WHEN LOVE WINS

Continuing a Pregnancy After an Adverse Diagnosis
REALITY SHOCKS
The doctor’s visit didn’t quite go as you’d envisioned it. In fact, the news you were given has perhaps catapulted you into an emotional state of confusion, fear and heartbreak. The pregnancy isn’t going as expected, and now you have a decision to make. Is the baby inside of you worth the potential problems he or she may bring? Is it possible that love can overrule the obstacles and win?

Having a baby is a wonderful event in any family’s life; but when an adverse pregnancy diagnosis is received from a physician, it creates a crisis in the parents’ lives. As in any permanent decision, it is important to gather all the facts. We trust that the testimonies and information contained in this booklet will help you determine the best course of action for you and all parties involved.
### TABLE OF CONTENTS

**PART I**  
The Heart of the Matter  
Stories From Those Who’ve Been There

- Letter  
  - Our “Tess-timony”  
- Anna’s Story  
- Little David  
- Joshua/No Unwanted Babies  
- In His Image  
- The Wanted Child

**PART II**  
The Truth of the Matter:  
Get the Facts About Your Pregnancy

- A Doctor’s Perspective  
- In the Crosshairs  
- Abnormalities of Prenatal Tests  
- Abortion Risks  
- “And the Truth Shall Set You Free”  
- What God Has to Say About Abortion

**PART III**  
Referrals
PART I

The Heart of the Matter
Stories From Those Who’ve Been There

It’s important to know the facts about your pregnancy—the science of it all—and what options this world presents to you as a pregnant woman. You also need to know the whole truth about each of the choices you could make affecting you, your baby and those close to you. But there’s an unspeakable power in the stories of others who have been in situations similar to yours. Following are brief but heartfelt stories from which you may gain insights to apply to your present circumstances.
Dear Friend,

I’m so sorry about what you are going through right now. “How do you stop thinking about it?” you asked me. I don’t know.

When I was pregnant with Jessica, it took over my thoughts so much that I couldn’t concentrate on anything else. However, knowing what I know now, I would go through it all completely different. I tell everyone that I would worry less and pray more, for I have learned that ultimately God is in control—no matter the outcome.

Concerning your struggle with the idea of terminating the pregnancy based on a certain level of risk, I feel a heavy burden in my heart to share another aspect with you. Many people simply state that this is a personal decision, and the outcome should be dependent upon the individual circumstances. Although it is true that you and your husband ultimately decide what direction to take, I believe there are certain things in life that rise above our own choices.
I am deeply saddened by the argument that an unborn child is not yet a part of your “existing” family, and therefore doesn’t deserve as equal a consideration as the other members. If the prenatal tests came back “normal,” would you love this baby any more? What area of your “existing” family’s life takes precedence over caring for this baby? When your first child was born, were you not willing to change your priorities to assure that this little blessing received the best that you could offer? A great part of the reason we are able to tolerate the sleepless nights, messy house and dwindling bank account, is the love that we feel for this totally dependent human being. They need us, and our love grows because of it.

Some state that they don’t believe they “could handle it,” but I often wonder if they understand we will (most likely) all one day face a heavy burden of caring for someone else. If your child became handicapped due to an accident or severe illness, what would you do? If your spouse were paralyzed, and totally dependent on your care, would you decide to abandon your commitment to him? When we married, didn’t we agree to “love and cherish, in sickness and in health”? In deciding to have children, whether realizing it or not, we were making the same type of commitment. Are there self-imposed limitations to the amount of care we’re willing to provide our children? It certainly can be a burden for the whole family; but when placing other members above the one, you disintegrate the underlying stability of the family.
Is the only difference the fact that we are actually allowed to opt ourselves out of the “burden” of caring for a special-needs baby? If we had the chance, would we do the same for a burdensome child or spouse? I can’t believe anyone who loves their family could answer: “It depends on the circumstances.” We’ve had to invest a lot more effort into caring for Jessica than we ever dreamed possible, but do we regret this? Absolutely not! Looking at our little girl, I cannot imagine ANY situation where it would have been better to abort her—not if we had less money, less time or other children.

