

## BORN ALIVE VICTIMS OF ABORTION

The Report of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity for Victoria 2007 has been recently released, and contains interesting statistics.

In 2007, in Victoria, there were 72 451 births, 672 stillborn babies and 241 babies who were born alive but died within 28 days of birth.

### STILLBIRTHS

The normal duration of pregnancy is 40 weeks. If a baby is born after 20 weeks of pregnancy or, if the age is not ascertainable, over 400 grams weight, the birth has to be registered. This is a legal requirement. A baby is stillborn if he or she dies before or during birth. Of the 672 stillborn babies, 164 were aborted for “psychosocial” reasons, 129 were aborted for congenital abnormalities and 120 were unexplained, mostly underinvestigated. The remainder were explained as being due to bleeding, high blood pressure, low oxygen, infection or other specific conditions.

### BABIES BORN ALIVE WHO DIED WITHIN 28 DAYS OF BIRTH

Babies who were born alive after 20 weeks gestation, or were over 400gm, and died within 28 days of birth, had to have their death registered. Of the 241 babies who died within 28 days of birth, 2 were aborted for maternal indications and 52 were aborted for a congenital abnormality. An abnormality may be very slight, for example, a hare lip, which is easily operated on and remedied after birth. These 54 babies were aborted and born alive. It is not reported what happened to them after birth. Babies born between 20 and 22 weeks have a slight survival rate, but some of the aborted babies were 26-28 weeks old, where there is a much higher survival rate, given medical treatment. It seems though that these aborted babies may have been neglected to death, if not deliberately killed. It is not reported what happened to their bodies – whether they were buried, cremated, taken to the Hospital incinerator, or used for research or scientific purposes.

In its report, the Council stated, “It is also noted that there are increasing registrations of neonatal deaths of pre-viable infants 20 – 22 weeks gestation who exhibit transient signs of life after birth following termination of pregnancy using vaginal misoprostol and/or mifepristone. These cases were included in the mortality statistics.”

### AUTOPSY

Of stillbirths, 34.5% were autopsied. Of the babies born alive who died within 28 days of birth, 31% were autopsied. This autopsy rate has been decreasing steadily. In 2000 the autopsy rate was 50% for stillbirths and 50% for babies who died within 28 days of birth.

The Council encourages autopsies, saying that autopsies can give parents comfort in knowing the cause of death, and provide information for future pregnancies. For example, 11 cases of infection were diagnosed which would otherwise have been unexplained. To encourage autopsies, the Council states that it meets the cost of pathology and the cost of the funeral director to transport the baby to a Level 3 facility. The Level 3 hospitals in Victoria are the Mercy Hospital, the Royal Children’s Hospital, the Monash Medical Centre and the Royal Women’s Hospital. There is no cost to the parents.

Of the 52 abortions for congenital abnormality there was no autopsy and no Coronial investigation.

## CORONIAL INVESTIGATION

According to the Coroners Act, a “Reportable death” is one that appears to have been unexpected, unnatural or violent. The Council stated, “Consideration should be given in each case regarding referral for Coronial investigation.” In several of 14 cases of hypoxia, or insufficient oxygen, deficiencies in management and/or resuscitation were identified.

Most causes of deaths were due to Inadequate resuscitation and/or inadequate neonatal management. Inadequate monitoring of the mothers was the cause of death of 3 babies who were stillborn and 4 babies who died within 28 days of birth.

The Council states, “In neonatal deaths, where circumstances are suspicious or where there are suspected serious deficiencies in care, the Coroner should be notified.”

## RESUSCITATION

The Council notes that the Australian Resuscitation Council has recommended resuscitation training for all staff attending births.

The Council recommends that for the birth of non-reassuring fetal status, there are personnel experienced in neonatal resuscitation at the birth. If a birth is anticipated for babies less than 33 weeks or for other intensive care indications, the Neonatal Emergency Transport Service (NETS) be consulted to transfer the mother to a Level 3 hospital, that is, one which has intensive care facilities for newborn babies. If time does not permit transfer, experienced personnel will go to support the local team.

## COMMENTS

Peter Kavanagh, D.L.P Member of the Legislative Council has given notice of a motion calling on a Parliamentary Committee to inquire into, consider and report on the post-natal deaths of babies born alive in Victoria after failed abortions.

We say that after birth, if an aborted baby is born alive, all medical care should be provided. The baby should be given the same treatment as a premature baby, regardless of his or her history. Doctors should not be prejudiced against some babies because of the way they came into the world. Babies born after 26 to 28 weeks of gestation have a very high chance of survival if given even minimal care. Gianna Jesson who visited the Victorian Parliament last year, is an abortion survivor. She was saved by a nurse who, in the absence of a doctor, called an ambulance to revive her.

The British Medical Association has written guidance stating that “from birth, all people have the right to expect care and treatment appropriate to their needs.” Doctors in Norwich, U.K. are treating a child born at 24 weeks after three failed abortions. The U.K obstetrician Jim Thornton said, “If a baby is born alive and viable, then the baby must be given medical help. Once born, you can’t kill the baby.” Babies born alive are entitled to medical care. Many good doctors and nurses feel that if they say something, they will suffer for it. In Australia, these babies are in a legal limbo. Some U.S. States have a “Born Alive infant Protection Act” that requires doctors to attempt to keep alive a baby that survives an abortion. Withholding medical care violates the Federal Emergency Medical Treatment and Labor Act and the Medicare Conditions of Participation.

Neglecting babies to death or killing them after birth goes against the first maxim of medical treatment -“ First do no harm.”

Retired Justice Michael Kirby has said, “It is just not the way of our legal system to countenance the practitioner becoming judge, jury and executioner in the decision of whether even a deformed child will live.” He went on to explain that there are the interests of the child, the parents and the State to consider.

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