

DEVELOPMENT OF THE FETUS

- 2nd wk. Rudimentary heart formed.
- 3rd wk. Limbs appear as short buds.
- 4th wk. Heart separates into right and left heart.
- 6th wk. Membranes of nervous centers-bladder, kidney, tongue larynx, thyroid body, the germs of teeth are apparent.
- 8th wk. Arm and forearm, thigh and leg distinction is apparent, the two halves of the hard palate unite. Sympathetic nerves are discerned. n.b. Nerve fibers, both cerebrospinal and sympathetic system convey impressions of two-fold kind. Sensory nerves transmit to the nervous centers impressions made upon peripheral extremities of nerver, through the medium of the brain, becomes conscious of external objects. Motor nerves transmit impressions excite muscular contraction or influence the process of nutrition, growth and secretion.
1. removal of uterine contents by using a hollow curet, or by suction catheter is used prior to the 12 wk. of pregnancy.
- 9th wk. Phalanges (fingers) appear.
- 3rd mo. Possible to distinguish male and female organs from each other. The eyelids, the hair and nails form.
- 4th mo. Fat is first developed in subcutaneous cellular tissue and tonsils are seen.
- 5th mo. Eruption of hair on head. Differentiation between uterus and vagina becomes apparent.
- 6th mo. The free border of the nail projects from the corium of the dermis.
- 7th mo. Testicle passes into vaginal process of peritoneum
- 9th mo. Eyelids open, testicles in scrotum.

Information source: Gray's Anatomy. Taber's Medical Cyclopedic Manual

My name is Maggie D'Alesio. I am a registered nurse and a certified Emergency nurse. I am here to testify on behalf of House Bill 1979-the 1989 Abortion Control Act.

Five years ago on September 12, 1984, I was at work in the Emergency Department of West Park Hospital in Philadelphia. Approximately 9:30 that evening, Dr. Joseph Melnick delivered a live baby girl during an elective abortion. This abortion was performed on a thirteen year old girl on the second floor of the hospital. Dr. Melnick placed Baby Girl Smith in a bedpan and she was carried to a nearby utility room. The baby was observed by several staff members attempting to breathe. Her heart rate was auscultated at 20 beats per minute by Pearl Resnick, R.N., the nursing supervisor. Mrs. Resnick began CPR. CPR was terminated shortly thereafter when three resident physicians were called to the utility room. They too, observed the baby showing signs of life. Questioning Dr. Melnick as to how long the baby had been breathing like this, Dr. Melnick responded "90 minutes". The resident physicians were reluctant to resuscitate an infant who was breathing agonally for 90 minutes because they were concerned about probable brain damage due to anoxia. Mrs. Resnick then called Dr. Krane, the head of OB/GYN at West Park Hospital. He advised them to resuscitate the infant and transport her to the nearest neonatal intensive care unit. Arrangements were made with nearby P.C.O.M. and the baby was carried by Mrs. Resnick to the E.R. An intravenous line was to be started via the umbilical vein and the baby was to be transported by ambulance to P.C.O.M.

I observed the "chux" (diaper-like cloth) that the baby was swaddled in, move. I also heard a faint sound--most probably an exhalation, coming from the little baby. Mrs. Resnick then exclaimed "My God, she's alive!" We moved toward the stretcher and Mrs. Resnick unwrapped the covering. Baby Smith appeared to be full term. I began to cry and asked to be excused to compose myself. As I returned five minutes later, Dr. Mike McDonald told me that the baby had died and they were ready to pronounce her. It was 11:00 P.M. Baby Girl Smith was 32 weeks gestational age. She weighed 3lbx.8oz. She struggled for life for 90 minutes. She had agonal respirations and sustained a heart rate of 20 beats per minute. She survived for 90 minutes, exposed to the cold, uncovered in a bedpan, without suctioning, without warmth, without the benefit of human touch.

She lived. She existed. The man who delivered her was found guilty of infanticide in June of 1989. But Joseph Melnick was never found guilty of illegal abortion. Judge Lynn Abraham found the existing abortion control act too vague as to the definition of viability. She believed that Joseph Melnick, perhaps in gross negligence, did not determine correctly the gestational age of the fetus. Dr. Joseph Melnick did not employ ultra-sound as a means of measuring gestational age. I find it difficult to believe that a board certified OB/GYN on physical examination could not make the distinction between 17 weeks gestation and 32 weeks.