One of the biggest disgraces we have placed upon ourselves is the idea that an unborn baby, especially one with a “risk” of being handicapped, is anything less than a human being. This has allowed some to make a tragic, irreversible (but not unforgivable) mistake. My heart truly breaks for them. Growing inside you, regardless of its physical or mental condition, is a child entrusted to your care. Please don’t sacrifice this baby to fears you have about the future. Many of us understand your concerns and fears—you are not alone. I will pray that God gives you the strength and peace that accompanies assurance of His understanding and guidance.

Love From Jessica’s Mom

Used with permission by Tony and Karen DellaZanna. Taken from an excerpt of an e-mailed letter received by the FOF Pregnancy Resource Ministry.
The doctor had just called and said, “Nina, I want you to come back in for another test. There is something suspicious on the ultrasound, and I want to re-examine the baby.” In that moment, my life began to change forever. I never imagined that I would have a complicated pregnancy. After all, my three sons were each delightful pregnancies and easy deliveries. I loved being pregnant; and at 37 I looked forward to having one more child, one more dream to fulfill. I always wanted a little girl to dress in pink ruffles and ribbons. It seemed my dream was about to be shattered, and a nightmare was lurking around the corner.

Ever since I can remember, I have been a passionate believer in the value of every human life. I have based this belief on the knowledge that God is the Master Creator, carefully knitting every human life inside every mother’s womb. My convictions on the sanctity of human life run hard and deep, and in the back of my mind I used to wonder if my beliefs would ever be tested.

After we went back to the doctor’s office for the second ultrasound and an amniocentesis, my husband and I got on our knees and begged God to give us a healthy child. Yet, we would trust Him, no matter what His will was. We seemed to vacillate between hope and calamity. We were both fearful, yet full of faith.

Two weeks later, we sat in the doctor’s office and received the news that our fourth child was indeed a girl, and this much longed-for baby had Trisomy 21, commonly known as Down Syndrome. Instead of having 46 chromosomes in each of her cells, she had 47. During cell division, the two #21 chromosomes did not separate properly. We also learned that our fragile daughter had two congenital heart defects.

There was no doubt in our minds or our hearts that we would carry this baby and do all that we could for her. Our young, but very mature, sons all agreed that God was giving this baby to our family so she would be loved and not aborted.
Shortly after we received our news, I began experiencing physical complications. Severe panic attacks began to interfere with my sleep at night. Soon, they would hit hard and strong during the daytime as well. I learned that they were not simply a psychological manifestation of an unresolved issue. They were real, physical anomalies that could not be mastered by sheer mental abilities. My heart would race out of control, my skin would crawl, my muscles would tense. My body retained fluid that was evident in every joint and feature. I could not breathe or swallow without great effort.

Day by day I resolved to recite Scripture, claiming God’s healing on my body. I took charge of my raging thoughts, standing firm on the truths of God’s Word. The most significant Scriptures that became my anchor were Proverbs 3:5-6, Jeremiah 29:11 and Psalm 139. I knew I must trust the Lord with all my heart, lean not on my own understanding of the situation, acknowledge Him throughout this difficult time and have confidence that He would surely direct our path. I looked forward to the fulfillment of the promise of a future that held hope and not despair, blessings and not calamity. I had every confidence that God the Creator was carefully, not carelessly, knitting my unborn baby in my womb. There was a purpose for her body being formed differently from what I had dreamed. God had a great plan for each of our lives before one day was even lived.

The physical toll on my body was exhausting. During my seventh month of pregnancy, I was admitted to the hospital. My life was in danger. My doctor came into the room, cleared his throat and announced, “This pregnancy must be terminated immediately.” I had developed congestive heart failure, pulmonary edema and kidney failure. I was hours from facing eternity.

