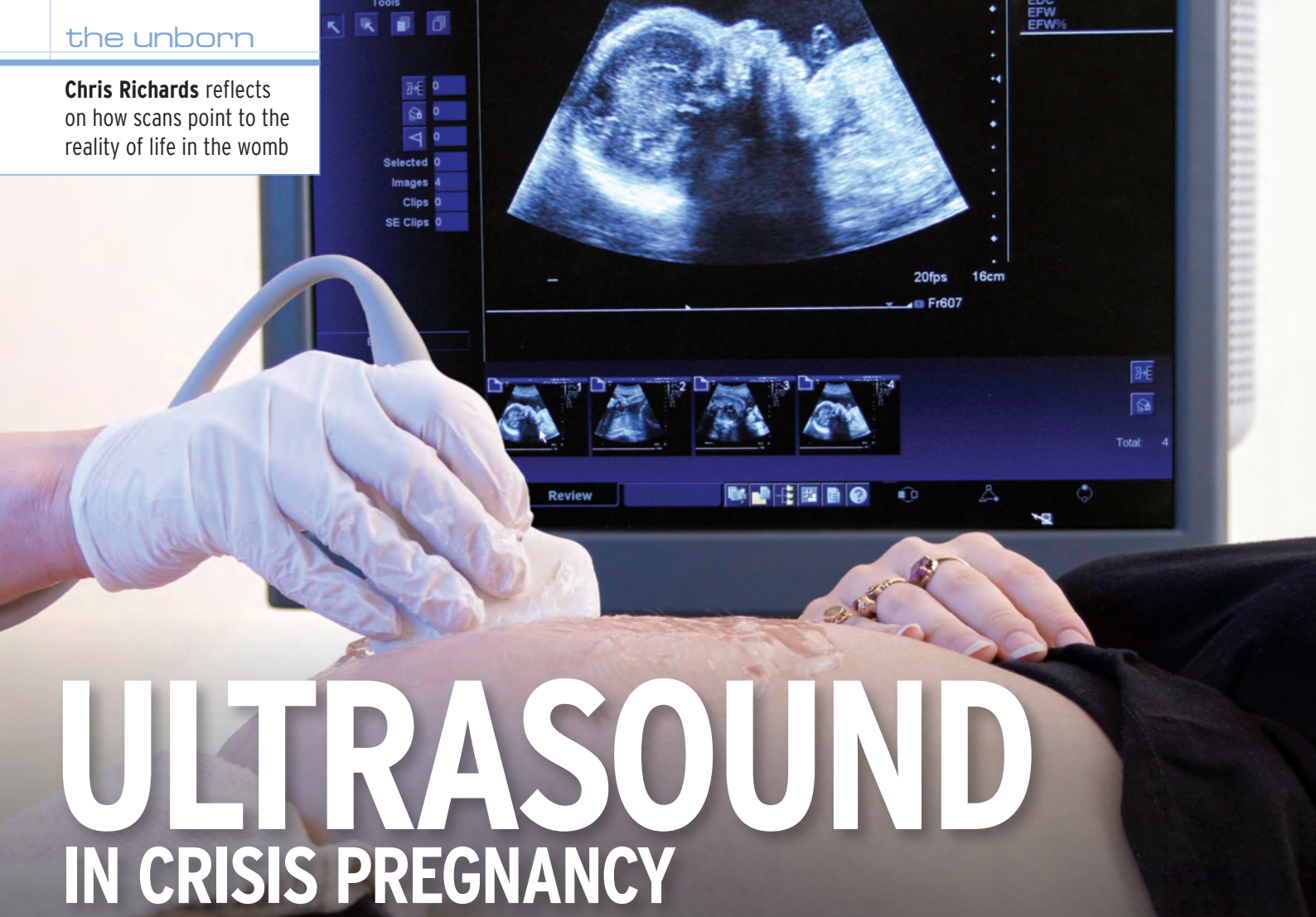


Chris Richards reflects on how scans point to the reality of life in the womb



ULTRASOUND IN CRISIS PREGNANCY

key points

- Women in early pregnancy often have little understanding of the life they are carrying in the womb.
- Often relatives and health professionals re-inforce the idea that this is not a 'real' life.
- For women considering abortion, viewing a scan can lead to a different view of the life of the tiny person they carry.

