

Treatment of Mother and Baby When Baby Has An Abnormality

By Paul A. Byrne, M.D.
January 10, 2010

A recent article includes the following:

For fatal birth defects, abortion is sometimes presented as the only option. But a better alternative is perinatal hospice. This involves continuing the pregnancy until labor begins and giving birth normally, in a setting of comfort and support until natural death occurs. It is similar to what is done for families with terminally ill children and adults. . . . A nurse and the wife of a former Senator. . . , was faced with the prospect of her own son., . . , being born with a fatal birth defect. She describes how . . . [her son] lived only two hours, but how in those two hours “we experienced a lifetime of emotions. Love, sorrow, regret, joy---all were packed into that brief span. To have rejected that experience would have been to reject life itself.” The sense of peace and closure felt by families experiencing neonatal death in a hospice setting contrasts markedly with the experience of families undergoing abortion for fetal anomalies. Many couples who have had abortions for birth defects suffer from adverse long-term psychological effects and prolonged grief reactions.

[from: "IS LATE-TERM ABORTION EVER NECESSARY?"

By Mary L. Davenport, M.D., FACOG†]

<http://www.livinghopeforlife.org/docs/Davenport-late-term-abortion.pdf>

Recently a television production showed a baby with a chromosomal abnormality, who was the size of a baby about 24 weeks gestation delivered by C-section. The procedure was justified based on the baby being 34 weeks with intrauterine growth retardation, well beyond the 24 week limit of viability. It was also justified by stating that the baby's heart rate was slowing. The baby died in about 40 minutes. Parents and grandparents held the baby. The baby was baptized.

These emotionally charged scenes, as described above, appear to be instances of compassion in the midst of foreseeable, imminent deaths. Most touching are these stories depicting a loving family embracing the lives of their precious children whose physical conditions, they have been informed, are beyond any means of medical therapy, scientific advancement and hope. The family and loved ones of these children, as they cradle their children in their arms while anticipating their death, unknowingly participate in a well-articulated, planned and rehearsed sequence of events.

Every aspect, like a staged performance unfolds and the family and loved ones, having been coached prior, react as if on cue having been informed of the particular physical attributes of the impending death they are to expect. The backdrop is set and without detection, the controlled atmosphere developed to accommodate, and for presentation, of an acceptable, peaceful and most favorable occurrence—death. Indeed, these are performances and the only applause

generated is by the authors of such schemes whose ambition and goal is to succeed having devised a deception to achieve the end result; expedient, inexpensive and convenient death. Little do the family and loved ones know of the sinister plot and therefore, unwillingly subject themselves and their beloved to it. Lacking in these articles is knowledge lending greater understanding and empowering families and loved ones of what is truly transpiring.

[Abortion (from *ab* and *oriri, ortum*, to rise, applied to that which has arisen out of season.) The expulsion of a fetus before the seventh month, or before it is **viable**. Dunglison'

Please be sure that I do not have negative thoughts about the author, the person who sent me the article, the Senator and his family or the producers and participants in the TV show; I look to them as friends and not foes in the battles to defend life in which we find ourselves.

It is stated that "a better alternative is perinatal hospice." The question must be asked, "better, compared to what?" Yes, better than abortion, but is it better than letting nature take its course?

Elective delivery is condoned by some when the gestation is beyond a certain age deemed to be the age of viability, e.g., 24 weeks. In this case the gestational age was estimated as 34 weeks, but the baby is the size of 24 weeks. Early delivery was "justified" based on gestational age beyond the limit of viability and slowing of the baby's heart rate.

Babies at 34 weeks the size of a 24 week gestational age baby, and babies at 24 -34 weeks often need much treatment and care for many days and weeks. Statistics for limits of viability are usually for a baby who is normal and healthy otherwise but happened to be delivered early. Is it "better" to deliver early only to have the baby die in 40-80 minutes? Some children with life-limiting or "lethal" conditions have gone on to live for many years much to the joy of their parents; some have required medical treatment and care, sometimes including surgery to protect and preserve their lives. Babies who survive are delivered at term without induction of labor or C-section at a gestational age less than term.

Antenatal diagnosis is less than absolute in many ways. Nevertheless, even when the unborn baby is accurately diagnosed as having a life limiting or lethal disease, God can heal. Yes the healing that Jesus did, and those who heal in the name of Jesus, do so based on faith in the supernatural power of the Creator. God can always heal. We have faith in the healing power of God. We have hope that God will heal; we love the baby as much and as far as we can in the way that God loves each of us. We must not do harm to the baby, shorten the baby's life or hasten the baby's death.

Life is a gift from the Creator. Life is forever, but duration of life on earth is related to the gift of life. Life on earth for everyone will end. Doctors especially, but also nurses, medical personnel, parents and many others must protect and preserve life; first our own, then all others that we have the privilege of participating with God to help a person live the length of time given to them by God. We must not impose death or shorten life. Always we must only protect and preserve life. When we don't know what to do, with informed consent, we can try something new. When we don't know what to do, everyone becomes truly equal. Life and the life span is

between the Creator and each one of us. We must give to the patient and to God the time allotted by God. We must not think we have to do something. We must turn it over to God; God can always heal.

Is Perinatal hospice an answer; is Perinatal hospice any different than any other hospice? To get into adult hospice 2 doctors must state that death will occur within 6 months. Will death occur within 6 months without opiates and other depressing medications? It is very depressing for the patient to be told death will be within 6 months.

I have had the privilege of consulting and treating many babies with severe abnormalities. I have never recommended early delivery. I have not given opiates to any baby, except to relieve pain during a procedure to them.

I have been at the side of the crib or incubator with many parents. Even when there is no longer any respiration, I have observed the heart beating up to 2 hours. Believe me; it wasn't easy on the parents or me. On one occasion I can recall, I was with the father and the baby; the mother was in another hospital where her tubes had been tied at the time of the C-Section. Yes, reality is not easy especially when the creatures have done what makes it difficult or practically impossible for the Creator to again show His Goodness and to get another Saint procreated with these parents.

In conclusion, deliver at term after natural labor. Do not deliver early by induction or C-section just because the baby has an abnormality, even when it seems the abnormality will be lethal before or after birth. Deliver at term even when it seems it will be easier for parents to grieve if the baby is delivered earlier.

Dr. Paul A. Byrne, a Neonatologist, is Director of Neonatology and Director of Pediatrics at St. Charles Mercy Hospital in Oregon, Ohio, is Clinical Professor of Pediatrics University of Toledo College of Medicine, Board Certified in Pediatrics and Neonatal-Perinatal Medicine, Member of Fellowship of Catholic Scholars. Dr. Byrne is past-President of the Catholic Medical Association (USA), formerly Clinical Professor of Pediatrics at Creighton University School of Medicine in Omaha, NE, and at St. Louis University School of Medicine in St. Louis, MO. He is author and producer of the film "Continuum of Life" and author of the books "Life, Life Support and Death," "Beyond Brain Death," and "Brain Death Is Not Death." Dr. Byrne has presented testimony on "life issues" to eight state legislatures beginning in 1967. He opposed Dr. Kevorkian on the television program "Cross-Fire." He has been interviewed on Good Morning America, public television in Japan and participated in the British Broadcasting Corporation Documentary "Are the Donors Really Dead?" Dr. Byrne has authored articles against euthanasia, abortion, and "brain death" in medical journals, law literature and lay press. Paul was married to Shirley for forty-eight years until she entered her eternal reward on Christmas 2005. They are the proud parents of twelve children and grandparents of twenty-six grandchildren.

Contact: pbyrne@toast.net