As my husband and I heard those words, I looked over at my youngest son, Joey, and wondered if I would live to ever hold him again, to hug him, to kiss him, to watch him grow up. Would I give up my life and the children I already had in order to let this unborn baby live? Would she have to give up her life before she breathed one breath? Would she even survive this premature intrusion of the quiet, silent world of my womb in which she lived?
At 9:53 p.m., Feb. 10, 1995, two-and-a-half months before she was due to be born Joannah Tess Fuller arrived by Cesarean section. She weighed 2 pounds, 11 ounces, and was only 15 inches long. After the doctors worked on my heart, I was taken to the Intensive Care unit. I would not be conscious for almost three days. But my baby was a fighter and doing amazingly well. God saw fit to spare each of our lives, and we would live to love again.

When our daughter was 18 months old, the doctors at Riley's Children Hospital in Indianapolis, Indiana, repaired the two heart defects that are so common in children with Down Syndrome. In fact, to our amazement, we were told the repairs were done without any complications and that we could rest assured this procedure was common. We were given every hope that once repaired, our daughter would have a healthy heart. True to their word, the doctors released Tess, as she is affectionately called, with a clean bill of health after five days’ recuperation from open-heart surgery! Thank you, Lord!

Tess continues to amaze us with her abilities, her incredible charm and her power to bring people of all ages closer to the Lord. We also have the privilege of sharing our story with people all around the country, bringing hope for the future to other families. Tess’ first name is Joannah, which means “God’s gracious gift.” What a prophetic name! We have received an incredible gift all wrapped up in a beautiful Down Syndrome package, and we cherish every day with our precious little girl.

Nina Fuller and her daughter Joannah Tess are pictured here in May 1999.

Nina Fuller is available to speak at churches, banquets and other pro-life events. She introduces Tess to her audience as living proof of God’s goodness. You may contact her by e-mail at nina@youthinc.net

Used with permission. Taken from an article submitted to Focus on the Family’s Pregnancy Resource Ministry.
I keep a picture on my desk that brings strength to me on all those dark and confusing days that seem to be a part of pastoral ministry. It’s a picture of my son Rick, lying on the living room floor. Nestled against his chest is the most precious little girl . . . smiling brightly with the contentment that only a father’s nearness can bring.

Her name is Anna. To all of our family, Anna makes it easy to believe in angels. How the Lord must have loved our family to have entrusted this little angel to our son and his wife, Elisabeth, these past five years.

This spring, the Lord called Anna home to be with Him. He must have known heaven wouldn’t be complete without her. The story of her life always makes me cry. My tears dampen this paper as I write. Where do I begin?

Rick was always a good boy. However, the things of this world got ahold of him in high school. Finally, tired of seeing his university roommates passed out on alcohol and drugs, Rick called me up and said, “Dad, I’m giving my whole heart to the Lord. I want to be a preacher. Will you and Mom bring me home?”

Rick enrolled in Moody Bible Institute and then Trinity Evangelical Divinity School. He married Elisabeth, and they went through the seminary years together. Eventually, Rick accepted the call to become the youth pastor in a church in Illinois. Life was full, happy and almost complete. When Rick and Elisabeth let us know we were going to be grandparents—oh, did Carol and I celebrate! Our spirits soared when we received the call to drive down to meet our new granddaughter.

How quickly joy turned to crushing sorrow. We were met at the hospital by all of our kids and Rick’s pastor. Anna had Down Syndrome, plus serious problems in her heart and lungs. She had to be transferred to Children’s Memorial Hospital immediately and was not expected to live.
Anna spent much of her first months of life at Children’s Memorial. Rick and Elisabeth did, as well. And they bonded in a special way. Many times I saw them weep as they shared Anna’s pain; but I never heard them complain or express resentment about Anna’s limitations. It was as if they could see Anna’s spirit. Yes, her body had severe limitations, and she was not able to keep up with her little friends intellectually; but her spirit—that part of her designed to be in relationship with God—was perfect!

