

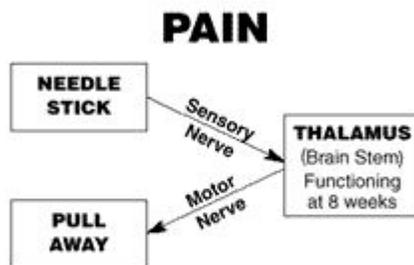
Fetal pain research articles

[back to the abortion files](#) [back to fetal pain](#)

By Dr Wilke, MD from "Why Can't we love them both"

Fetal pain by 8 weeks? Prove it!

By this age the neuro-anatomic structures are present. What is needed is (1) a sensory nerve to feel the pain and send a message to (2) the thalamus, a part of the base of the brain, and (3) motor nerves that send a message to that area. These are present at 8 weeks. The pain impulse goes to the thalamus. It sends a signal down the motor nerves to pull away from the hurt.



Give an example.

Try sticking an infant with a pin and you know what happens. She opens her mouth to cry and also pulls away.

Try sticking an 8 week old human fetus in the palm of his hand. He opens his mouth and pulls his hand away.

A more technical description would add that changes in heart rate and fetal movement also suggest that intrauterine manipulations are painful to the fetus. Volman & Pearson, "What the Fetus Feels," British Med. Journal, Jan. 26, 1980, pp. 233-234.

O.K., that is activity that can be observed, but is there other evidence of pain? After all, the fetal baby can't tell us he hurts.

Pain can be detected when nociceptors (pain receptors) discharge electrical impulses to the spinal cord and brain. These fire impulses

outward, telling the muscles and body to react. These can be measured. Mountcastle, Medical Physiology, St. Louis: C.V. Mosby, pp. 391-427

"Lip tactile response may be evoked by the end of the 7th week. At 11 weeks, the face and all parts of the upper and lower extremities are sensitive to touch. By 13 1/2 to 14 weeks, the entire body surface, except for the back and the top of the head, are sensitive to pain." S. Reinis & J. Goldman, The Development of the Brain C. Thomas Pub., 1980

Give me more proof.

In 1964 President Reagan said: "When the lives of the unborn are snuffed out, they often feel pain, pain that is long and agonizing." President Ronald Reagan to National Religious Broadcasters, New York Times, Jan. 31, 1984

This provoked a public reaction from pro-abortion circles and a response from an auspicious group of professors, including pain specialists and two past presidents of the American College of Obstetrics and Gynecology.

They strongly backed Mr. Reagan and produced substantial documentation. Excerpts of their letter (2/13/84) to him included:

"Real time ultrasonography, fetoscopy, study of the fetal EKG (electrocardiogram) and fetal EEG (electroencephalogram) have demonstrated the remarkable responsiveness of the human fetus to pain, touch, and sound. That the fetus responds to changes in light intensity within the womb, to heat, to cold, and to taste (by altering the chemical nature of the fluid swallowed by the fetus) has been exquisitely documented in the pioneering work of the late Sir William Lily — the father of fetology."

We state categorically that no finding of modern fetology invalidates the remarkable conclusion drawn after a lifetime of research by the late Professor Arnold Gesell of Yale University. In *The Embryology of Behavior: The Beginnings of the Human Mind* (1945, Harper Bros.), Dr. Gesell wrote, "and so by the close of the first trimester the fetus is a sentient, moving being. We need not speculate as to the nature of his psychic attributes, but we may assert that the organization of his

psychosomatic self is well under way."

Mr. President, in drawing attention to the capability of the human fetus to feel pain, you stand on firmly established ground. Willke, J & B, Abortion: Questions & Answers, Hayes, 1991, Chpt. 10

What of The Silent Scream?

A Realtime ultrasound video tape and movie of a 12- week suction abortion is commercially available as, The Silent Scream, narrated by Dr. B. Nathanson, a former abortionist. It dramatically, but factually, shows the pre-born baby dodging the suction instrument time after time, while its heartbeat doubles in rate. When finally caught, its body being dismembered, the baby's mouth clearly opens wide — hence, the title (available from Heritage House '76 at <http://www.heritagehouse76.com>).

