Abortion and Fetal Anomalies

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The claim that abortion is necessary to address mental health issues is specious and unsubstantiated.

Abortion advocates often argue that one key reason abortion should remain legal is because of its supposed necessity in cases when parents receive a fetal diagnosis of a "life-limiting condition" such as a fetal anomaly, genetic disorder, or other disability.[1] In these cases, they say, parents expecting an otherwise "wanted" child should be able to choose abortion in order to spare themselves and their child the suffering that would result, whether losing their child early in life or being required to care for a child with significant disabilities.

However, research literature on mental-health outcomes after detection of a fetal anomaly does not support the claim that parents will benefit from choosing abortion in these cases. In fact, evidence suggests that parents who choose neonatal hospice or who choose to care for their child rather than choosing abortion actually fare better overall. While those who end up caring for children with significant disabilities do experience associated stress, they also report that caring for such a child is immensely rewarding.

It is essential to note at the outset that evidence suggests that, at least some of the time, prenatal diagnoses of anomalies and genetic disorders are simply wrong, and when parents do not choose abortion, they sometimes find that their child is in fact completely healthy. In the case of testing for rare and serious genetic disorders, prenatal tests can be wrong in as many as 90% of cases, according to a *New York Times* report from January 2022.[2]

But even aside from this reality, most evidence suggests that eschewing abortion after an adverse prenatal diagnosis leads to better outcomes for parents. For instance, one study of more than 400 parents who received a diagnosis of a serious fetal condition and who chose to carry the child to term found absence of regret in 97.5% of participants. "Parents valued the baby as a part of their family and had opportunities to love, hold, meet, and cherish their child," the study found. "Participants treasured the time together before and after the birth. Although emotionally difficult, parents articulated an empowering, transformative experience that lingers over time."[3]

Another study of parents in the same circumstance found similar results: "After the birth, and at the time of the baby's death, parents expressed thankfulness that they were able to spend as much time with their baby as possible."[4] Researchers in yet another study were "surprised to find that the majority of parents were so happy to meet their baby, even joyful and at peace, even if he/she was

1 For more detail on the frequency and specifics of disability-based abortion, see EPPC's previous whitepaper "Abortion on Grounds of Disability," https://eppc.org/publication/abortion-on-grounds-of-disability/

2 Sarah Kliff and Aatish Bhatia, "When They Warn of Rare Disorders, These Prenatal Tests Are Usually Wrong," *New York Times*, January 1, 2022, https://www.nytimes.com/2022/01/01/upshot/pregnancy-birth-genetic-testing.html.

3 C. Wool, R. Limbo, and E. M. Denny-Koelsch, "I Would Do It All over Again": Cherishing Time and the Absence of Regret in Continuing a Pregnancy after a Life-Limiting Diagnosis," *J Clin Ethics* 29, no. 3 (2018).

4 D. Cote-Arsenault et al., "We Want What's Best for Our Baby: Prenatal Parenting of Babies with Lethal Conditions," *J Prenat Perinat Psychol Health* 29, no. 3 (2015).

stillborn or died within a few hours. No obvious pattern of parent characteristics, such as their religiosity, were associated with this response."[5]

By contrast, studies of women who chose abortion after an adverse prenatal diagnosis found that this choice was often accompanied by significant mental-health distress. One meta-analysis examined seventeen studies on the effects of abortion following prenatal diagnosis of fatal or non-fatal anomalies.[6] The analysis found that "couples experienced selective termination [abortion] as traumatic, regardless of the prenatal test revealing the fetal impairment or stage in pregnancy in which the termination occurred." The authors added: "Women who terminated pregnancies following positive prenatal diagnosis . . . wanted to mourn but felt they did not deserve to mourn" and that "couples, health care providers, family, and friends underestimated the intensity and duration of feelings of loss following selective termination [abortion]."

The meta-analysis reported that women who chose abortion in these circumstances often suffered adverse psychological reactions such as inner conflict, remorse, and complicated grief. The authors state that women attempted to alleviate mental-health distress with strategies such as "denying the personhood of the baby, limiting the information they sought about the baby, transferring agency for choice to others, adopting a stance of moral relativity, and avoiding disclosing or selectively disclosing the event to others," but these efforts were not successful in the long run because they "ultimately felt as if they were betraying themselves and their babies."

