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THE SCIENCE OF FETAL PAIN

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Background: On June 24, 2010, the Royal College of Obstetricians and Gynecologists (RCOG) released two new reports, “Fetal Awareness” and “Termination of Pregnancy”. Major outcomes include:

- A fetus cannot feel pain before 24 weeks because the connections in the fetal brain are not fully formed (in particular, the cortex).
- The fetus is in a state of unconsciousness in the womb.

Currently, abortions in England, Scotland and Wales are restricted to 24 weeks.¹ However, amendments have been introduced into Parliament that would restrict the time that an abortion could be performed to 20 or 22 weeks. Additionally, Prime Minister Cameron supported similar restrictions in his recent campaign.

Major Points:

1) RCOG is using a faulty definition of pain. Experts in fetal pain development (who were not consulted for this report) previously refuted the idea that the cortex needs to be fully developed for an unborn baby to feel pain.

a. Consider babies born without fully developed cortexes. They respond to noxious stimuli. Bjorn Merker, a Swedish neuroscientist tracking such children wrote, “the tacit consensus concerning the cerebral cortex as the organ of consciousness may have been reached prematurely, and may be seriously in error.”²

b. Early second trimester babies respond to invasive procedures with an elevated heart rate and secretion of stress hormones from 18-20 weeks.^{3, 4}

2) At 20-30 weeks, the human being has the highest number of pain receptors per square inch, more than any other time in development. Fibers which help to moderate pain do not begin to develop until 32-34 weeks, thus making the argument that babies feel pain more severely between 20-32 weeks.⁵

¹After 24 weeks abortions are legal when a woman’s life is at risk, there is evidence of severe fetal abnormality, or there is risk of grave physical and mental injury to the woman.

²Merker, B., “Consciousness without a Cerebral Cortex: A Challenge for Neuroscience and Medicine,” Behavioral and Brain Sciences: 30, 63-134 (2007).

³Fisk, Nicholas, et al, “Effect of Direct Fetal Opioid Analgesia on Fetal Hormonal and Hemodynamic Stress Response to Intrauterine Needling,” Anesthesiology: 95, 828-835 (2001).

⁴Gitau, R., “Fetal Hypothalamic-Pituitary-Adrenal Stress Responses to Invasive Procedures Are Independent of maternal Responses,” The Journal of Clinical Endocrinology and Metabolism: 86: 104-109 (2001).

⁵Testimony of: K. J. S. Anand to the Constitution Subcommittee of the U.S. House of Representatives U.S. House Committee on the Judiciary 109th United States Congress for the Unborn Child Pain Awareness Act of 2005 (H.R. 356) (Introduced in the House on January 25, 2005)

a. "...the human fetus possesses the ability to experience pain from 20 weeks of gestation, if not earlier and the pain perceived by a fetus is possibly more intense than that perceived by term newborns or children."⁶

3) The RCOG is attempting to dehumanize the baby; to make abortion appear less awful, but the truth is that it is a violent and painful procedure for the infant and the mother.

a. The humanness of the unborn child is not contingent on its capacity for pain. Whether or not an unborn child can feel pain is irrelevant to the respect that an unborn person deserves.

b. From the moment of conception, all DNA that any fully-functioning adult possesses belongs to the embryo. All that differs is the level of development (intellectual, physiological, etc.). Using the criteria of the ACOG, anyone who lacks full functionality - a child who has Down's Syndrome, a man missing a leg, a woman having suffered a mastectomy - can be anesthetized such that he/she is inured to pain and then in turn can be subject to whatever ills desired by the stronger human.

4) The report appears to be motivated and timed to affect political debate, given the growing momentum for lowering time limits for UK abortion. The new RCOG recommendation is coincidentally identical to the UK's current time limitation on abortion.

5) Following is an excerpt from Dr. Jean Wright on fetal pain development⁷:

"...as early as 6 weeks of development, tiny pain fibers pepper the face and oral mucosa. The spread of these unique fibers proceeds in a head to toe fashion until by the 20th week, they cover the entire body. Not only do these fibers exist, they do so with greater density per square inch than in the adult. Studies at 16 weeks and beyond show hormonal responses to painful stimuli that exactly duplicate the responses that the infant and adult possess. The critical difference is that the unborn lacks the ability to modulate itself in response to this pain. Therefore, the responses of hormones to painful procedures show a 3 – 5-fold surge in response. This ability to down-regulate the response in light of painful stimuli will not exist until the unborn child is nearly full term in its gestational age. Further studies demonstrated that the magnitude of pain response reflected the magnitude of the stimulus and blocking the pain receptors with narcotics, blocked the hormonal surge.

After 20 weeks of gestation, an unborn child has all the prerequisite anatomy, physiology, hormones, neurotransmitters, and electrical current to "close the loop" and create the conditions needed to perceive pain. The hormones and EEGs and ultrasounds record the pain response, and our therapies with narcotics demonstrate our ability to adequately block them. Therefore, any procedure performed on an unborn child after 20 weeks should take this into consideration."

⁶ Testimony of: K. J. S. Anand to the Constitution Subcommittee of the U.S. House of Representatives U.S. House Committee on the Judiciary 109th United States Congress for the Unborn Child Pain Awareness Act of 2005 (H.R. 356) (Introduced in the House on January 25, 2005)

⁷ Testimony of Dr. Jean Wright, Professor and Chair of Pediatrics - Mercer School of Medicine and Executive Director, Children's Hospital & Women's Institute; Memorial Health University Medical Center Savannah, Georgia to U.S. House Committee on the Judiciary Subcommittee on the Constitution, on fetal pain development.. November 1, 2005.