Rick and Elisabeth made up their minds they would cherish Anna one day at a time. The months and years went by until Anna was about to celebrate her 5th birthday. I think they must have had a spiritual premonition of what was ahead, for they asked our entire extended family to join them for the holidays and the millennium celebration in Kansas at Elisabeth’s parents’ farm. Anna’s 5th birthday was on Jan. 2, 2000. What a celebration: Anna was radiant! She was dressed in a beautiful dress and a jeweled tiara. Indeed, as we sang to her (and she sang to us), I could not hold back the tears. I looked at the sheer delight in Rick’s eyes as Anna recited her poems and her favorite Bible verses.

Six weeks later, Rick called. He was sobbing. Anna’s health was failing rapidly. We prayed unutterable words. At 2 a.m. on my 56th birthday, the Lord called Anna home. She had been fighting for every breath, lying between Rick and Elisabeth. When she breathed her last breath, Rick picked her up; danced with her in his arms and cried; and sang praises to the God who called Anna home and transformed her into the best dancer in all of heaven!

I refuse to try to make sense out of all God’s mysterious ways. But I know this: Rick was a cocky, self-centered teenager who was transformed by loving Anna. He became the most giving, caring servant of God’s people that I know. Hundreds of teens are drawn to him at his church. I think a thousand people came to the two funeral services that were held for Anna, both in California and Kansas.
When I reflect on Anna’s life, I do not minimize the trials, difficulties and tears all of us who loved her experienced. It was never easy, but it was worth it! Do I question God? Sometimes.

Ultimately this is all I need to know . . . God gave Anna to us so that her life might bring Him glory! Mission accomplished! Well done, Anna! Jesus is the Lord of life. **Every life is precious to Him.**

Used with permission by Dick Sisson. Taken from “Anna’s Story: Why Every Life is Precious,” which appeared in the Pregnancy Center of Dane County newsletter, October 2000.
During my training in obstetrics, I met a mother whose baby had so many birth defects that it seemed clear he would die shortly after birth. Many doctors advise abortion in these cases as a “compassionate measure” for the mother. I knew that I should not participate in abortion. However, I did not really know what would be a compassionate alternative. “Little David” taught me what to do. This is his story.

Little David’s mother consulted with me about her pregnancy. Her baby had five different major anomalies (birth defects). Her condition did not closely simulate any known syndrome. Abortion had been offered by other doctors but was rejected by the mother. It was a long and agonizing pregnancy for this young couple expecting their first baby. They were of modest means and had been referred to me from a rural locale.

The father gave his name, David, to his firstborn son. It was expected the infant would only live about 20 minutes when taken off the ventilator. After delivery, Little David was on the ventilator for about eight hours while the pediatricians thoroughly evaluated him. The pediatricians confirmed everything that had been predicted from the prenatal ultrasound. The father, mother and half a dozen family members were present in the mother’s room when the child was brought from the neonatal intensive care unit. Since Little David’s demise was expected imminently, he was quickly brought to his mother’s arms so she could hold, kiss and love him during his short life. The father, as well as various aunts, uncles and grandmothers, also got their chance to hold, kiss and love him. After 20 minutes, Little David’s cardiac and respiratory rates began to slow, but then unexpectedly returned to normal. This cycle repeated itself many times over the next 24 hours. Over the course of the day, a long succession of near and distant relatives arrived from many corners of the state. So many came, the room could not hold them all. All got their chance to hold, kiss and love Little David. An incredible spirit of love and peace permeated the room. There was an “explosion of love,” so to speak. This remarkable and unforeseen “explosion of love” was felt by all who were present. Later, whenever I spoke to this couple or any of their relatives and remembered, they always mentioned the “incredible explosion of love.”
When Little David died, God gave me the insight to know I should attend his funeral. It was a two-and-a-half-hour drive very early in the morning through a beautiful section of the countryside. When I got there, Little David’s mother said, “My doctor said he would come, and I knew he would.”