Another study directly compared outcomes for parents who chose abortion after an adverse prenatal diagnosis to parents who chose carried to term and found that "women who terminated reported significantly more despair, avoidance and depression than women who continued the pregnancy."[7] The authors concluded, "There appears to be a psychological benefit to women to continue the pregnancy following a lethal fetal diagnosis. Following a lethal fetal diagnosis, the risks and benefits, including psychological effects, of termination and continuation of pregnancy should be discussed in detail with an effort to be as nondirective as possible."

Meanwhile, in cases of non-fatal genetic disorders such as Down syndrome, abortion supporters often portray abortion as a necessary option to avoid grave suffering, when in reality, individuals living with Down syndrome most often report leading fulfilling, happy lives. According to one study, nearly 99% of individuals with Down syndrome reported being happy with their lives, 97% said they liked who they are, and 96% said they like how they look.[8]

Nevertheless, abortion supporters continue to portray abortion as a solution for individuals with Down syndrome, their parents, and even society at large. In 2017, for instance, CBS News reported that Iceland was leading the world in "eradicating Down syndrome births," as though the country had developed a cure for the disorder. In reality, the supposed solution involved using abortion to kill nearly all children prenatally diagnosed with Down syndrome. About 85% of expectant mothers in Iceland receive prenatal testing for the condition, and nearly 100% of women who receive a Down syndrome diagnosis choose abortion. Let's be clear: Rather than eradicating Down syndrome, Iceland is eradicating *people* with Down syndrome.

Denmark is much like Iceland, with a 98% abortion rate for unborn children diagnosed with Down syndrome. In the United Kingdom, 90% of mothers who receive a prenatal Down-syndrome

5 D. Cote-Arsenault and E. Denney-Koelsch, ""My Baby Is a Person": Parents' Experiences with Life-Threatening Fetal Diagnosis," *J Palliat Med* 14, no. 12 (2011).

6 M. Sandelowski and J. Barroso, "The Travesty of Choosing after Positive Prenatal Diagnosis," *J Obstet Gynecol Neonatal Nurs* 34, no. 3 (2005).

7 H. Cope et al., "Pregnancy Continuation and Organizational Religious Activity Following Prenatal Diagnosis of a Lethal Fetal Defect Are Associated with Improved Psychological Outcome," *Prenat Diagn* 35, no. 8 (2015).

8 Brian G. Skotko, Susan P. Levine, and Richard Goldstein, "Self-Perceptions from People with Down Syndrome," *American Journal of Medical Genetics* 155A, no. 10 (2011): 2360, https://pubmed.ncbi.nlm.nih.gov/21910246/.

diagnosis choose abortion.[9] Across Europe, about 92% of unborn children diagnosed with Down syndrome are aborted, and in the United States, it's somewhere between 61% and 93% according to one meta-study of Down syndrome abortion rates between 1995 and 2011.[10]

Jerome Lejeune, the French geneticist who discovered the chromosomal basis for Down syndrome, once offered this perspective: "It cannot be denied that the price of these diseases is high—in suffering for the individual and in burdens for society. Not to mention what parents suffer! But we can assign a value to that price: It is precisely what a society must pay to remain fully human." The response of a truly just and decent society to the reality of serious prenatal diagnosis is compassion, choosing to accompany and suffer with those who experience suffering, not to use lethal violence to kill the one who suffers.

Note: Some of this whitepaper has been adapted from *Tearing Us Apart: How Abortion Harms Everything and Solves Nothing* by Ryan T. Anderson and Alexandra DeSanctis, as well as from witness testimony delivered by Dr. Aaron Kheriaty.

9 "Down's Syndrome Births at an All-Time Low in Denmark," RightToLife News, September 11, 2020, https://righttolife.org.uk/news/downs-syndr ome-births-at-an-all-time-low-in-denmark.

10 Jaime L. Natoli et al., "Prenatal Diagno sis of Down Syndrome: A Systematic Review of Termination Rates (1995–2011)," *Prenatal Diagnosis* 32 (2012): 150, https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1002/pd.2910.