



# Center for Human Dignity at Family Research Council

## DIFFICULT CONVERSATIONS: PRENATAL DIAGNOSES

Although most people would agree that discriminating against a born person with a disability is wrong, the same courtesy often does not extend to unborn babies with disabilities. The abortion industry perpetuates an ableist mentality that prevents parents from accessing the information they need to truly have informed consent and, ultimately, seeks to convince them that abortion is the most “loving” option available after receiving a prenatal diagnosis of a disability.

The pro-life movement must be equipped to explain the discriminatory nature of these exceptions, as well as the extreme offense and danger that they pose to born people who have disabilities and their loving families. Whether based on a misguided judgment of a subjective “quality of life” or a concern for the “burden” that a child could pose to his or her parents, it is never ethical to treat a human being as if they were of lesser value than another.

### TIPS TO REMEMBER WHEN HAVING A CONVERSATION ABOUT PRENATAL DIAGNOSIS

1. Pray before speaking. When having a difficult conversation, the best first step is always to ask the Holy Spirit to guide your words.
2. Listen first. When two people discuss hard topics like prenatal diagnosis and abortion, it is easy to talk past one another. Take care that you are actually listening to your conversation partner.
3. Be compassionate. The person with whom you are speaking may have chosen to abort after receiving a prenatal diagnosis or have a loved one who did.

### IMPORTANT TERMS TO KNOW

**Disability:** “[A]ny condition of the body or mind [...] that makes it more difficult for the person with the condition to do certain activities [...] and interact with the world around them [...]”<sup>1</sup> There are many different types of disabilities, and they do not necessarily overlap; for example, someone with a physical disability does not necessarily have a cognitive disability, and vice versa.

**Life-limiting condition:** the appropriate term to use when discussing a chromosomal abnormality, neural defect, or other profound disability associated with a short life. Using the misleading terms “lethal” to describe these conditions or “incompatible with life” to describe people with these conditions is medically inaccurate and highly offensive.<sup>2</sup>

**People First Language (PFL):** respectful language that “puts the person before the disability” rather than identifying people based solely on their disability.<sup>3</sup> An example of PFL is saying “a baby with Down syndrome” instead of “a Down syndrome baby.”

### IMPORTANT BACKGROUND INFORMATION TO KNOW

Mothers who receive diagnoses of life-limiting conditions for their babies are often told that abortion is their best option because their child would either die at birth or live an extremely short life. In addition to being generally unethical, this perspective is also medically inaccurate because doctors have no way of declaring with absolute certainty whether a child will live or die, or at what point in life they will die, based on the human limitations of medical knowledge. Dr. Christina Francis, CEO-elect of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), says, “as an OB-GYN who has personally cared for countless women dealt the most difficult of diagnoses for their unborn children, I can say that we never have absolute certainty about the outcomes of these diagnoses. All we have are statistics.”<sup>4</sup>

Many mothers who receive prenatal diagnoses of conditions that are *not* life-limiting but would result in their child living with a disability are also often encouraged to abort. The legalization of abortion in the United States has led to the targeting of babies who are prenatally diagnosed with disabilities. According to a 2022 study from the U.S. Joint Economic Committee, if unborn babies diagnosed with disabilities received legal protection, “80 percent more babies with Down syndrome would be born each year.”<sup>5</sup>

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## HOW TO HAVE A PRODUCTIVE CONVERSATION ABOUT PRENATAL DIAGNOSES AND ABORTION

1. Demonstrate compassion for parents who feel heartbroken and confused after receiving a prenatal diagnosis. It is possible to acknowledge the fear and trauma associated with these circumstances without disrespecting the dignity of the unborn child.
2. Explain that even the best advances of modern medicine cannot determine with absolute certainty whether a child will live, how long they will live, what and how much suffering they will endure, or if they will die based on a prenatal diagnosis. Reference the recent *New York Times* exposé that found prenatal tests are incorrect over 85 percent of the time.<sup>6</sup> Conclude that doctors are similarly unable to determine how long a child without a life-limiting diagnosis will live or what type of suffering that child will endure.
3. Affirm that even when prenatal testing is correct and a child is born with a disability, that child is still equally valuable and worthy of being treated with dignity. If your conversation partner questions this truth, ask them if they believe that they are superior to those with disabilities. Most likely, they either do not believe this or would rather not admit it.
4. Gently explain that, while diagnoses of life-limiting conditions can result in a baby dying at birth or living for only a short time, their life is still worth living. Remind your conversation partner that there are no guarantees in life; anyone could die on any given day, but we would still agree that their life was worth living.
5. Explain that any person's subjective "quality of life" could always change, so it is unfair to judge someone else's and decide that it is better for them to die than to live with a disability.
6. Acknowledge that when receiving news of a prenatal diagnosis, parents are often given the worst-case scenario and encouraged to abort based on the diagnosis rather than being offered information about what life with the diagnosed condition looks like and how they can plan to be the best parents possible to their child with a disability. (Note: If you are speaking to someone currently facing a life-limiting prenatal diagnosis for their baby, remind them that they do not have to walk this path alone. Point them to resources such as the Be Not Afraid organization that will teach them how to advocate for the best possible life for their baby.)
7. Encourage your conversation partner to consider the lived experiences and testimonies of real families who have received prenatal diagnoses and whose children with disabilities have made an immeasurably beautiful impact on their lives.



