pulmonary valve causes pulmonary arteries to get huge and crowd out development of the airways. The cardiologist told us we would have to wait and see how he does when he is born. He explained to us how rare this was and that he could have trouble breathing but we had no idea what we were in for.

We decided to continue with our pregnancy. We felt our son had a good chance at having a normal life. We were grateful that the difficult decisions were over, and we could allow his doctors to decide how to treat him when he was born. This was probably the most naïve we could have been.

Ian was born on November 13th, 2013. He took a long time to stabilize before going to UPMC Children's Hospital of Pittsburgh. When he got there, they put him on ECMO to keep him alive. ECMO is heart and lung bypass, reserved for the absolute worst situations. I had a C-Section, so I had to stay behind at the maternity hospital and my husband went to be with him at the children's hospital.

The next morning my husband patched me in for morning rounds so that I could listen. I couldn't understand what was being talked about because it seemed like they were talking about us deciding if we would do surgery or if Ian's case was too severe and we would not do surgery. I couldn't process what they were saying. I was having a hard time comprehending and my husband didn't have the heart to explain what was going on, so the cardiologist on service in ICU called me with him on the line. They explained again. I was in disbelief. They were telling me after all of this, we had to decide again, do we continue our child's life? I thought that part was over. It was not. We would be forced to make this decision repeatedly for almost 2 years, as complication after complication, and surgery after surgery forced us to face our worst nightmare repeatedly.

Ian had his first surgery at 7 days old. He had many surgeries in his first year and the years after. In his first year he spent all but 6 weeks of his life in the ICU. During that time, I became part of a unique group of parents. One of the doctors called what we do "extreme parenting." There are many facets of this "extreme parenting." One of them is deciding repeatedly if we should continue - when is enough, enough? When do you let go? This choice is given to parents because their babies can't speak for themselves, because we know what is best for our children. Each time we make these choices as parents, we are doing the very best we can for our children with the best information we have available to us. It is an awful situation to be in when the choice you are making will determine if your child lives or dies. We are given this choice when our terminally ill, chronically ill children are suffering. That choice needs to continue to and always begin unequivocally with protecting decisions about pregnancy, contraception, fertility care, to be solely between a woman and her doctors. I don't know how I would cope with the challenges of the life that our family lives if it was not a carefully made choice that my husband and I made together.

Another facet of "Extreme Parenting" was watching my new ICU friends losing their children. As part of this group of mothers, I have gone on to know mothers who go through this devastating experience once, only to experience another pregnancy that is diagnosed with a fatal fetal condition. Having lived through and knowing the suffering your child endures, the thought of putting another child through the same suffering is unimaginable. Perspective is an amazing thing.

During my first days in the CICU with Ian, we had teenage mothers in the rooms on either side of us in the ICU. One mom was 13 with a baby with a heart defect, another was 15 and her baby had a heart defect and other conditions like my son. The ICU was in chaos because of the inability of these mothers to consent for their child's treatment. They were children having children with major problems. Imagine a 13-year-old child pregnant with a serious fetal diagnosis and not giving her a choice. They were the same age as my eldest son is now. I just cannot imagine this.

There are thousands of women out there with similar but different stories that range from not having resources to have an unexpected child to women who want nothing but a child but experience the devastation of a pregnancy with a fatal outcome. Women need to be able to make choices that affect their bodies, their families, and their futures. For many reasons, I hope that they are not making these choices alone and have the assistance of their doctors, partners, trusted faith counsel if they choose, and family to support them.

Today, I have a brave, strong, amazing 10-year-old son. He lives with a tracheostomy. He is on a ventilator at night. He attends public school. He always must have a qualified and trained adult one on one with him, 24 hours per day. As we face a shortage of home care nurses, this can be incredibly challenging to manage. When a nurse is not available, Ian cannot go to school, because while we are left to care for him at home alone, a parent is not an acceptable caretaker in public schools, unless we have professional nursing credentials. When he gets sick, we

sometimes ends up in the ICU and he gets poked, prodded, tested, and tortured. We spent several days in-patient just a few weeks ago, after what was a cold for the rest of us, turned into a more serious illness for our son. But overall, he has a pretty happy life, and he has changed our lives in ways I can never possibly explain.

For people who are undecided on whether mothers should be able to make these choices, or if you don't think that the choice should be the mother or parent's and that we should be forced to give birth regardless of what the outcome will be after birth, I would challenge you to spend some real time in a CICU, PICU or NICU. Amazing things happen in these ICUs and you will see miracle babies like my son. You will also see babies who are experiencing tremendous suffering. You'll see babies who cannot be held. You will see babies and their families who are experiencing unimaginable pain. You will see babies who have no one there to comfort them, not because their parents are bad people, but because for whatever reason they can't be there.

Currently, abortion care is safe and legal in Pennsylvania. But strict abortion bans have been proposed in the House of Representatives as recently as last year. These existing protections have been at the mercy of a Governor's veto in Pennsylvania for far too long. If reproductive health choice is ever taken away from mothers in Pennsylvania, the number of babies who suffer alone will increase. The number of children with medical needs in foster care will increase. Fetuses that could pass comfortably in their mother's womb will be born to only know pain and suffering. These situations have life altering implications beyond getting past the "hard" stuff or the perfect picture of a healthy baby put up for adoption.

I don't want to live in a state where when I am at my lowest point of desperation, the law causes more suffering, like we are seeing now in Texas and Ohio. Even women who, like me, would do everything possible to continue a viable pregnancy believe that every choice must remain a choice. We need to bring this to the voters and ensure that regardless of the make-up of this legislature, the days of a veto pen determining the freedom and choices of Pennsylvanians when it comes to reproductive healthcare are over. We must ensure that the days of untrained and unqualified legislators, governors, attorneys, and judges attempting to force themselves into the OBGYN offices of the people of Pennsylvania are over. We must ensure that this question is answered once and for all by explicitly enshrining the liberty to choose or refuse contraception, abortion care, fertility care, and that all decisions related to reproductive health remain solely in the hands of individuals, and trained, licensed professional healthcare providers with the counsel of their choosing.

Thank you for the opportunity to share my story today. Watching the news this week as Kate Cox in Texas has had to bare the cruelty of what is probably the most devastating, extremely personal experience that she or any woman goes through when it comes to reproductive healthcare, has been triggering and heart wrenching for women like me who have been down the road of complicated pregnancies. I keep thinking about how brave she is to have shared her pain with the world.

We must do everything we can to protect women and mothers from the interference of politicians who do not have to live with the difficult and sometimes life threatening outcomes of the decisions that they make in an attempt to control someone else's personal healthcare decisions.