There were about 100 people at the funeral. Little David’s grandfather preached a beautiful sermon. There were no dry eyes at the service. After the funeral, I took a walk across the adjoining empty field. I thought back on the mistakes I made in life. For most of them, there was a subsequent repair or remedy. For my life as a doctor, it was similar: Someone brings me a problem, I develop a remedy. I was awed and humbled by how unchangeable and non-negotiable the outcome of death was.

The outcome of this case illustrated to me the method of pregnancy management that is my treatment of choice. One would expect these parents to be devastated by this tragic turn of events, and they were. Whenever I discussed the case with them, they always mentioned how hard and tragic the birth of their baby had been; but they never failed to mention what a wonderful, positive, warm and loving experience the “explosion of love” had been. Little David seemed to receive more love in a day than some babies receive in a lifetime. In the parents’ and relatives’ minds, the tragedy of the baby’s death was forever intimately wedded to and always inseparable from the “explosion of love.”

One might expect such parents would be hesitant to ever get pregnant again or, at least, not any time soon; but they were trying within a couple of months. They were pregnant in a few more months—and they delivered their second baby, healthy and normal.

Little David taught me that the proper management of a baby with a lethal birth defect is usually expectant (i.e., nonintervention). Little David taught me that there is a tremendous amount of good that can come from such management. He showed me that every baby is created for a reason, and each has a special vocation. And he demonstrated that even a baby who never spoke could preach a powerful spiritual message to doctors, hospital staff, mothers and readers.

Taken from a writing entitled “Little David” for the Health Care Symposium. Used with permission of Paddy Jim Baggot, M.D. Acknowledgement: The assistance of Mrs. Suzanne Baggot and M. Gerard Baggot, M.D., is gratefully recognized. Part of this work was done at the Pope Paul VI Institute in Omaha, Neb.
No Unwanted Babies

The National Council for Adoption states that babies, regardless of medical problems, who are “free for adoption,” generally do not wait long for families. There are waiting lists of couples who would like to adopt infants with Down Syndrome or spina bifida. According to the National Council for Adoption, there are more than 100 approved families waiting to adopt children with Down Syndrome. There is also a large number of couples who would like to adopt terminally ill babies, including babies with AIDS.

Used with permission of the National Council for Adoption, 225 N. Washington St., Alexandria, VA 22314-2561, (703) 299-6633.


JOSHUA
by Peggy Rounds

I couldn’t believe it! We had just heard the heartbeat of our baby, and now our doctor was suggesting we should have an abortion if things started to go bad or the baby had problems. We knew that since I had been a diabetic for 20 years, it was a high-risk pregnancy; but we also knew God wanted us to have a family and He would take care of us. Many thoughts were running through my mind at this point. How could a doctor trained in high-risk pregnancies be suggesting this? Through it all, I heard my husband’s voice saying, “For us, this is not an option,” as our eyes met in disbelief. The doctor then began talking only to me, as if saying it was my choice if this needed to be done. My choice! It’s not my choice, it’s God’s, I thought to myself. I told her it wouldn’t come to that.

On Mar. 12, 1993, our son was born. The only problem that occurred was that he came too early. This caused a heart valve to remain open because of his premature birth. However, during the five days after his birth, God healed his heart, and he came home without any problems. Today, he is a perfectly healthy boy named Joshua, which means, “Jehovah saves.” We are so glad we trusted Joshua’s life to the Lord and not to the doctor’s decision!

Used with permission by Peggy Rounds, mother of Joshua. Taken from a letter sent to Focus on the Family’s Pregnancy Resource Ministry.
When I gave a devotional at a physicians conference here at Focus on the Family, I spoke on the value of all human life, using my daughter as an example. Little did I know then that my family and I were enjoying our last weeks with her here on Earth. This reminiscence is, in a way, part two of that devotional.