Thirty seven years ago on February 25, 1952 a baby boy was delivered at St. Agnes Hospital in Phila. He was 30 weeks gestational age. He weighed 2lbs. He was suctioned. He was swaddled in warm blankets. He struggled valiantly to live--without the benefit of the technology we have today. Surely if this baby survived against all odds--a 24 week gestational age fetus with all the benefits of today's technology should be called viable and be protected from death by abortion under our laws. That little baby boy from St. Agnes is my husband, now a police lieutenant in Upper Darby, Pa.

It is imperative that we have more stringent laws governing abortion in the 2nd trimester. These babies are viable at 24 weeks. We must insist that physicians performing abortions utilize techniques that determine the gestational age of the fetus. I am emphasizing the need to ban all abortions after 24 weeks except to save the life of the mother. A baby of 24 weeks can survive outside the womb. I have witnessed firsthand the outcome of an abortion performed on a viable baby. I assure you, the picture of that tiny baby will be before my eyes for the rest of my life. If I can do anything for her and the thousands of babies who come after her, I will. I will continue to beg and plead and fight for their lives. ... and I pray that you will join me.

Webster decision affords the Pennsylvania legislature the opportunity to act on behalf of human life, both born and unborn, and begin to restore respect for human life in our Commonwealth. The 1989 Abortion Control Act is a reasonable piece of legislation which, if enacted, will protect viable unborn children from being destroyed by abortion; recognize the right of a husband to be notified of the abortion decision; prevent the harvesting of fetal organs and fetal experimentation, and provide some much-needed safeguards for women who choose abortion.

LATE TERM ABORTIONS *

The Centers for Disease Control, Abortion Surveillance 1981, report reveals that unborn children die at a rate of 1.5 million per year – with approximately 1% or 15,000 per year (220,000 since **Roe v. Wade**) being killed between the 20th week of pregnancy and birth. Recently published statistics compiled by the PA Department of Health indicate that in 1988, 953 abortions were performed in Pennsylvania on unborn children 18 - 22 weeks gestation, and 128 abortions on children from 23 - 26 weeks gestation or more (See Appendix A.)

In order to fully understand the tragedy of late term abortions, it is important to understand the methods which are used. Late term abortions are performed by one of four methods: hysterotomy (mini-C section), prostaglandins, saline abortion and dilation and evacuation (D & E).

While the first two methods, hysterotomy and prostaglandins, can result in live birth, D & E and saline abortion most often are effective in killing the child. Children who do survive saline abortion usually suffer complications such as blindness and gastrointestinal injuries due to the corrosive effects of the hypertonic salt solution.

D & E abortion involves dismemberment * of the fetus and always results in the child's death. The fact that live birth is considered a "complication" by abortion providers was blatantly exposed by Dr. Robert Crist when he testified in **Planned Parenthood v. Ashcroft**, 462 U.S., 476 (1983). Dr. Crist testified that he had performed dismemberment procedures 5 times within the 2 months prior to his testimony, on unborn children of 24 weeks or more gestation. he said that he felt that the best method of abortion on a "fetus" of 28 weeks gestation (7 months) was by dismemberment because the woman has a right "not only to be rid of the growth, called a fetus, in her body but also has the right to a dead fetus." 462 U.S. at 483-484. n.7.

According to Dr. Willard Cates, former chief of the Abortion Surveillance division of the Centers for Disease Control, 400-500 children are aborted alive each year. Likewise, an investigative report by the **Philadelphia Inquirer Magazine**, "Abortion: The Dreaded

* In his "how to" book, **Abortion Practice**, Dr. Warren Hern describes in detail the instruments and methods of performing dismemberment procedures on unborn children in his out-patient surgical facility. In discussing procedures used for late term abortions he states: "The procedure changes significantly at 21 weeks because the fetal tissues become much more cohesive and difficult to dismember . . . a long curved Mayo scissors may be necessary to decapitate and dismember the fetus."

"complication", August 2, 1981, P. 1 revealed: "... about once a day, somewhere in the United States, something goes wrong and an abortion results in a live baby."

That the provisions of the 1989 Abortion Control Act dealing with late term abortions and determination of gestational age are needed in Pennsylvania is dramatically attested to by the recent case involving Dr. Joseph Melnick, a Philadelphia abortionist who performed an abortion on a 13 year old girl who was 8 months pregnant. The dreaded "complication" of the abortion, performed four years ago at West Park Hospital in Philadelphia, was a 3 lb. 9 oz. baby girl who lived for 90 minutes following the abortion. Although Dr. Melnick was convicted of infanticide under current provision of our state Abortion Control Act, he was not guilty of performing an illegal abortion because it was determined that the viability section of the act was too vague. The proposed sections of the 1989 Abortion Control Act regarding gestational age and limitations on abortion after 24 weeks are, therefore, necessary to prevent Dr. Melnick and others from destroying viable children in the womb by abortion.

