markers. Results about genetic diseases may take a few days or less.

How is cvs performed? What is the risk?

Performed in the 9th- 12th week, the aim of the test is to allow the mother an abortion if her baby is affected by a genetic disease or chromosomal condition. A needle is passed through the neck of the womb or through the abdomen, under ultrasound guidance, to remove a small piece of placental tissue. The risk of the test causing a miscarriage is considerably higher than that of amniocentesis, namely about 3-4 in 100. This is a very considerable risk to take, especially if you want to keep your child and find abortion unacceptable.

CONCLUSION

Tests are justified if their purpose is to find out how best to look after the baby during pregnancy.

It is often said, that tests also are justified insofar as they may reassure the mother if the results are good. This argument is only valid in the case of risk-free tests. A mother's desire to reassure herself — or prepare herself — could never justify exposing the child to the risk of a miscarriage.

Pregnancy is now much safer than in the past. This is true both in the case of the mother and in that of the child. Modem obstetric care has made great and important advances in caring for mothers and babies. But expectant mothers should be warned that many practitioners also employ scientific advances to destructive ends. Few mothers think of their children as commodities, which they have a right to reject if they do not meet their expectations. But a pregnant mother may worry about the consequences for her unborn child and her family if she carries to term and gives birth to a handicapped child. If she has not been properly informed, it may be hard for her, if she comes under pressure to have an abortion, to think clearly about these matters. Every pregnant mother has aright to know the purpose of the tests she is being offered so that she can protect her unborn child from harm. Each child is a gift of God to be accepted and loved as a fellow human being, however handicapped it may be.

Each and every one of us is loved by God, has been redeemed by Christ, and is called to union with God in the glory of the Resurrection.

ANTENATAL TESTS

WHAT YOU SHOULD KNOW

Answers to questions facing pregnant women.

INTRODUCTION

Modem antenatal care involves a number of medical examinations. Many of the tests are carried out in order to promote the health of mother and child. But some will be followed by the offer of an abortion, if the baby is found to be affected by grave illness or abnormality.

This document, giving information about different prenatal tests, is for parents-to-be, particularly pregnant mothers. It is based on beliefs fundamental to Catholic morality: life is a gift from God; each person is created in the image of God; each person, therefore, is equally a member of the human family and so has the same basic right to life and protection.

In our society there is an evident and widespread need for moral guidance in these matters. The arguments put forward are, therefore, not directed solely to Catholics but can be recognised as true by anyone who recognises that all members of the human family possess basic human rights — the most fundamental one of which is the right to life itself.

WHY SHOULD EXPECTANT MOTHERS INFORM THEMSELVES ABOUT PRENATAL DIAGNOSIS?

All parents ought to know the purpose of tests being offered to the pregnant mother. Any test being offered is likely to be presented as routine. But the pregnant mother should always ask the doctor or midwife why a certain test is being proposed. She might discover that it is being suggested because it is taken for granted that she would opt for a termination (abortion), if her child was found to be affected by a serious genetic illness or some other abnormality. Most doctors and midwives today are willing to help a mother obtain an abortion if her child is suffering from Down syndrome, spina bifida (a severe defect of the spine, often causing paralysis of the lower part of the body) or a genetic disease such as cystic fibrosis, sickle-cell disease, Duchenne muscular dystrophy or Huntington chorea.

It is widely assumed that it is better for everybody that a handicapped child is not born. Many arguments are put forward for termination of pregnancy to avoid the birth of a handicapped child. It is, therefore, possible that a pregnant mother whose unborn child is found to be affected by some abnormality may come under pressure not to give birth to her child. Often such pressure is subtle. But even hints can be suggestive, and if the mother has not reflected on these matters beforehand, she might make a decision she would later regret.

disease and thalassaemia. This is now done with the help of the new techniques in genetic engineering. The results may take a week or just days (or hours). Genetic tests are only offered to mothers at special risk of having affected children, namely those who have a family history of a particular hereditary disease, those who already have had a baby with a hereditary disorder or whose husband has fathered such a baby.