Maddie had special needs; my wife, Lisa, called them “constant needs.” Maddie had an interstitial deletion of the long arm chromosome 2, so rare that geneticists at a Houston clinic said that what she had would never be named or categorized. They asked us questions; when we asked them questions, they shrugged and never knew the answers. Lisa and I were tested to determine if we could be normal carriers of this deletion. We were not. The chances of a recurrence were roughly one in 10 to 20 million. Maddie was unique.

We tube-fed Maddie for nearly a year following her birth. She learned to walk when she was three and could say “hi”—sort of—by waving her hand and uttering “haaaa.” (We lived in Texas at the time, and that’s how most say “hi” down there, anyway.) At the age of 8, she weighed 27 pounds and had a mental age of about 18 months, understanding some words.

Maddie filled our life, often with macaroni and cheese (her favorite), diapers and “Barney.” Lisa and I barely survived at times. We understood why the divorce rate for couples with high-needs kids was 70 to 80 percent, similar to couples who experience an abortion. We had friends who loved and prayed for us, and Lisa’s mom helped with Maddie a few weeks every year, enabling Lisa and me to carve out some time for ourselves.

All things considered, Maddie was fairly healthy, especially after we moved to Colorado Springs in the summer of 1996. Then, that fall, we found that she had primary pulmonary hypertension, resulting in a large amount of tricuspid regurgitation and right-sided heart failure. After an echo and a cardiac cath in November, the diagnosis was confirmed: She probably had less than six months to live. We sat with her in our car outside the cardiologist’s office; and while she ate macaroni and cheese, Lisa and I cried. Maddie began to laugh at us—for some reason, she always thought crying
was really funny. She laughed so hard that we began to laugh with her. In the following days, she developed symptoms of low cardiac output: Her color wasn’t great, she slept longer and she tired easily. We made plans to be with our family and friends in Cincinnati for Christmas and looked forward to celebrating her 9th birthday on Jan. 2.

Saturday, Dec. 11, 1999, was a great day for Maddie. The entire family went Christmas shopping, and later she played in the empty bathtub with her golf balls—a favorite activity. While going to sleep that night, she began to vomit—not an unusual occurrence due to her large amount of gastric reflux. However, her cardiologist had told us her vomiting could be dangerous, potentially causing her heart to slow and her cardiac output to fall. She seemed okay for a few minutes; but then her eyes grew dull and vacant, and she became unconscious. Her pulse was very slow. We tried oxygen and CPR, but her heart finally stopped about 20 minutes later. As Lisa said later, it was her day.

Maddie, with all her seeming deficiencies, was unmistakably human. Yet if tests had been done prior to her birth, many may have suggested taking her life. She certainly had value in our eyes, but even more so in the eyes of an everlasting and powerful God. Genesis 1:26 states that she was made in the image of God. Maddie was not the perfect child, but neither are any of us.

Lisa and I miss Maddie, as do Chris and Brianne, her brother and sister. In one of his letters, C.S. Lewis said, “We are not necessarily doubting that God will do the best for us; we are wondering how painful the best will turn out to be” (Letters of C.S. Lewis).

We know Maddie is in a better place, but we still hurt. She was a part of us, part of our family. How can you miss someone with whom you never had a deep conversation? We discovered words aren’t always necessary. Maddie communicated very simply: taking you by the hand and to the refrigerator when she was hungry or climbing onto your lap when she was scared or tired. Sometimes I would notice Maddie waving and looking very intently at something in a corner of the room or up the stairs; I wondered if she saw things that we couldn’t. Were angels in the room? I’ll ask her that in heaven.
A month or two before Maddie died, Chris asked Lisa if Maddie would be able to talk in heaven. Lisa said she probably would, and that she would not need diapers. Chris got teary-eyed and he said, “But I like her the way she is.”

So did Jesus, Chris. So did Jesus.

When Janet Sheikhan first discovered she was pregnant, she and her husband were thrilled. But then Janet received terrible news: A test showed the baby was severely deformed. On the advice of her doctor, Janet regretfully decided to have an abortion.