INFORMED CONSENT/24 HOUR WAITING PERIOD

The developing child in the womb is not the only victim in an abortion. Although abortion providers insist that adequate information is now being given to women prior to an abortion, the many women who have emerged from their abortion experience with physical and psychological scars, indicates otherwise. (Abortion And Healing: A Cry To Be Whole, Michael T. Mannion, Sheed & Ward, 1986.) Some women and girls, faced for the first time following their abortion with the simple facts of fetal development on television, in a magazine, or in biology class, are devastated by the truth - that the "products of conception" removed from their uterus was in fact a tiny human child, with arms and legs and fingertips and toes.

When a woman faces a problem pregnancy, it can be a time of great stress. It is a time when she needs all of the facts so that she can make a sensible decision, a decision which can affect the rest of her life. Unfortunately, all too often, the only information she receives is from those with a vested financial interest in seeing that the abortion is completed.

The informed consent section of the 1989 Abortion Control Act is written to protect women by providing that at least 24 hours prior to the performance of an abortion, a woman must be advised of the surgical procedure to be used, the probable gestational age of the unborn child, the medical risks involved in both the abortion procedure and in childbirth, and the availability of financial assistance and alternatives to abortion.

The 24 hour waiting period provides the woman time to review the material which has been presented to her and, free from the pressure of the abortion providers, to weigh her options.

SPOUSAL NOTIFICATION

At present, more than half of all fathers are not even notified of the planned abortion of their child. A Los Angeles Times, March 1989 poll of a national sample of women who have

words or phrases. SYN: *embolalia*; *embolophrasia*.

embolophrasia (ēm'bō-lō-frā'zī-ā) [+ *phrasis*, utterance]. Meaningless speech. SYN: *embolalia*; *embololalia*.

embolus [Gr. *embolos*, plug]. (pl. *emboli*) A mass of undissolved matter present in a blood or lymphatic vessel brought there by the blood or lymph current. Emboli may be solid, liquid, or gaseous. Other emboli may consist of bits of tissue, tumor cells, globules of fat, air bubbles, clumps of bacteria, and foreign bodies such as bullets. Emboli may arise within the body or they may gain entrance from without. Occlusion of vessels from emboli usually results in the development of infarcts, q.v. SEE: *thrombosis*; *thrombus*.

e., air. An air bubble in the veins, right atrium or ventricle, or capillaries. SEE: *air embolism*.

e., coronary. May be complication of arteriosclerosis and cause angina pectoris.

e., pulmonary. Embolus in pulmonary artery or one of its branches.

emboly (ēm'bō-lē) [Gr. *embolē*, a throwing in]. Formation of the gastrula from invagination. SYN: *embole*.

embrace reflex. A defensive reflex consisting of the infant's drawing of its arms across its chest in an embracing manner in response to stimuli produced by striking the surface on which the infant rests. SYN: *Moro's reflex*; *startle reflex*.

embrasure (ēm-brā'zhur) [Fr. opening in wall for firing cannon]. An opening widening outwardly or inwardly.

e., buccal. Opening spreading toward the buccal aspect.

e., labial. Embrasure opening toward the labial aspect.

e., lingual. Embrasure spreading to the lingual aspect.

e., occlusal. Space mesially and distally between marginal ridges of approximating teeth.

embrocation (ēm'brō-kā'shūn) [Gr. *embrochē*, moistening with lotion]. 1. Application of a liniment to the skin, esp. one that acts as a counterirritant to the skin. Ex: turpentine, methyl salicylate. 2. A drug rubbed into the skin.

embryectomy (ēm'bri-ēk'tō-mī) [Gr. *embryon*, embryo, + *ektomē*, excision]. Removal of an extrauterine embryo.

embryo (ēm'bri-ō) [Gr. *embryon*]. 1. The young of any organism in an early stage of development. 2. Stage in prenatal development of a mammal between the ovum and the fetus. In humans, stage of development between the 2nd and 8th weeks inclusive.