Certain population groups are particularly prone to some of these conditions. Sickle-cell disease is especially common among people of African or Afro-Caribbean origin, while thalassaemia is most frequent among people of Mediterranean or Asian origin. Both conditions affect the oxygen-carrying capacity of the blood. Pregnant mothers who belong to one or other of these groups may be offered blood tests to determine whether they are carriers of the disease in question. Carriers may pass on a disease to their children even though they are not ill themselves. If the mother - or the child's father - is a carrier, the mother may be offered an amniocentesis to find out if her child is affected by the condition. Ashkenasi Jews are at special risk of Tay-Sachs disease (a degenerative disease affecting the nervous system and leading to the death of the child some two years afterbirth) and screening for this condition is routine within this group. Screening for cystic fibrosis, most common among people of northern European origin, may soon also become routine.

In the past amniocentesis was the main test for detecting spina bifida. This is no longer the case, since the detailed scan can easily pick up this condition as well as other structural abnormalities.

How is the amniocentesis performed? What is the risk?

A needle is inserted, under ultrasound guidance, through the mother's abdomen into the womb and a small amount of the fluid surrounding the baby is withdrawn. The purpose of the test is to diagnose abnormality, and if the child should be affected, to offer the mother the option of a termination. Those who reject the idea of an abortion, should not have this test, especially as it carries a risk of miscarriage of about 1 in 125, an unacceptable risk to the life of the unborn child — and one which would outweigh any advantage that the test might bring to the mother who would not consider having an abortion.

4. CVS *(Chorion villus sampling)*

This test is offered mainly to detect genetic conditions but could also be used to detect chromosomal conditions. It involves the use of genetic engineering, that is so-called genetic

syndrome. The detection of such abnormalities would be distressing for any mother. In the case of mothers who find abortion unacceptable, it might cause unnecessary anxiety during pregnancy. But, it could also help the mother to prepare herself for the birth of a child with special needs. The mother whose child is affected by an abnormality, and who does not consider a termination, might discuss the situation with a paediatrician who could tell her about the child's condition and what sort of care it would need.

WHICH TESTS ARE LINKED TO ABORTION FOR ABNORMALITY?

1. **The *blood sample to detect Down syndrome.***

At, or shortly after, 15 weeks of pregnancy a blood sample may be taken if the mother has indicated that she would wish to have an abortion, should her baby have Down syndrome. However, an examination of the blood cannot on its own detect this condition; it only gives an indication and must be followed by an amniocentesis. The test may also give an indication about spina bifida, in which case it must be followed by a detailed ultrasound scan in order to verify the diagnosis. For mothers who would not consider having an abortion, its is pointless to have this blood test.

2. The *detailed ultrasound scan* at 18-20 weeks.

At 18-20 weeks all the organs can readily be seen on the ultrasound scan. This makes it possible to detect abnormalities of the heart, lungs, kidneys, abdominal wall, arms, legs, head and spine. Mothers who reject the idea of having an abortion are advised to opt for a later scan or for the earlier scan only. As is pointed out above, if an abnormality were discovered in late pregnancy, the birth of the child could be specially prepared for.

3. The *amniocentesis.*

Pregnant mothers who are over 35 years old are routinely offered an amniocentesis, at about the 16th week, to detect Down syndrome. This is because older mothers are at increased risk of having a baby with this condition. Other chromosomal conditions may also be picked up by means of an amniocentesis. Results may take a couple of weeks.

Amniocentesis is also used to detect rare genetic illnesses such as cystic fibrosis, sickle-cell

WHY IS IT WRONG TO ABORT A CHILD AFFECTED BY ABNORMALITY?

In discussions about selective abortion (termination for abnormality) many difficult questions are raised. Is it right to allow the birth of a handicapped child? How much would the child suffer? How difficult would it be for the parents to take care of it? How much would it cost society?

But there is a question which is more fundamental than any of these: What kind of being is the mother carrying in her womb? If the answer to this question is that she is carrying a human being, the smallest and most vulnerable member of the human family, then no cost or suffering can justify its destruction.

To those who say mat to destroy the unborn child is not to kill a human being, it should be pointed out that the unborn child has within itself the power to develop into a mature person. Provided its development is not hampered by illness, accident or intentional destruction, it will achieve maturity. Hence, if it is not an individual human being, that is a person, what is it? To say that this being is a person is to say something that is entirely consistent with scientific evidence. Indeed, it is difficult to see how any other position can be reconciled with what we know about the beginnings of life. There is no sharp starting point in the development of a human being, except the time of conception (fertilisation). No other time marks a radically new beginning, but at that time there comes into being a new human life. Looking backward from the adult person to the child, to the infant, to the fetus and to the newly formed embryo, there is no stage of growth at which the developing being is not the same being as the adult individual. To cut short this life is to cut short the life of a person.

