

## **APPPG Inquiry into Foetal Development and Activity**

### **Submission by the Mission and Public Affairs Council of the Church of England**

*The Mission & Public Affairs Council of the Church of England is the body responsible for overseeing research and comment on social and political issues on behalf of the Church. The Council comprises a representative group of bishops, clergy and lay people with interest and expertise in the relevant areas, and reports to the General Synod through the Archbishops' Council.*

*The Mission and Public Affairs Council presents a Christian ethos, drawing on the witness of the Christian Scriptures and reflecting on Christian tradition and contemporary thought. Belief in God as Creator and Redeemer, in human beings' intrinsic value as creatures made in the Image of God and in the imperatives of love and justice, underpins the Council's approach. The Council believes that the ethical and social principles developed from this foundation have a value and relevance in society that can be acknowledged by those of other faiths or none.*

**1** The related issues of foetal development, foetal experience of pain and onset of foetal awareness have gained increasing significance since the State of Utah passed a bill in 2016, mandating that all in-State abortions conducted after 20 weeks gestation will require women to be given anaesthesia in order to minimise or avoid foetal pain. The use of anaesthesia and/or analgesics is also a factor in the developing field of foetal surgery.

**2** For more than two decades, the gold-standard research document has been the Journal of the American Medical Association's 2005 scientific review of foetal pain<sup>1</sup>. This review concluded that foetal perception of pain is unlikely before the third trimester and this subsequently informed guidance issued by the American Congress of Obstetricians and Gynecologists<sup>2</sup>. Building on this research the Royal College of Obstetricians and Gynaecologists conducted a further review in 2010 which came to the same conclusion<sup>3</sup>.

**3** Research into foetal development has continued since these reviews were conducted with evidence emerging that foetal responses to external stimuli such as maternal touch<sup>4</sup> and music<sup>5</sup> have been recorded during the second trimester. Other observations have led some to conclude that foetal pain can be experienced from as early as 20 weeks leading to a call for the use of analgesics during and following foetal surgery. The conclusion that recorded second trimester

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<sup>1</sup> Fetal Pain: A Systematic Multidisciplinary Review of the Evidence, Susan J. Lee, JD; Henry J. Peter Ralston, MD; Eleanor A. Drey, MD, EdM; et al John Colin Partridge, MD, MPH; Mark A. Rosen, MD. JAMA. 2005;294(8):947-954. doi:10.1001/jama.294.8.947

<sup>2</sup> Fetal Pain: Facts are Important, ACOG July 2013

<sup>3</sup> Fetal Awareness Review of Research and Recommendations for Practice, RCOG, March 2010

<sup>4</sup> Fetal Behavioural Responses to Maternal Voice and Touch, Viola Marx, Emese Nagy, PLOS, Published: June 8, 2015

<sup>5</sup> Marisa López-Teijón, Álex García-Faura, Alberto Prats-Galino, British Medical Ultrasound Society, Volume: 23 issue: 4, page(s): 216-223 November 2015

**4** The scientific arguments with regard to whether recorded responses indicate reflexes, physiological stress or experience of pain are complex and while official guidelines continue to assert that foetal perception of pain cannot exist prior to the third trimester this has been subject to expert challenge. We are not competent to adjudicate on this complex scientific debate at present and could not do so without conducting an extensive review of the topic. We are, therefore, grateful that the A PPPG is undertaking such a review; we will follow its findings with interest.

**5** We are also aware that the discussion in the USA has not been without polemics; there is evidence that the scientific data has been variously interpreted by ‘pro-life’<sup>6</sup> and ‘pro-choice’<sup>7</sup> groups in ways that favour their stances<sup>8</sup>. The Church of England’s stance on abortion has been clearly stated on a number of occasions<sup>9</sup>, but this does not influence our approach to the scientific question of whether or not second trimester foetal perception of pain is a possibility. We wish to be informed by expert scientific consensus.

**6** This leads us to state that the RCOG should be asked to conduct a fresh review of the scientific evidence with regard to foetal pain/awareness and that the government should respond with fresh guidelines (if required) once this review has been conducted. Both the review process and the development of any guidance that might ensue ought to be open and transparent and ought to be informed solely by scientific evidence.

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<sup>6</sup><https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/>

<sup>7</sup><https://www.livescience.com/54774-fetal-pain-anesthesia.html>

<sup>8</sup><http://www.nytimes.com/2013/09/17/health/complex-science-at-issue-in-politics-of-fetal-pain.html>

<sup>9</sup>‘The Church of England combines strong opposition to abortion with a recognition that there can be - strictly limited - conditions under which it may be morally preferable to any available alternative.’ (Briefing Paper prepared by the Mission and Public Affairs Council [MPA] for General Synod, February 2005)