Proabortionists have attempted to discredit this film. A well documented paper refuting their charges is available from National Right to Life, 419 7th St. NW, Washington, DC 20004, \$2.00 p.p. A short, 10-minute video showing the testimony of the doctor who did the abortion in Silent Scream definitely debunks any criticism of Silent Scream's accuracy. The Answer, Bernadel, Inc., P.O. Box 1897, Old Chelsea Station, New York, NY, 10011.

Pain? What of just comfort?

"One of the most uncomfortable ledges that the unborn can encounter is his mother's backbone. If he happens to be lying so that his own backbone is across hers [when the mother lies on her back], the unborn will wiggle around until he can get away from this highly disagreeable position." M. Liley & B. Day, Modern Motherhood, Random House, 1969, p. 42

But isn't pain mostly psychological?

There is also organic, or physiological pain which elicits a neurological response to pain. P. Lubeskind, "Psychology & Physiology of Pain," Amer. Review Psychology, vol. 28, 1977, p. 42

But early on there is no cerebral cortex for thinking, therefore no pain?

The cortex isn't needed to feel pain. The thalamus is needed and (see above) is functioning at 8 weeks. Even complete removal of the cortex does not eliminate the sensation of pain. "Indeed there seems to be little evidence that pain information reaches the sensory cortex." Patton et al., Intro. to Basic Neurology, W. B. Saunders Co. 1976, p. 178

How about during an abortion?

This really hit the fan during the 1996 debate in the U.S. Congress over a law to ban partial birth abortions. Pro-abortionists had claimed that the anaesthetic had already killed the fetal baby. Top officials of the U.S.

Society for Obstetric Anaesthesia & Perinatology vigorously denied this explaining that usual anaesthesia did not harm the baby. D. Gianelli Anaesthesiologists Question Claims in Abortion Debate, Am. Med. News, Jan. 1, '96

This brought the issue of fetal pain into the news, and testimony was given to the Subcommittee on the Constitution of the U.S. House of Representatives.

"The fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain. Without doubt a partial birth abortion is a dreadfully painful experience for any infant. R. White, Dir. Neurosurgery & Brain Research, Case Western Univ.

Also, "Far from being less able to feel pain, such premature newborns may be more sensitive to pain"...that babies under 30 weeks have a "newly established pain system that is raw and unmodified at this tender age." P. Ranalli, Neuro. Dept., Univ. of Toronto

Give me more research data.

Data in the British Medical Journal, Lancet, gave solid confirmation of such pain. It is known that the fetal umbilical cord has no pain receptors such as the rest of the fetal body. Accordingly, they tested fetal hormone stress response comparing puncturing of the abdomen and of the cord.

They observed "the fetus reacts to intrahepatic (liver) needling with

vigorous body and breathing movements, but not to cord needling. The levels of these hormones did not vary with fetal age." M. Fisk, et al., Fetal Plasma Cortisol and B-endorphin Response to Intrauterine Needling, Lancet, Vol. 344, July 9, 1994, Pg. 77

Another excellent British study commented on this:

"It cannot be comfortable for the fetus to have a scalp electrode implanted on his skin, to have blood taken from the scalp or to suffer the skull compression that may occur even with spontaneous delivery. It is hardly surprising that infants delivered by difficult forceps extraction act as if they have a severe headache." Valman & Pearson, "What the Fetus Feels," British Med. Jour., Jan. 26, 1980

(From: WHY CAN'T WE LOVE THEM BOTH - CHAPTER 14)

British Medical Experts say Unborn Children feel Pain During Abortion

London England -- Thousands of abortions may cause pain to the unborn child, say doctors preparing to debate the contentious issue of "fetal awareness."

Professor Vivette Glover, of London, is calling for all abortions between 17 and 24 weeks to be performed under anaesthetic. Although 90 percent of abortions in England take place before 13 weeks concern has resurfaced about those carried out during the next 11 weeks. At present, some abortions during the period of 13 to 24 weeks are carried out without anaesthesia.

Prof Glover, of Queen Charlotte's and Chelsea Hospital, who is to chair a conference on the issue at the Royal Institution in November, said yesterday that many questions remained about when the fetus became sentient. She said: "Between 17 and 26 it is increasingly possible that it starts to feel something and that abortions done in that period ought to use anaesthesia."