One of the many different arguments that have been put forward by the advocates of termination is that the handicapped are a burden on others — their families and on society at large. It is an insult to all mankind to speak this way, as if the only value of human beings were their social utility. Even if a person is so badly disabled that he or she cannot play a useful role in society, that in no way diminishes his or her worth as a person. Each one of us is created in the image of God. To argue that some members of the human family should be disposed of because they are a burden, or have no usefulness, is to think of them as objects — objects subject to quality control.

Another argument for aborting unborn children affected by illness or disability is that their quality of life would be a poor one. There is no denying that some disabilities may involve suffering or that some may restrict the mental life of the person. But a life which from a healthy person's point of view may seem frustrating, miserable and unfulfilled may be viewed very differently by the person whose life it is. It can be very hard for a healthy person to appreciate they joys and sorrows of a handicapped person, but most handicapped children and adults are quite clear in their own minds that life, however impaired, is preferable to no life.

More important, the value and dignity each human life possesses by virtue of being created in the image of God is in no way diminished even if defect, depression or decline prevent some people from experiencing their lives as valuable. To say that all human beings are of equal value and possess the same human dignity is to say that we all possess the same basic human rights. Unless we recognise that there are basic human rights, there can be no justice in society.

Each child is a gift from God. And so, motherhood is a special honour bestowed upon woman, who has been given the unique responsibility to nurture and share with God the task of seeing nascent life through the most fundamental and vulnerable stages of human development. To abort the unborn child is to destroy a gift from God and to reject the honour and dignity of motherhood.

Moreover, psychiatrists and counsellors are becoming increasingly aware that abortions may have adverse psychological consequences — not least abortions on grounds of abnormality. The mother who undergoes prenatal tests wants to have her baby. For her to be faced with test results indicating abnormality and be confronted with the question of an abortion is tragic. The natural response to a termination for abnormality is grief. Sometimes the mother manages to suppress her feelings. Sometimes her grief only surfaces many years later — triggered perhaps by the birth or death of another child or some other event involving children. But never does the mother feel no regrets at all.

It has also been observed that, from very early on, the unborn, child seems sensitive to the feelings of its mother. If the mother is considering a termination, the child might sense the negative attitude of its mother. It is also well-known that mothers undergoing antenatal tests for abnormality tend to put their affection 'on hold'. This too might be sensed by the baby — as may any anxiety experienced by the mother.

Abortion is not the answer to fetal abnormality. The mother who carries a child affected by disability or illness needs kindness, moral support and the reassurance that she will receive

help to take care of it and not be penalised for having brought it into this world. Her plight is a call for charity. So too is the plight of the unborn child itself. True charity seeks to relieve the suffering of others, but not by putting an end to their lives. The unfortunate fact that some human lives seem less full or involve more suffering than others is no justification for cutting them short. A society which shows scant toleration of disability is an inhuman society.

ARE ALL ANTENATAL TESTS DIRECTED TO ABORTTON OF HANDICAPPED BABIES?

No, certain tests promote good health in mother and child and are useful for the management of pregnancy and may be of help in deciding when and where the baby is to be born.

It is important to distinguish between such tests and tests performed in order to offer the mother the option of an abortion if her baby is affected by a grave **malformation** such as *spina bifida*, **a chromosomal condition** such as *Down syndrome* **or a genetic illness** such as *fragile X syndrome, cystic fibrosis, thalassaemia, sickle-cell disease, Duchemie muscular dystrophy, Huntington chorea or haemophilia.*

WHICH KIND OF TESTS ARE AIMED AT PROMOTING A HEALTHY PREGNANCY?

1. The blood sample, on the first antenatal visit, to determine factors such as blood group and anaemia.

2. An ultrasound scan in early pregnancy (after about 13 weeks), to determine how many weeks pregnant the mother is and whether she is pregnant with one or more babies — and, indeed, to enable the mother and the father to see their baby.

The doctor may also decide that a scan in late pregnancy would be helpful in the management of the pregnancy. If an abnormality is discovered then, it could be helpful in making the right decision about where the baby should be born, as it might have to be born in a unit with special facilities.

However, a word of warning is in place. Early routine scans may pick up abnormalities such as spina bifida or sceletal abnormalities associated with chromosomal defects such as Down