

**PROPRONENT HB 2598**  
**House Federal & State Affairs Committee**  
**Chairman Steve Brunk and committee:**

**Feb. 8, 2012**

My name is Melissa Colbern. I am a hospital-employed Family Practice physician working in Topeka, KS since July 2000. I did my residency at Via Christi Family Medicine Residency in Wichita from 1997 through 2000. I have always had a strong interest in women's health, and have delivered over 600 babies, although I am not currently providing obstetrics in my full-time practice.

I have had the opportunity to care for women with unplanned pregnancies who were unsure of their future course of action for their pregnancy, both here in my Topeka practice, and when I volunteered at Choices Medical Clinic, a medically-staffed pregnancy help center in Wichita, Kansas.

As any physician can tell you, informed consent is a very important and daily part of our practices. We are taught that effective healthcare relies on the ability to effectively communicate with patients. Patients need to understand the concepts of risk and probability in order to make informed choices about treatments. We are encouraged to offer multiple forms of communication such as written, oral, and visual, to preferably include videos, pictures, models, and toolkits. In fact, when clinics and hospitals are monitored routinely by the Joint Committee for Accreditation of Healthcare Organizations (JCAHO), emphasis is often placed on patient education and informed consent of patients in regards to all our healthcare interactions with them.

In reviewing the website [www.womensrighttoknow.org](http://www.womensrighttoknow.org) and the KDHE booklet *If You are Pregnant*, I was very pleased to see what is available to provide a pregnant woman with information about a developing baby, methods of abortion, as well as the medical risks of abortion. These written materials as well as the marvelous 2D, 3D, 4D ultrasound videos with sound attached are quite educational for the woman. If these educational materials were reviewed by the woman, they would be an excellent tool to educate the patient so she could make informed decisions regarding her health and any procedures she might undergo.

I think using a hand-held doppler fetal monitor to detect a fetal heartbeat would be a great educational resource to provide the woman and assure that informed consent is taking place. The doppler would provide another form of communication (auditory/oral) and provide information for the women regarding what is happening to her body as she makes important, and permanent healthcare decisions. The doppler costs anywhere from \$50 to \$100. It only takes 1-2 minutes of the provider's time to detect the fetal heartbeat. Thus it would not cause undue financial or time burden to the provider.

The standard of care for medicine today is to provide education and make sure the patient is making an informed decision before any procedure. Asking that a doppler fetal monitor be used to detect a fetal heartbeat is just another effective way to communicate to the women about what is happening in her body.

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Attachment 4

It is understood that the fetal heartbeat is not always easy to detect at 10 weeks, and would be understood if the provider would be unable to detect the heartbeat. In my personal practice of medicine, the doppler detection of the fetal heartbeat is always a momentous occasion for any woman, irregardless of the patient's desire to continue her pregnancy. Many patients will begin crying when they hear the baby's heartbeat for the first time. Even for the woman who was not ever considering an abortion, often the pregnancy isn't truly a reality until that heartbeat is heard. I have had occasions while trying to detect the heartbeat with a hand-held doppler on an abortion-minded woman, being unable to find the heartbeat. Amazingly, this same woman, who had been contemplating abortion, would begin crying because she was scared something was wrong with her baby. It wasn't until we were laying the doppler on her belly, trying to find the heartbeat, that the baby became a real baby to her, and the bonding between mother and child occurred.

In summary, I think the addition of adding fetal doppler detection of heartbeat at 10 weeks and beyond is in accordance with our medical standard of care to provide several modes of education to the woman to provide her with informed consent regarding her decisions about her health.

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EDUCATION

Via Christi Family Practice Residency, Wichita, KS	July 1997 to June 2000
University of Kansas School of Medicine M.D.	August 1992 to December 1996
Kansas State University, Manhattan, KS B.S. Biology	January 1989 to May 1992

CURRENT EMPLOYMENT

July 2000 to present

St. Francis Family Medicine, outpatient practice with interests in women's health, pediatrics, & obstetrics.