

What can I do to help support parents given a PD? When a fetal defect is detected, parents need information about carrying to term. This is important as medical providers may not present carrying to term as a viable option, and often encourage parents to make a decision regarding abortion within days, if not hours, of the PD. As such, it is imperative to have resource materials and referral options available.

Parents also need sensitive support at diagnosis. Clergy and other pastoral care staff should be familiar with the parent experience of a PD. Both in the immediacy of diagnosis and in carrying to term, parents benefit immensely from the support of specialized, life affirming ministries and services. Parents should be connected to support quickly.

If resources are lacking in your community or you are uncertain regarding what referrals to provide, visit the Be Not Afraid (BNA) website at www.benotafraid.net for assistance. Consider proposing the establishment of a ministry or service that would support parents carrying to term or experiencing a pregnancy or newborn crisis such as a PD. In this way, you can assure that parents always have access to the support they need. BNA also provides mentoring and other resources to developing services.

Resources:

BeNotAfraid (Provides comprehensive support for carrying to term as well as mentoring support and resources for developing services.) www.benotafraid.net

National Catholic Bioethics Center (NCBC)
Ph 215-877-2660 (clergy and parent resources and phone consults)
www.ncbcenter.org

Directory of perinatal hospice service providers nationwide
www.perinatalhospice.org

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Prenatal Diagnosis



The Connection Between Prenatal Testing and Abortion

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A new kind of “crisis pregnancy” is impacting abortion rates in the United States. Unlike the circumstances commonly associated with abortion, this new crisis results from the news that the unborn baby has a medical problem. Advances in prenatal screening technologies have allowed for the earlier detection of numerous fetal anomalies. Increasingly, conditions that would not have been discovered until birth a generation ago are now detected prenatally. Sadly, this earlier diagnosis does not necessarily offer parents the hope of treatment.

Parents who would otherwise not consider abortion suddenly find that it has somehow become part of routine obstetric care. Their pregnancies are not complicated by issues of convenience, or immaturity, or lack of finances or support. Parents in this situation are usually married and excited to be pregnant. Most mothers are in their second trimester of pregnancy and have maintained a regular schedule of obstetric care. They feel their babies moving in pregnant bellies too large to disguise and may have a first trimester ultrasound image proudly displayed on their refrigerators. Nevertheless, when their pregnancies are complicated by the news of a prenatal diagnosis, feelings of joy and excitement change to those of heartache.

What is a prenatal diagnosis (PD)? A PD is the detection of a fetal defect by way of prenatal screening tests. The actual diagnosis may be a genetic syndrome, heart defects, kidneys that are too small for gestation, or evidence of spina bifida. Whatever the specifics, shocked and brokenhearted parents have lost the baby and the pregnancy they had anticipated.

What is the connection between prenatal testing and abortion? When a pregnancy is complicated with the news of a PD, the medical focus shifts away from the baby for whom there may be no treatment or cure to a clinical perspective which views the pregnancy itself as the condition requiring intervention. Abortion is routinely offered not only for fatal conditions, but also for disabling conditions such as Down syndrome. A survey conducted by the American College of Obstetricians and Gynecologists (ACOG) indicated that 90% of the doctors responding considered abortion because of fatal fetal anomaly a justifiable treatment option, and 63% considered abortion a justifiable treatment option for non-fatal anomalies. (D. Cavanagh, M.D., et al., “Changing Attitudes of American Obstetricians and Gynecologists on Legal Abortion National Survey,” The Female Patient, May 1995) Abortion may be presented as the best available option by medical providers who see no reason to continue the pregnancy when the prognosis is poor.

“...A (prenatal) diagnosis revealing the existence of a deformity or a hereditary disease should not be equivalent to a death sentence.”

Charter for Health Care Workers, Pontifical Council for Pastoral Assistance to Health Care Workers, 1995

What percentage of pregnancies are affected by a PD? Four to five percent of expectant parents get the devastating news of a PPD. (My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis, Nugent, Madeline Pecora, New City Press, 2008) That number is anticipated to increase as more technologically advanced prenatal screening tests become available, and as the routine use of prenatal testing becomes more common.

How often do parents terminate a pregnancy following a PD? 80% of parents choose to abort when a fetal defect is detected. (Nugent, 2008) While abortion rates in general have decreased since the mid-1970s, those following the detection of a fetal defect are on the rise. Between the years of 1974 and 1999, the rate of elective terminations increased by 38% among women carrying babies with fatal birth defects and by 41% among women carrying babies with severe handicaps. (Mulcahy, Nicholas, “Rate of Termination for Fatal Birth Defects Up 38% During 1974-1999: Rate Rose from 25% to 63%,” OB/GYN News, 11/15/2003)

What is the Church’s position regarding abortions following a PD? Catholic teaching regarding prenatal testing, PD, and abortion is clear. In 2004, the National Catholic Bioethics Center (NCBC) issued a statement entitled “Early Induction of Labor” which addresses various circumstances encountered during pregnancy wherein an induction of labor may be considered illicit. In that document, the NCBC affirms that the Church considers an early induction of labor as the result of a poor or fatal prenatal diagnosis to be an abortion.

“Often a language of compassion is adopted by medical providers so as to shield hurting parents considering abortion following a PD. They will be encouraged to “prevent suffering” by making a “loving choice” to have “labor induced” at the hospital where they would have delivered. Should parents choose to abort, it may be said that they “lost” their baby due to a condition “incompatible with life.”

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