## TESTIMONIES FROM REAL FAMILIES

### *Emersyn's story*

A non-life-limiting prenatal diagnosis means that the baby is not expected to die at birth or shortly thereafter but will instead live with challenges, whether physical, cognitive, or both. When Courtney and her husband's daughter, Emersyn, was prenatally diagnosed with Down syndrome, their doctor immediately wanted to discuss their "options." Courtney recalled, "I told him that if he meant abortion, then there were no options—because abortion was not an option."

After speaking with a high-risk specialist, Courtney and her husband felt "bullied to abort." Courtney explained, "I felt that our doctor was very uninformed about what life was like with a child who has Down syndrome. He didn't show any compassion or love. He stressed that our quality of life would be poor and that we were doing a disservice to our other daughters."

Today, because Courtney and her husband chose life for their baby girl regardless of her prenatal diagnosis, Emersyn has had a beautifully profound impact on her sisters. "Our oldest daughter now wants to foster and adopt children with special needs," Courtney said. "She also wants to become an educator for children with special needs. When our middle daughter interacts with other children who have special needs, she can immediately be herself, and she is compassionate and understanding with them. I don't think any of that would have happened without Emmy."

An estimated 60 to 90 percent of babies diagnosed with Down syndrome in the United States are aborted.<sup>7</sup> Due to misinformation and pressure from medical professionals to abort, some parents are convinced that their “quality of life” will be immensely lowered by having a child with a disability. Courtney disagrees: “Anybody who talked to me about quality of life in the negative aspect had no idea what they were talking about. We have never had a bad day with Emmy. We have had difficult days, but never bad ones. The day I met her, she opened my eyes to so much. Now, I enjoy life *because* of her.”

Courtney encourages parents who receive a Down syndrome diagnosis to “Enjoy your pregnancy. My greatest regret is that I didn’t enjoy my pregnancy because I was in such despair, I hadn’t heard any good at that point.” She concluded, “Just wait—because the second you meet your child, you will understand that the love you have for a child with Down syndrome is impossible to explain until you experience it. It is fierce and protective—there are no words to describe how strong it is. And every mom I have spoken to who has a child with Down syndrome says the same thing.”

### *Ezran’s story*

Sometimes, prenatal diagnoses include a warning that the baby will either die before birth or have a very short life. In Angelica’s case, the doctors found two chromosomal abnormalities in her baby, Ezran, that had never been documented before. She described being offered an abortion at every doctor’s visit during her pregnancy and being told that she “was in danger and that Ezran would have a short, challenging life filled with suffering.”

Angelica explained how the limited perspective given by her doctors made her feel: “so heartbroken that my baby was going to have a terrible life. That was just the narrative that I received. I think instead of preparing us, they just scared us.”

When Be Not Afraid (a nonprofit group that supports parents carrying to term after a prenatal diagnosis) entered the picture, Angelica and her husband were finally given support that affirmed Ezran’s life as being precious. “They told us congratulations on our baby,” Angelica recalled. “They helped us make a birth plan, thinking through the possible situations so that when Ezran was here and struggling to breathe, the doctors would know how we wanted him to be treated.” At that point, Angelica’s medical team had told her that once Ezran was born, they could either try to sustain his life or just let him live as long as he could sustain himself.



Angelica described her c-section as a profound experience. “In those 15 minutes, I have never felt closer to God in my entire life. I was so scared, but I felt so secure in my trust that the Lord was going to make His will known to us. As I laid there and they delivered my baby, I prayed the whole time, ‘Lord, I love this baby and I want him. If You need to take him home, I trust You—and if You want him to stay, I trust You.’”

