The parliamentary scene

Abortion and pregnancy screening

Once again there is an abortion amendment Bill under discussion. This one was introduced on 21 February by Sir Bernard Braine, one of the leading Conservative spokesmen on health. He reminded members that the Bill sponsored by Mr James White had been given a second reading in 1975 but that it had then been referred to a select committee. The select committee's report, however, had been ignored by the Government; and the purpose of his Bill was to introduce three changes recommended by that committee. Firstly, he said, the time limit for abortion should be reduced from 28 weeks to 20; secondly, he wanted to strengthen the provisions for conscientious objection to abortion by medical and nursing staff; and, thirdly, he proposed that pregnancy advisory bureaux should not be allowed to have any financial connection with abortion clinics. Despite a spirited speech opposing the Bill by Sir George Sinclair – who quoted the current belief of the British Medical Association that it saw no necessity for an amendment bill – the House voted in favour of the first reading by 181 to 175. So, yet again, a majority of MPs voting proved to be in favour of a more restrictive abortion law.

Paradoxically, however, the House has also been pressing the Government to speed up its plans for a national programme of screening tests in pregnancy for spina bifida. A pressure group led by Dr Keith Hampson has been urging that all women should have the chance of a test; at present, outside a few specialist centres, the test is available only to women known to be at high risk.

The paradox lies in the fact that the screening procedure is designed to identify abnormal fetuses at about 16–20 weeks of pregnancy; once the diagnosis is certain the pregnancy can be terminated, but the inevitable delays mean that the therapeutic abortion may sometimes be carried out well after 20 weeks.

At present, however, the Department of Health and the Royal College of Obstetricians and Gynaecologists are united in taking a cautious line. There are, they say, still too many unanswered questions about the screening programme for it to be made available nationally. In particular there are doubts about both the reliability and safety of the procedure. The preliminary test – which would be offered to all women at about the 16th week of

pregnancy – measures the amount of *alpha*-fetoprotein in the blood. High values are found when the fetus has spina bifida – but also when there are twins, and occasionally when there is no abnormality at all. The next stage is an examination using ultrasound, which should identify the cases of twin pregnancy. Finally, the obstetrician will take a sample of the fluid around the fetus by amniocentesis, in which a needle is passed through the skin directly into the uterus, and the fluid is then assayed for *alpha*-fetoprotein. Very high concentrations are virtually diagnostic of spina bifida.

There is no consensus of opinion on either the reliability or the safety of these procedures. In specialist units in university centres the tests are said to be over 99 per cent reliable – that is, fewer than 1 per cent of aborted fetuses are found to be normal – but few large series have been published in which all fetuses were examined post-mortem. Secondly, should the analysis of fluid taken at amniocentesis prove normal there is a risk that leakage of fluid may precipitate a miscarriage; very occasionally the fetus is injured by the needle, and other complications may be caused by splits in the amniotic membrane. Again, the incidence of these complications is very low in high-class units; two recent studies have claimed that there is no statistically significant increase in the incidence of miscarriage after amniocentesis. Even so, an increase from 2 per cent to 2.5 per cent is a 25 per cent rise in the number of pregnancies ending in tragedy – and any woman who miscarries after an operation is likely to see the two events as cause and effect.

The practical problem is that few district general hospitals have yet acquired the equipment or the expertise to match the results obtained in university centres; yet if the testing programme were to be made available to all the procedures would need to be carried out in those circumstances.

The Government's scientific advisers are probably right to be cautious – but the dilemma they face is all too familiar. The only way that women will be persuaded that it is reasonable to delay mass testing is for the Department of Health to emphasise its potential hazards – at a time when these have not been quantified exactly. Furthermore there is every prospect of these hazards becoming fewer as techniques are improved and staff gain practical experience. Who will then believe the change in advice?

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