But when she asked to see her tiny aborted child, Janet was shocked to discover it was a perfectly-formed baby boy. Later she read the autopsy report, which confirmed the baby had not been deformed but was perfectly healthy.

Janet was devastated to realize that because of a faulty medical test, she had aborted a perfectly normal baby. And when her story was told on “60 Minutes,” host Leslie Stahl shared her outrage. The program focused on the mistaken test results, asking “Who is responsible for this tragedy?” Stahl treated the mother—who is, after all, the one who made the abortion decision—as an innocent victim.

Of course, the bitter irony is that every day thousands of perfectly healthy babies are aborted—not by mistake, but deliberately and intentionally. But programs like “60 Minutes” do not treat their deaths as a tragedy. How is it that even thoughtful, well-educated Americans today exhibit such an astonishing moral schizophrenia?

The answer is that a baby’s entire value is now defined by whether or not the parents want it. The role of technology is merely to support whatever they choose. Do they want a baby? Fine. Advanced reproductive technologies can be employed to help them. Do they want to get rid of a baby? Fine. Abortion technology is standing by to meet their desires. Neither choice may be pronounced wrong or immoral.

This radical moral relativism reveals how much Americans have become children of the enlightenment. In the absence of a moral framework, all desires are considered equally valid, all equally legitimate. Without any overarching moral order, technology is merely an instrument to satisfy our impulses, whatever they may be.
That’s why “60 Minutes” could not bring itself to address the real moral conundrum—which is why the death of Janet’s baby was tragic while the deaths of thousands of healthy babies just like hers are a sign of liberation. No, the only socially acceptable scapegoat was the failure of technology to fulfill someone’s deeply felt desire.

Of course, it all begins with the assumption that a deformed child ought to be aborted in the first place—an assumption Christians everywhere ought to challenge. One of my own colleagues was told that his unborn son might have the same genetic defect that Janet’s baby was diagnosed with. But, as Christians, he and his wife did not seek a technological escape. Instead, they turned in trust to the One who is the Resurrection and the Life.

Just as in Janet’s story, the diagnosis turned out to be mistaken. But, unlike Janet, my colleague now has a healthy baby boy and does not face the wrenching responsibility of having aborted his child in the search of the perfect baby.

Would that the Janets of this world understood that the real tragedy is not a malfunction of technology, it’s a malfunction of our moral senses. We have made machines of death—and, unfortunately, they work all too well.

A life is forming inside you. You may or may not completely realize what is happening to your body during this time. It’s critical that you understand the vital details of your pregnancy. It is important for you to be well-educated as you consider the realities of your present situation. Reading this information will also free you from common misconceptions.
Dr. Paddy Jim Baggot is an obstetrician-gynecologist in Los Angeles, Calif. Dr. Baggot earned his medical degree at the University of Illinois in Chicago and completed an OB/GYN residency at Mt. Sinai in Chicago. He subsequently completed fellowships in maternal-fetal medicine at the University of Arkansas and medical genetics at the Medical College of Virginia.

Dr. Baggot is researching the biochemistry of fetal Down Syndrome. This research is supported by the International Foundation for Genetic Research, popularly known as the Michael Fund. The Michael Fund is a pro-life alternative to the March of Dimes. You may write them at 500A Garden City Dr., Pittsburgh, PA 15146. Their Web site is located at michaelfund.org

What causes Down Syndrome?

Down Syndrome children have an extra chromosome on one of the 23 pairs of chromosomes, which we all have. It is often detected at 15 to 20 weeks of pregnancy through an amniocentesis procedure. Clinically, it is called Trisomy 21, which is the number of the chromosome pair that has the extra copy.

What research is currently being done to prevent Down Syndrome?

Unfortunately, most of the research on Down Syndrome relates to detecting it earlier and more efficiently in order to make abortion “easier.” From the pro-choice perspective, we already have a cure for Down Syndrome: abortion.
What can a woman do whose baby has received a Down Syndrome diagnosis?