Within hours of birth, Angelica was beside Ezran’s bed in the NICU. “I was terrified for him but so in love with him—he was the sweetest little baby. I knew that no matter what happened with him, I could be grateful that I got to see his face and kiss his head, that we had all been together as a family. I knew that it was all worth it, just knowing that we got to have those moments with him.” Today, Angelica confirms, “Ezran is a miracle. He proved so many things said about him wrong—he showed us that he was sticking around. I have a beautiful two-and-a-half-year-old who is smiley and loves to dance and play the drums and be held. He knows that he is loved, and he loves his life.”

Angelica wants to tell moms in her situation, “We don’t get to choose our crosses. We don’t get to choose when we get sick or get in a car accident or any other challenge that you and your family will go through. It will be hard. But you are going to have a beautiful child with a beautiful life—and it’s worth it, no matter how long or short that life is.”

## Luke's story

One mother, Kerry, shared her experience of the immense beauty of choosing life for her baby boy after receiving a life-limiting prenatal diagnosis. She recalls her 20-week ultrasound, during which, “The tech started laughing, saying it was a boy—and then said the doctor might come in. She left and the doctor came in with a lady who introduced herself as a grief counselor—that’s when we knew something wasn’t right.”

Kerry and her husband were told that their baby boy had markers for Trisomy 18, that he had multiple holes in his heart, spina bifida, and fluid in his brain. “The way the doctor spoke about him was just doom and gloom—he wouldn’t live, he wouldn’t live past birth, he’d be severely disabled and deformed. It was terrifying.” Kerry never went back to that doctor, who had strongly encouraged her to abort. “I knew I wanted to carry to term and move forward as a normal pregnancy without hearing the negativity all the time.”

After connecting with Be Not Afraid, everything changed for Kerry and her husband. “Having the support of people who had been through this and knew how to prep us for everything was so important,” she explained. “I had asked the grief counselor if Luke was born alive, would the doctors close up his spine—and she said that they most likely wouldn’t do it. That was the point when I knew we would have to fight for him.”

Kerry shared that from the moment Luke was born, “He was a gift. My friend said that he had an old soul in his eyes—like he had one foot in heaven and one foot on earth.” Luke’s loving family was blessed to spend four beautiful months with him before he passed away. Kerry said, “Nobody but God knows what your lifespan will be—we knew that Luke’s life wasn’t going to be limited by any doctor. It was between Luke and God when he passed.”

Kerry added, “Parents who choose to abort babies based on prenatal diagnoses aren’t told how many living children there are with these conditions. The diagnosis is not a death sentence—we were told that Luke was ‘incompatible with life,’ but we had four months of being with him and loving him.” She concluded Luke’s story by sharing, “We’ve always said that if God said He would give us a healthy baby, but we would never be able to meet Luke, we would still choose Luke. It was so special to have the time we had with him and to meet this little guy that they had no hope for.”

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### Endnotes

- 1 “Disability and Health Overview,” Centers for Disease Control and Prevention, last updated September 16, 2020, <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>.
- 2 Nora Sullivan, “The Term ‘Incompatible with Life’ is Incompatible with the Best Care,” Charlotte Lozier Institute, December 1, 2014, <https://lozierinstitute.org/the-term-incompatible-with-life-is-incompatible-with-the-best-care/>.
- 3 “People First Language,” District of Columbia Office of Disability Rights, accessed September 22, 2022, <https://odr.dc.gov/page/people-first-language>.
- 4 Christina Francis, “Your baby’s prenatal diagnosis is not a death sentence. Just ask my giggling goddaughter,” *USA Today*, March 6, 2021, <https://www.usatoday.com/story/opinion/voices/2021/03/06/pro-life-abortion-fetal-abnormality-statistics-column/4579657001/>.
- 5 “Down Syndrome and Social Capital: Assessing the Costs of Selective Abortion,” U.S. Congress Joint Economic Committee, March 18, 2022, <https://www.jec.senate.gov/public/index.cfm/republicans/2022/3/down-syndrome-and-social-capital-assessing-the-costs-of-selective-abortion>.
- 6 Sarah Kliff and Aatish Bhatia, “When They Warn of Rare Disorders, These Prenatal Tests Are Usually Wrong,” *The New York Times*, January 1, 2022, <https://www.nytimes.com/2022/01/01/upshot/pregnancy-birth-genetic-testing.html>.
- 7 “Down Syndrome and Social Capital: Assessing the Costs of Selective Abortion,” U.S. Congress Joint Economic Committee.

