

Fetal Pain Bill Press Release: Recent Studies Confirm Fetal Pain

There was a time not too long ago when obstetricians claimed that newborns felt no pain. So a circumcision was done on a baby boy without anesthesia. The fact that he screamed all the harder when we crushed his foreskin was "just a reflex." Then research showed that boys who had circumcisions cried more than boys who did not when they were vaccinated two months later. Not only did they "feel", they also "remembered". Maybe not the same way we feel or remember, but it was real for them.

It is a medical fact that by 20 weeks after fertilization, commonly known as 22 weeks gestation, the wiring to feel pain is in place. Even the 2005 JAMA article is within a week of this (21 weeks postfertilization). And 2010 statement by the Royal College of Obstetricians and Gynecologists concludes that it is "apparent that connections from the periphery to the cortex are not intact before 24 weeks of gestation (ie 22 weeks postfertilization) and, as most neuroscientists believe that the cortex is necessary for pain perception, it can be concluded that the fetus cannot experience pain in any sense prior to this gestation" which is 2 weeks later. However, fetuses receiving blood transfusions as early as 16 weeks post fertilization (18 weeks gestation) will react in pain, but not if they received medication that relieves pain.

Unfortunately, those connections occur before the ability to consciously modulate the pain so the brain is flooded with the sensation. More recent studies show this. A study in October 2013 in the journal *Pain* showed that school-aged children who were born less than 26 weeks postfertilization (28 weeks gestation) had background changes in their brain cortex from "cumulative neonatal pain-related stress" and that these changes were "negatively correlated with visual-perceptual abilities at school-age, and were not driven by potentially confounding neonatal variables." Another article from *PLoS One* the same month, showed that "greater neonatal pain-related stress was associated with significantly thinner cortex..., predominately in the frontal and parietal lobes." The frontal lobe is involved in judgment, the parietal with sensory integration and cognition. Also, the parietal lobe is the part of the cortex that receives the pain signals from the thalamus. Thus it appears that pain in the fetus causes damage to the part of the brain that receives those signals.

With viability occurring around 22 weeks post fertilization (24 weeks gestation), there is a need to remind physicians that, in a medical emergency in the mother, there are 2 patients to be concerned about. And these bills require the doctor using reasonable medical judgment to deliver the baby in a manner that "provides the best opportunity for the unborn child to survive" labor.

There can be nothing more heartrending than watching the anguish of parents who have been told that their child may not survive even six months, no matter if that child be an adult, teenager, toddler, infant or before birth. The grief on the face of Vice President Joe Biden at the loss of his son Beau, age 46, is a reminder of this fact. Yet it is only those unborn where we somehow think that to ease the parents' emotional suffering includes taking the life of the child who is not suffering at all (and not just because the other side says that fetuses can't feel pain). This is what makes perinatal hospice is so important. Parents facing this tragedy need this support. When offered these services, up to 87% of parents chose

to parent their baby for as long as it lives. And since medicine is never error free, it also gives everyone a second chance in those occasions where a mistake has been made.

Also, not all of these babies will die before, during, or after birth. Rick Santorum's daughter, Isabella, born with trisomy 18 is alive five years after her birth.

The grief of a woman who has had an abortion for fetal anomalies can be severe, even complicated, with higher rates of depression and post-traumatic stress. And there is a difference between actively consenting to a procedure to end the life of their child as opposed to naturally allowing nature to take its course. For example, a patient who, due to premature rupture of membranes, had decided to have an abortion rather than continue the pregnancy. But before she had a chance to do so, nature intervened and she went into labor and delivered her baby who died shortly thereafter. Before, she insisted there was no difference. After, she admitted there was and she much preferred how everything turned out. She did not have to live with added guilt of ending her child's life mixed in with the grief of losing her child.

However, we do not know exactly how many abortions after 20 weeks gestation in the state of Wisconsin are done for severe fetal anomalies since no records are kept. According to a December 2013 study by the Guttmacher Institute, abortion for fetal anomalies was not even in the top 5 reasons.

Finally, abortions at this time are more dangerous for the mother than term delivery per the Guttmacher Institute and CDC.

The present bills in the state legislature address a reality: that a human being before birth experiences pain, maybe not in the way you and I "feel", but in a way that is uniquely their own. Different, but no less real. It also shows concern for the parents, especially the mother, by giving support through hospice care during this trying time.