

No Prenatal Diagnosis = Saved Lives

A week ago at my hospital, a beautiful baby girl was born. Her name is Esperanza, which means "Hope." Girls like Hope are "rare birds" nowadays. Why? Hope has Down syndrome. These days, more than 90 percent of children diagnosed with Down syndrome before birth end up in a biological waste container. Some consider this a scientific breakthrough and boast of our ability to select people based on the person's risk of having a chromosomal disorder.

Hope is the beautiful daughter of a young couple. Her mother is under twenty. Hope's parents were subjected to the routine risk screening for chromosomal disorders. Hope's parents were subjected to this screening under the guise that this would provide peace of mind, the right to information and "choice," and to help prepare them to take a sick child and "select" invasive tests. Hope was to be "selected" by white-coated technocrats. Bad luck for Hope and her parents: the screening test revealed that the pregnancy had a high risk for Down syndrome.

The peace of mind promised to Hope's parents vanished. Again with the excuse of "peace of mind," they were offered an amniocentesis. An amnio would be a misfortune for Hope, who was already sixteen weeks old, and who now would be subject to a risk which would have no benefit for her, but would betray her. Hope's parents, with little information to judge the ultimate worth of the procedure, accepted the proposal given to them by the ideologically heeled professionals, who themselves were torn between the fear of denunciation and the ambition of diagnostic excellence. This time, Fortune smiled on Hope: the amniocentesis was unsuccessful, and several

attempts failed to obtain a sample of amniotic fluid sufficient to analyze her chromosomes.

So, another attempt at amniocentesis was scheduled for the following week. But, providentially, her mother did not attend the appointment with the modern "Dr. Mengele." Perhaps that characterization is too strong, since of course the physician who would have repeated the amnio would never dare sully his or her hands with innocent blood. No, performing the amniocentesis would end the role of that physician—but not before informing the mother of where and how she could destroy Hope's life. The physician just had to make the diagnosis; to issue a "pass" for social services to search for an appointment at an abortion clinic, where, under the guise of efficient prenatal diagnosis, another physician could take care of the dirty work.

Fortune again smiled on Hope, as the "magnificent super high-resolution 20 week ultrasound" did not detect the successive morphological peculiarities that Hope was now developing. And so, Hope was born, beautiful and very healthy. Even the peculiarity in her face did not mar the peaceful innocence of these children who typically differ by having three chromosome 21s instead of two. A scandal occurred in the obstetrical department. Some medical voices said: "This is cruelty to the parents" that Hope was born alive. But the same voices who shouted "cruelty to parents" at Hope's birth are empowered to be "understanding" if Hope had been killed before being born alive.

Hope's very young parents did not want her, and they regretted not keeping the appointment for the second amniocentesis, and not aborting Hope. They decided to give up their daughter for adoption. Hope's parents abandoned their daughter at the hospital, leaving her to

social services to find adoptive parents willing to love and care for Hope. Blessed be God, Hope found those adoptive parents.

Hope's life was saved because the time of diagnosis was after the life event of childbirth. Thousands of lives around the world would be saved if there were no hurry to make the diagnosis of Down syndrome; if diagnosis were postponed to a time when the protection of the lives of these children was guaranteed in law.

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