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When is Amniocentesis Morally Licit?

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Prenatal diagnosis includes a number of diagnostic procedures such as chorionic villus sampling (CVS), percutaneous umbilical blood sampling (PUBS), and amniocentesis. Amniocentesis is the safest and most common of these procedures. Amniocentesis and others have been used to identify babies with abnormalities, as a prelude to abortion. These uses are immoral according to Catholic medical ethics. This article will use the Gospel of Life as a guide to determining when prenatal diagnosis is morally legitimate from a Catholic and/or pro-life perspective.

Amniocentesis involves placing a needle into the fluid-filled amniotic cavity surrounding the baby. Fluid is withdrawn for diagnostic testing. The risk of procedure-related miscarriage is about 1/200. Chorionic villus sampling obtains tissue from the placenta (after birth), and has a risk of 1-2%. Percutaneous blood sampling draws blood from the umbilical cord, and has a risk of 2-6%. This discussion will focus on amniocentesis, as it is much more common. Similar considerations would apply to the other procedures, except that they are more risky to the fetus.

Some amniocenteses are done after 32 weeks to determine if the fetus' lungs are mature enough for delivery. These do not result in abortion or miscarriage. There is no moral objection to these amniocenteses.

Many amniocenteses are done from 16-20 weeks, some even earlier. These amniocenteses are often done to detect babies with chromosome abnormalities or genetic disorders. Affected babies are often aborted. In the words of His Holiness, Pope John Paul II, "these techniques are used with a eugenic intention which accepts selective abortion in order to prevent the birth of children affected by various anomalies. Such an attitude is shameful and utterly reprehensible, since it presumes to measure the value of a human life within the parameters of 'normality' and physical well-being..." (*Evangelium Vitae*, 63).

Eugenic intent is "utterly reprehensible" and not consistent with Catholic medical ethics. Catholic patients, doctors and institutions should not participate in eugenic amniocenteses. A practical approach is for both patient and doctor to agree beforehand that the procedure will not lead to an abortion. This agreement protects both from eugenic intent. This stipulation would exclude most of today's amniocentesis.

When is amniocentesis allowable? "When they do not involve disproportionate risks for the child, and are meant to make possible early treatment or even to favor a serene and informed acceptance of the child not yet born, these procedures are morally licit. (*Evangelium Vitae*, 63). Note that the Holy Father indicates that procedures can be done purely for diagnosis, as well as for treatment. Amniocentesis is even legitimate when done for "maternal anxiety", as long as the procedure is not a prelude to abortion. If the fetus were to have any serious illness (birth defects, heart failure), it could be legitimate to perform amniocentesis for diagnosis. There is, however, one other caveat.

The Holy Father also requires that the "risks are not disproportionate" (*Evangelium Vitae*, 63). This criterion appears to be a flexible criterion which must be evaluated by judgment. It requires a balancing of risks to the fetus versus benefits—either fetal or maternal (maternal acceptance). The procedure will become more reasonable as the risks lessen, or as the benefit goes up. The risks are lessened by delaying amniocentesis until after viability, and performing the procedure well. The benefits are increased by including tests for treatable disorders in the fetus.

Suppose that the risk of procedure-related delivery is 1/200, the survival of a neonate at 28 weeks is 90%, and the risk of maternal death from a cesarean section is 1/200. If the procedure is done at 28 weeks, only 1/200 babies will deliver, and of those, only 1/10 would succumb. The fetal risk of the procedure (1/2000) would then be similar to that of a cesarean section for the mother. Testing for treatable disorders in the fetus could also shift the balance, although currently there are few such disorders. Delaying amniocentesis until 32 weeks would make fetal risks very low.

Where the fetus is gravely ill, more aggressive diagnosis and treatment may be in order. The complexity of these situations should not be underestimated. Percutaneous umbilical blood sampling may be reasonable, especially when anemia is suspected.

For fetuses with incurable or even lethal conditions, there may still be value in supportive care. Every baby wants to know its mother's embrace. Every baby is a tremendous blessing from God, to the immediate and extended family. Each baby is created by God for a reason (or for many reasons). We are privileged to know them and care for them. As our Lord said, "Whatever you did for the least of these, that you did also for me (Mt 25:40).