Other experts disagreed. One scientist in the United States told the Pro-Life Infonet she knows of numerous medical and scientific experts in the field from all over the world who believe that embryos (the embryonic period is from fertilization to the end of the 8th week - beginning of the 9th week) can feel pain by at least the 8th week of pregnancy.

Kevin Male, spokesperson for the British pro-life organization Life, said, "This is more evidence that human life exists from the moment of conception. We have known it all along, and I suspect that everybody else knows it subconsciously, but will not admit it."

Prof Glover acknowledged that by raising the matter she could be providing fodder for pro-life advocates. She said: "I am pro-choice, but one should not muddle the two. One should think about how one is doing [the abortion] in the most pain-free way."

According to one study, aborted children have been heard to cry from 21 weeks and some doctors believe that distress can be felt as early as 13 weeks.

A study by the Royal College of Obstetricians and Gynaecologists said that it was not easy to define or evaluate fetal awareness, in particular awareness of pain. It concluded that the unborn child was not "aware" before 26 weeks.

Dr Gillian Penney, of the Aberdeen Maternity Hospital and chairman of the Royal College's induced abortion guideline group, said "The fetus would not be capable of experiencing what we would perceive as pain." The evidence that underpinned the Royal College's conclusion focused on nerve connections between two crucial areas of the developing brain, the cortex and the thalamus. Until they develop after 26 weeks, sensations of pain cannot be experienced, Penney said.

Professor Peter Hepper, of the fetal behaviour research center at Queen's University, Belfast, said there was not enough evidence to say that the unborn child experienced pain before 26 weeks. But he believed it was "better to be safe than sorry".

The Women and Children's Welfare Fund charity says that the unborn child is less well protected from pain in Britain than animals. There was no legislation to protect the unborn child, the group said.

British Medical Experts Say Unborn Children Feel Pain During Abortion

Source: London Telegraph, British Broadcasting Corporation; August 28, 2000

Steven Ertelt / Sally Winn

British Study: Unborn Children Feel Pain Earlier

London, England -- A study released this week in the United Kingdom suggests that an unborn child might feel pain as early as 20 weeks.

"This study underscores the gruesome nature of abortion," charges Kristi Hamrick of The Center for Reclaiming America, which is joining with other pro-life groups next week to launch a campaign to bring a ban on partial-birth abortion back in front of Congress this session.

According to reports, the head the government-appointed Medical Research Council at Edinburgh University in the United Kingdom said an unborn child was absolutely aware of pain by 24 weeks and perhaps as early as 20 weeks -- earlier than the previously accepted 26 weeks.

The Medical Research Council, chaired by Professor Eve Johnstone of Edinburgh University, makes a strong case for additional research on ways to prevent the unnecessary suffering of extremely premature children.

Prof Johnstone said these babies had to undergo painful procedures, such as heel pricks, blood monitoring, injections and insertion of breathing tubes. "We ought to study this carefully."

The findings indicate a need for more research on ways to treat neonatal pre-term infants, who may experience pain from a number of medical procedures that could affect them in long-term development. And the study raises questions over whether and which pre-term babies ought to be given anesthetics in the womb during birth.

But the study also provides new fuel for the debate over abortion, in particular late-term abortions.

Hamrick says she believes life occurs at conception and must be protected thereafter and says that the Edinburgh study can only help her cause.

"It does not change the fact that (anywhere) along the pendulum swing (from conception to birth) this is still a human being," she said. "But

this information is helpful to bringing our country to a consensus on where we should draw some lines."

Dr. Susan Dudley, deputy director of the National Abortion Federation, a network of abortion businesses, said fetal pain is a complex issue that is far from fully understood. Whether or not the unborn child can feel pain -- at 26 weeks, 20 weeks or earlier -- the vast majority of abortions today are conducted in the first trimester and groups like NAF will continue to support abortion, she said.

"The obvious and most important thing to say is most abortions take place before 20 weeks," Dudley said. Even if the Edinburgh study is accurate, she said, "it would have very little impact on people who are contemplating an abortion."