In the UK, pregnant women are routinely offered an ultrasound scan at 11-13 weeks for dating purposes and at 18-20 weeks to detect any fetal anomalies. More recently 3-D images (and even so-called 4-D, which is animation of sequential 3-D images) have brought home the reality of life in the womb.

Pregnant women are rarely scanned before eleven weeks, unless there is a complication. For this reason women in early pregnancy often have little understanding of the development of the baby inside their womb. Sometimes relatives and health professionals reinforce the idea that the developing baby is not yet a life. This perception will influence women considering having an abortion towards going ahead with the procedure, since they do not realise the nature of what is at stake.

Yet from the very early days of pregnancy an ultrasound scan bears witness to new life. A heart beat can be seen from three weeks and five or six days after fertilisation (yes, the 'timetable' is that precise) and independent movement from six weeks after fertilisation. Through ultrasound we have the immeasurable privilege of seeing what the psalmist described as the baby being 'intricately woven' in the 'secret' place of the mother's womb.²

Although no longer routinely required in RCOG recommendation,³ most women requesting an abortion are given an ultrasound scan prior to the procedure to check on gestation and for anomalies.

The RCOG recommend⁴ that women who do have a scan are offered the opportunity to see the scan images if they wish. In practice this is not always done, perhaps for fear of influencing their decision. Our local hospital had a policy of not showing a scan of twins to abortion-minded women, because so often the recognition of 'a special pregnancy' turned the mother's decision in favour of preserving life. This reveals something of the pro-abortion mindset of those providing abortion services.

Since 2008, our pregnancy centre (Tyneside Pregnancy Advice Centre) in Newcastle upon Tyne, has been offering an ultrasound scan to women facing unplanned pregnancy. A service such as this is widely available in the US, but our centre remains, to our knowledge, the only pregnancy advice centre in the UK to offer ultrasound. There are plans for two further centres in Salisbury and Sheffield and the potential, we believe, for many more. As Baroness Cox said when she officially opened our centre, 'So often in these circumstances, women are told that there is only a blob of tissue in their womb. The scan will help them realise that there is a little life inside of them. I hope this will be the first of many such services around the country.'

Approximately 100 women with unplanned pregnancy attend our centre each year. About a third of these are referred by their GP; the rest self-refer having heard about us through word of mouth or the internet. Women who attend are initially

One woman's story

Susan lived alone with her 18 month-old son and was pregnant by a new partner. She had a history of drug and alcohol abuse and suffered domestic violence in the past. We were able to offer her time to talk about her situation, discuss the process of abortion, fetal development and other issues such as her financial and housing problems. Susan felt pressured into having an abortion by family and friends but also thought it was the best option for her and her son. She was keen for a scan which showed a nine-week baby with a heartbeat and limb movement. Susan was overwhelmed to see how developed the baby was and was very focused on how the baby was moving its feet. She felt this made it 'more human' and she wouldn't be able to have an abortion after knowing that it was a 'real baby'.

A scanner's perspective

It is very powerful to see the effect a scan can have on a woman. We can sit and talk about a baby's development for hours but nothing has the same impact on people as seeing their own baby through ultrasound - especially when the heart beat and movement can be seen so early on.

US Scene

Centres describe very high rates of a woman keeping her pregnancy following an ultrasound scan³. Heartbeat International report the number of pregnancy centres using ultrasound to have grown from 500 to 1,500 in the last ten years. Focus on the Family's Option Ultrasound Program estimates that around 358,000 babies and mothers have been saved from abortion through the impact of ultrasound.⁵

offered a consultation with one of our advisors who is able to provide information on issues relating to pregnancy, parenting, adoption and abortion. During the consultation women are helped to discuss the circumstances of their pregnancy, explore their concerns, and consider the moral, emotional and spiritual implications of pregnancy and abortion. Our centre offers ongoing care and support for women, their partners and families. During a first appointment the opportunity for an ultrasound scan is offered, either immediately after the consultation or some days later, according to preference and availability. Some 80-90% of women who attend the centre choose to have a scan.