DEVELOP: Ovum (1st week): Following fertilization, cells multiply (cleavage) which results in formation of a morula, which in turn develops into a blastocyst consisting of a trophoblast and inner cell mass. Two cavities (amniotic cavity and yolk sac) arise within the inner cell mass. These are separated by the embryonic disk which gives rise to the three germ layers (ectoderm, mesoderm, and endoderm), these developing into the embryo proper. The blastocyst wall of trophoblast gives rise to auxiliary structures. The embryo enters the uterus and implantation occurs.

Embryo (2nd through 8th weeks): The embryo increases in length from about 1.5 mm. to 23 mm. The germ layers of the embryonic disk give rise to the principal organ systems and the embryo acquires human form.

Fetus (3rd to 9th month): The alimentary canal, liver, pancreas, and lungs develop from endoderm. Muscle, all connective tissues, blood, lymphatic tissue and the epithelium of blood vessels, body cavities, kidney, gonads, and suprarenal cortex develop from mesoderm. The epidermis nervous tissue, hypophysis, and the epithelium of the organs, nasal cavity, mouth, salivary glands, bladder, and urethra develop from ectoderm.

embryocardia (ēm'bri-ō-kar'dī-ā) [Gr. *embryon*, embryo, + *kardia*, heart]. Heart action in which first and second sounds are equal and resemble the fetal heart sounds. A sign of cardiac distress. SYN: *tic-tac rhythm*.

embryoctony (ēm'bri-ōk'tō-nī) [+ *kteinēin*, to kill]. Destroying the fetus in utero, as in cases where delivery is impossible, or for abortion. SEE: *craniotomy*.

embryogenetic, embryogen'ic [Gr. *embryon*, embryo, + *gennan*, to originate]. Pert. to or giving rise to an embryo.

embryogeny (ēm'bri-ō'jē-nī). The growth and development of an embryo.

embryog'raphy [Gr. *embryon*, embryo, + *graphiein*, to write]. A treatise on the embryo.

embryol'ogy [+ *logos*, study]. The science which deals with the origin and development of an individual organism.

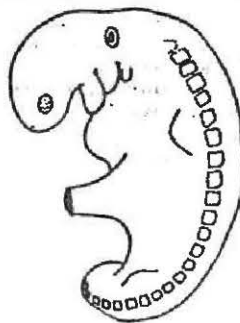
embryoma (ēm'bri-ō'mā) [+ *ōma*, tumor]. A tumor consisting of derivatives of the embryonic germ layers but lacking in organization. SYN: *dermoid cyst*.

embryonal (ēm'bri-ō-nāl). Pert. to or resembling an embryo.

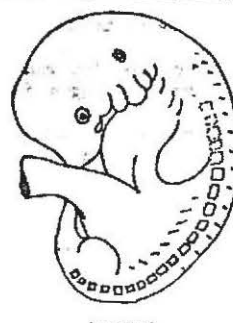
embryonic (ēm'bri-ō-nīk) [Gr. *embryon*, embryo]. Pert. to or in condition of an embryo.

embryoniza'tion. Reversion of a cell or tissue to an embryonic structure.

embryonoid (ēm'bri-ō-noyd) [Gr. *embryon*,



28 DAYS



35 DAYS



60 DAYS



20 WEEKS

STAGES OF DEVELOPMENT OF HUMAN EMBRYO

embryo, + eidos, form. Having the appearance of an embryo.

embryoplas'tic [+ *plassein*, to form]. Having a part in the formation of an embryo; said of cells.

embryotocia (ēm'bri-ō-tō'sī-ā) [+ *tokos*, birth]. Abortion.

embryotome (ēm'bri-ō-tōm) [+ *tomē*, incision]. Instrument used in dismemberment of fetus in utero.

embryotomy (ēm'bri-ōt'ō-mī). The dissection of a fetus to aid in its delivery.

embryotoxon (ēm'bri-ō-tōks'ōn) [Gr. *em-*

bryon, embryo, + *toxos*, bow]. Congenital marginal opacity of the cornea. SYN: *arcus juvenilis*.

embryotroph (ēm'bri-ō-trōf) [+ *trophē*, nourishment]. A fluid resulting from the enzymes action of the trophoblasts upon the neighboring maternal tissue and which nourishes the embryo from the time of implantation into the uterus.

embryotrophy (ēm'bri-ōt'rō-fī). Nutrition of the fetus.

embryulcia (ēm'bri-ūl'sī-ā) [Gr. *embryon*, embryo, + *elkein*, to draw]. Forcible removal