The new report by the MRC working group attacks the idea that pain perception suddenly switches on in the foetus, or is due to activity in a particular brain area. Pain perception requires interactions among highly interdependent brain areas. "Such function will not 'switch' on at a particular stage of fetal life... It will mature over many pre- and post-natal months to produce complete pain awareness," said the report.

British Study: Unborn Children Feel Pain Earlier Source: Associated Press, London Daily Telegraph; August 31, 2001 by Stephen Ertelt

Doctor Troubled by Pain of Infants in Abortion (MassNews.com) February 8, 2002

As a physician, I am always concerned about the level of pain my patients have. One group of people who never receive attention to their level of pain is unborn children. Many scientists have discovered that unborn children experience pain as early as seven weeks gestation. This has been shown by accelerations in their heart rate and brain waves during an abortion. There is no question that a baby in the 2nd and 3rd trimester experiences pain during an abortion. I would like to see legislation passed that makes women aware of fetal pain and gives them the option of receiving some sort of pain medicine during the procedure.

Saline abortions are probably the most painful procedures for infants. This technique is used after 16 weeks of pregnancy, when enough fluid has accumulated in the amniotic fluid sac surrounding the baby. A

needle is inserted through the mother's abdomen and 50-250 ml (as much as a cup) of amniotic fluid is withdrawn and replaced with a solution of concentrated salt. The baby breathes in, swallowing the salt and is poisoned. The chemical solution also causes painful burning and deterioration of the baby's skin. Usually, after about an hour, the child dies. The mother goes into labor about 33 to 35 hours after instillation and delivers a dead, burned, shriveled baby. About 97% of mothers deliver their dead babies within 72 hours.

The "Dilation and Extraction" (D&X), or "intact D&E" (IDE) is sometimes referred to as Partial Birth Abortion. This procedure is used on women who are 20- to 32-weeks pregnant -- or even later into pregnancy. Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby's leg with forceps and pulls the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. (At this point in a partial-birth abortion, the baby is alive.) Then the abortionist jams scissors into the back of the baby's skull and spreads the tips of the scissors apart to enlarge the wound.

After removing the scissors, a suction catheter is inserted into the skull and the baby's brains are sucked out. The collapsed head is then removed from the uterus.

Animals in veterinarian offices and in research labs are not allowed to suffer like this. Why do we let members of our own race suffer in this fashion 1.5 million times a year? Let's make it a law that these victims receive anesthesia.

- Thomas V. Messe, M.D. Groton, CT (From: MassNews.com)

* * * * * Does the fetus feel pain?

<http://www.gargaro.com/fetalpain.html>

In testimony before the House Constitution Subcommittee, Professor Robert White confirmed that the 'fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain.... Without question, all of this is a dreadfully painful experience for any infant subjected to such a surgical procedure."

Summary of a presentation given by Dr. Paul Ranalli on "Pain, Fetal Development, and Partial-birth abortion" on June 27, 1997. (I

personally attended this presentation). Related links are included below.

The fetus can feel pain at 20 weeks. This is probably a conservatively late estimate, but it is scientifically solid. Elements of the pain-conveying system (spino-thalamic system) begin to be assembled at 7 weeks; enough development has occurred by 12-14 weeks that some pain perception is likely, and continues to build through the second trimester. By 20 weeks, the spino- thalamic system is fully established and connected.

There are three different indicators providing evidence that the fetus feels pain.

1. Anatomical - pain receptors spread over the body in stages: 8-16 weeks - pain impulse connections in the spinal cord link up and reach the thalamus (the brain's reception center): 7-20 weeks (summarized by Anand, K.J.S., Atlanta)

2. Physiological/Hormonal - fetuses withdraw from painful stimulation - two types of stress hormones, normally released by adults subjected to pain, are released by adults subjected to pain, are releases in massive amounts by the fetus subjected to a needle puncture to draw a blood sample: (a) from 19 weeks onward (N. Fisk; London, England) (b) from 16 weeks onward (J. Partch; Kiel, Germany)

3. Behavioral - withdraw from pain - change in vital signs

A 20-30 week old fetus actually will feel more pain than an adult. The period between 20-30 weeks is a uniquely vulnerable time, since the pain system is fully established, yet the higher level pain-modifying system has barely begun to develop.