The scan is not intended to detect fetal abnormalities nor be used as a medical service for those with pregnancy complications such as threatened miscarriage; each woman signs a form to acknowledge the limitation of the scan (we have established referral routes with local early pregnancy assessment centres for women whose scans appear abnormal). During the scan the scanner shows the woman the developing baby as well confirming viability (presence of a heartbeat), location within the womb (to exclude an ectopic) and gestational age. Though our machine has the technical capacity,

we do not provide 3-D scans. Though they may produce striking images in late pregnancy, early 3-D scans are less easy to interpret than 2-D scans, which clearly show the baby's outline and heartbeat.

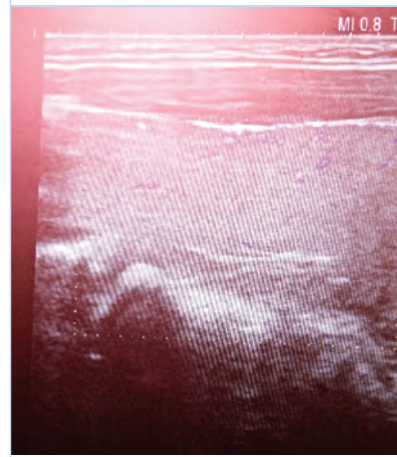
There are a number of practical challenges to setting up the service. Staff members need to be trained in early pregnancy ultrasound scanning, which includes a two-day course, supervision of 150 scans and external assessment. For this purpose we offer early scans to local volunteers, which has turned out to be very popular and an unintended, but very effective way of advertising the service. Those who perform the scans need not have a radiographic training; our current scanners are a medical physicist, an occupational therapist and a dietician. Scanning skills are assessed on a regular basis by a qualified radiographer. The ultrasound service now needs to be approved by the Care Quality Commission (CQC), a process which we found straightforward but somewhat time-consuming. Our staff needs to be covered by professional indemnity, for which we pay a total annual bill of over £2,000 for those scanning and around £500 for all our advisors.

The provision of an ultrasound service has been criticised by some who consider that showing a scan to a woman facing unplanned pregnancy could amount to emotional manipulation. We have found this to be an objection amongst both Christians and non-Christians, by those who favour reflective only, non-directive counselling. In response we would point out that every woman attending our centre chooses whether she has a scan or not, and that we are simply showing a truth in images - the presence of independent life that may be denied by those around her. As Christians, we serve the Lord God of truth. We understand that, though the truth may disturb, ultimately it will be of benefit.

Whilst there has been occasional opposition from those who are pro-abortion, particularly from within sexual health services, we are grateful that the centre's good reputation has gradually been established amongst health professionals and the general public. Feedback from those using the service has been positive, with women reporting that their views are respected and they do not feel judged or pressured.

What has been the response of abortion-minded women to a scan? More extensive data is available from the US in terms of the impact of ultrasound scanning in unplanned pregnancy. Through our service we have only limited means of quantifying the response, but we can confirm that the impact of an early scan is often profound, as illustrated in the case study. Whilst we do not know the outcome in the majority of cases, we are aware of many women on Tyneside who have decided to continue with their pregnancy following their visit to our centre. We would be pleased to help anyone interested in setting up a similar service in their area.

Chris Richards is director of Tyneside Pregnancy Advice Centre and a consultant paediatrician.



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(Baroness Cox)

references

1. Psalm 139:15
2. The Care of Women Requesting Induced Abortion. RCOG Evidence-based Clinical Guideline Number 7 November 2011, pp 51-52 bit.ly/1U9MyX6
3. Ibid: 53
4. For example bit.ly/1RjPgEg
5. Focus on the Family, 5 January 2016 bit.ly/1UBOZni