Below is a graphical representation depicting this mis-match in pain detection and pain modification

Dr. Paul Ranalli is a neurologist at the University of Toronto and acting president of the de Veber Institute for Bioethics and Social Research. He is also Vice-President of Canadian Physicians For Life

Additional Information:

Unborn Pain Franics X. Rocca @ The American Spectator Babies may feel pain of abortion Roger Highfield @ Electronic Telegraph Pain and It's Effects In the Human Neonate and Fetus - from the New England Journal of Medicine. Vol. 317 No 21 (19 Nov. 1987): Pages 1321-1329. Foetus 'may feel pain as early as six week old' Abortion doctors may give foetuses painkiller

In testimony before the House Constitution Subcommittee, Professor Robert White confirmed that the 'fetus within this time frame of gestation, 20 weeks and beyond, is fully capable of experiencing pain.... Without question, all of this is a dreadfully painful experience for any infant subjected to such a surgical procedure."

* * * * *

Viability, Fetal Pain, In Utero Surgery, and Roe v. Wade

Editor's note. The following is excerpted from the testimony of Dr. Jean A. Wright, presented at a Senate Judiciary Committee hearing that took place January 21. Dr. Emery is an Associate Professor of Pediatrics and Anesthesia at Emory University School of Medicine in Atlanta.

Mr. Chairman and members of the committee. My name is Jean A. Wright, M.D., M.B.A. I am a practicing pediatric intensive care physician. I am board certified in pediatrics, anesthesia, and in both sub-boards of critical care medicine. I would like to focus my remarks today from the perspective of a practicing pediatrician and clinical investigator. I was a pre-medical student in 1973, and my own personal career in medicine since then, in many ways, parallels the changes that have taken place since the Roe v. Wade decision.

Although I have spent the majority of my career in the academic medical center, the knowledge available to me today as a practicing clinician is as available to all physicians and to much of the public as well (due in part to the Internet). I am speaking for myself, and not on behalf of any organization.

I would like to focus my remarks on the changes we have seen in the field of pediatrics, particularly the areas of neonatology, surgery, anesthesia, and intensive care. Medical knowledge in those areas

provides a new standard of science upon which a very different conclusion might be reached if Roe v. Wade were decided in 1998, rather than the limited information that was available in 1973.

The Science of Neonatology: A New Definition of Viability for the Premature Infant

In 1973, neonatology was in its early years as a separate subspecialty of pediatrics. The understanding of the physiology of the pre-term infant, and the equipment, medications, physicians, and specialized units available to care for them were present, but limited or primitive. By contrast, today there are thousands of neonatologists, hundreds of neonatal intensive care units, and breaking discoveries in the world and womb of the developing fetus and neonate....

In 1973, the scientific discussion heavily focused on the issues of fetal viability. At that time, the common understanding was that infants born before 28 weeks could not survive. Today, that age of viability has been pushed back from 28 weeks to 23 and 24 weeks. And some investigators are working on an artificial placenta to support those even younger.

In fact, while the number of children that are born and survive at 23 to 28 weeks gestation are still a minority of the infants in a NICU, they are common enough that the colloquial term "micro-preemie" has been coined to describe them, and an additional body of neonatal science has grown to support the care of the very premature infant. So in 25 years, we have gone from a practice in which infants once thought to be nonviable are now beneficiaries of medical advances to provide them with every opportunity to survive.

The Science of Anesthesia: A Better Understanding of the Development of Pain Perception

1. The new knowledge of the development of pain in the fetus.

...Several types of observations speak for the functional maturity of the cerebral cortex in the fetus and neonate. First are reports of fetal and neonatal EEG patterns, including cortical components of visual and auditory evoked potentials, that have been recorded in pre-term babies of less than 28 weeks gestation. Cortical evoked potentials to somatosensory stimuli (touch, pain, heat, cold) were also recently

documented in pre-term neonates from 26 weeks gestation.

Ultrasonographic findings report specific fetal movements in response to needle punctures in utero (Robinson and Smotherman, 1992; Sival, 1993). Moreover, a controlled study of intrauterine blood sampling and blood transfusions in fetuses between 20 and 34 weeks of gestation showed that hormonal responses that were consistent with fetal perception of pain, and were correlated with the duration of the painful stimulus (Gianna-koulopuolos et al., 1994).

Pre-term neonates born at 23 weeks gestation show highly specific and well-coordinated physiologic and behavioral responses to pain, similar to those seen in full-term neonates, older infants, and small children (Pain in Neonates, Anand and McGrath, 1993).

All of the scientific references I have just made are from research breakthroughs in the last 10 years. This information was not available in 1973. As a result of this newly emerging understanding of fetal pain development, Anand and Craig, in a 1996 editorial in the journal PAIN, called for a new definition of pain, a definition that is not subjective, and that is not dependent on the patient's ability to provide a self-report.

2. Increased sensitivity to pain in pre-term infants.

Contrary to previous teachings current data indicate that pre-term neonates have greater pain sensitivity than term neonates or older age groups. Several lines of scientific evidence support this concept....

[S]tudies ... indicate the presence of the pathways needed for the conduction of pain, and a lower pain threshold in pre-term neonates, with the occurrence of further decreases in pain threshold following exposure to a painful experience (Fitzgerald).

The Science of Pediatric Surgery and Pediatric Anesthesia: New Concepts of Fetal Surgery and Perinatal Hospice

In the early 70s, many pre-term infants were considered too ill to tolerate the effects of anesthesia in order to undergo their needed surgery. Even by the early 80s (the time I entered my first years as a pediatric anesthesiologist), pre-term infants still received minimal anesthesia in the operating room and NICU. It wasn't until two

landmark articles published in 1987 ... that the practice of pediatric anesthesia began to change broadly.... Today we are the beneficiaries of an enormous fund of new medical knowledge, and I believe we should incorporate that into our approach to protecting the life of the unborn.

Furthermore, places such as the University of California, with its Fetal Surgery Center, are doing just that. Exciting surgical advances which allow for the surgeon to partially remove the fetus through an incision in the womb, fix the congenital defect, and then slip the "pre-viable" infant back into the womb should make us reconsider the outcome and viability of many pre-term infants, particularly those with challenging congenital defects.

And should a family be stricken by the terrible news that their anticipated newborn has a condition that is likely to be fatal upon delivery, the concept of "perinatal hospice" is now available. Many grieving parents have relayed to me how precious those few hours were when they held their newly delivered baby in their arms before it died. For a few hours, they were a family. The family was able to embrace its newest member, celebrate its short life, and then move on to the grieving stage. Just as adult hospice programs have helped many of us deal with the last days and hours of a loved one's life, hospice care in the NICU can bring meaning to a very dark hour in a family's life.

The Changes in Public Attitude on Abortion: Decreased Total Numbers and Decreased Support

Popular polls and population surveys indicate that the country has changed its opinion regarding abortion. As reported ... in the Journal of the American Medical Association, the number of abortions in this country has decreased. In the Atlanta Journal, on January 16, they report that since 1989, "supporters of generally available legal abortion have slipped to 32% from 40%, ... and those who said abortion should be available [but under more restricted circumstances] have increased to 45% from 40%" in 1989 (quoting a New York Times/CBS News poll). Perhaps one of the many reasons that have led to these changes in public opinion is the overall concern our citizens have demonstrated towards other vulnerable segments of our population now is being applied to the unborn child....

Conclusions

The scientific literature reviewed above and my clinical experience in the delivery of anesthesia and the care of critically ill and injured children lead me to believe that:

1. Many infants considered nonviable in 1973 are viable in today's world of advanced neonatal care.
2. There is a growing body of literature regarding the care needed for the survival of the "micro-preemie."
3. The anatomical and functional processes responsible for the perception of pain are developed in human fetuses that may be considered candidates for abortions, particularly late-term "partial-birth abortions." At this stage of neurologic development, human fetuses respond to the pain caused by needle puncture in utero in a similar manner as older children or adults, within the limits of their behavioral repertoire.
4. The threshold for such pain perception is lower than that of older pre-term newborns, full-term newborns, and older age groups. Thus, the pain experienced during abortions by the human fetus would have a much greater intensity than any similar procedures performed in older age groups.
5. Current methods for providing maternal anesthesia during "partial-birth abortions" or other forms of abortion are unlikely to prevent the experience of pain and stress in the human fetuses before their death occurs, particularly those by partial decapitation.
6. New techniques have allowed some forms of fetal surgery to provide a more promising outlook for children previously thought to have life-threatening congenital deformities.
7. Our understanding of the psychosocial needs of the family are better now, and we offer perinatal hospice care as a way of bringing meaning and purpose to a very dark time in the life of a family.

The science referred to in this presentation is a reflection of the science of the 1980s and 1990s. The medical profession did not know this in 1973. Those who made the Roe v. Wade decision did not know

it. But history constantly reveals a pattern of how difficult it is for society to change paradigms once believed....

Today we are hearing evidence, both medical and legal, that was not available to our counterparts in 1973. We cannot change the [past] ramifications of their decision, but we can make better and more informed decisions today. Just as the incoming tide raises the level of the water in the harbor and in doing so all the boats rise to the same new level, so should we allow the tide of new medical and legal information to serve as a tide to raise both our medical and legal understanding of the unborn, and in doing so, lead us to making better decisions for this vulnerable population.

* * * * * Fetal Study Adds Fuel to Late-Term Abortion Debate by Kelly O. Beaucar

A study released this week in the United Kingdom suggests that a fetus might feel pain as early as 20 weeks, sparking concerns over medical procedures on premature infants and emboldening the opponents of late-term abortion.

"This study underscores the gruesome nature of abortion," charges Kristi Hamrick of The Center for Reclaiming America, which is joining with other pro-life groups next week to launch a campaign to bring a ban on late-term abortions back in front of Congress this session.

According to reports, the head the government-appointed Medical Research Council at Edinburgh University in the United Kingdom said a fetus was absolutely aware of pain by 24 weeks and perhaps as early as 20 weeks - earlier than the previously accepted 26 weeks.

The findings indicate a need for more research on ways to treat neonatal pre-term infants, who may experience pain from a number of medical procedures that could affect them in long-term development. And the study raises questions over whether and which pre-term babies ought to be given anesthetics in the womb during birth.

But the study also provides new fuel for the debate over abortion rights, in particular late-term abortions.

Hamrick says she believes life occurs at conception and must be protected thereafter, but claims that the Edinburgh study can only help

her cause.

"It does not change the fact that (anywhere) along the pendulum swing (from conception to birth) this is still a human being," she said. "But this information is helpful to bringing our country to a consensus on where we should draw some lines."

Abortion during any trimester is legal in the United States under federal law. Several states have attempted to ban so-called partial birth abortions - a procedure where the baby is partially delivered down the birth canal before the abortion is performed. Those bans have been successfully challenged in the Supreme Court.

A federal ban on partial birth abortions has passed the House and Senate twice, but was short the votes to override a presidential veto. President Clinton vetoed the measure both times.

Confident that President Bush, who said he would sign the ban on late-term abortions during the 2000 campaign, would sign the bill if it gets to his desk, pro-life activists are gearing up for their latest fight.

Abortion rights groups, including the National Organization for Women, the National Abortion and Reproductive Rights Action League and Planned Parenthood, say that any move to advance a ban on late-term abortions is one step closer to reversing the landmark Roe v. Wade Supreme Court decision which restricted individual states' abilities to regulate or ban abortions.

Dr. Susan Dudley, deputy director of the National Abortion Federation, a network for physicians who perform abortions, said fetal pain is a complex issue that is far from fully understood.

But whether or not the fetus can feel pain - at 26 weeks, 20 weeks or earlier - the vast majority of abortions today are conducted in the first trimester and groups like NAF will continue to support that right, she said.

"The obvious and most important thing to say is most abortions take place before 20 weeks," Dudley said. Even if the Edinburgh study is accurate, she said, "it would have very little impact on people who are contemplating an abortion."

According to the latest numbers from the National Center for Health Statistics, 1.3 million abortions took place in the U.S. during 1997.