Parents may be shocked when they find out their baby has Down Syndrome. They may be tormented by an unrealistic fear of the unknown. When they get accurate information from their doctor, unrealistic fears can be allayed. Parents certainly need a pro-life physician who is going to support them in carrying their baby to term—someone who is their partner, not their adversary. With loving support from their family—and a calm, objective, factual view of the situation—they can accept and love their child. Every child is an immense blessing from God, and so are Down Syndrome children. Their parents will often say this child is the light of their lives. Down Syndrome children are models of unconditional love, which is so needed in our society.

An appropriate doctor-patient relationship is important. Parents need a pro-life physician who specializes in unborn babies with birth defects. This physician should follow the pregnancy through to delivery. Transfer to such a physician would be good, or else co-management with the primary physician. One-time consultation should be discouraged.

Any other special advice?

Besides connection with a pro-life physician for guidance, parents can also find a wealth of information on the Internet. The more information they have, the less fearful and isolated they will feel. If women or married couples are still considering abortion because of a Down Syndrome diagnosis, they should be invited to learn more about the adoption option. Most people don’t realize that there are wonderful families who want to adopt a Down Syndrome or other special-needs child.

Taken from an interview with Paddy Jim Baggot, M.D., and Focus on the Family’s Pregnancy Resource Ministry. Used with permission.
Unlike many other genetic anomalies, Down Syndrome is not a terminal disorder. The average child born with Down Syndrome in America today can expect to live at home, go to school, learn to read, hold a job and live to the age of 55.

It is one of the triumphs of modern society that the life of the average person with Down Syndrome has become virtually normal—except that, unlike normal people, people with Down Syndrome have been targeted for elimination.

According to a 1990 Canadian study of 22,000 women who received prenatal diagnosis, 88 percent of those who found they were carrying a child with Down Syndrome aborted the unborn child. Other studies have put the rate of Down Syndrome abortions at 90 percent or higher.

ABNORMALITIES OF PRENATAL TESTS

To understand prenatal tests for abnormalities more thoroughly, let’s review a typical diagnostic effort. Let’s assume the pregnant woman wants the test to be sure her baby does not carry a fetal abnormality. In this case, the first thing done is a blood test for alpha-fetoprotein. This tests the mother’s blood and can reveal, or at least suggest, that the baby she carries has an open spine or is anencephalic (without a brain). This blood must be drawn between her 16th and 18th weeks of pregnancy.

Of 1,000 women, 50 will have positive results. The blood test should then be repeated, for it is frequently false. On the repeat, only 30 will still be positive.

Of the 30 who are positive, an ultrasound test will be done. It will clear 15, leaving 15 still positive.

These 15 mothers then will undergo an amniocentesis test, which itself carries a risk. British studies have shown that 1 percent of the babies whose mothers are given this test will die. It takes four weeks to get the results from the amniocentesis tests, and these will typically narrow down and pinpoint one or two babies who have handicaps.

Even after all of this testing, some of the babies indicated by tests as “handicapped” will, in fact, be normal—and some of the “normals” will be born with a handicap, as the test is not always 100 percent accurate. A report in the New England Journal of Medicine in 1986 found that from amniocentesis, false positive and false negative results varied from 4 percent to 17.5 percent.

The above applies to open spine, spina bifida and anencephalus. For Down Syndrome, there are several tests that point toward it but are not definitive. The final test for Down Syndrome and other genetic problems is amniocentesis.
THE PRO-LIFE DILEMMA

The most typical scenario is that a pro-life couple is being seen by their obstetrician. Let’s assume Down Syndrome is suspected, and the doctor immediately says that amniocentesis should be done. Let’s assume these particular parents are aware of the fetal mortality rate from the test and are also staunchly opposed to abortion. They tell the doctor they don’t want the test done; for all it does is confirm a diagnosis and satisfy their curiosity. Typically, the doctor will strongly encourage them to have the amniocentesis testing done.

What do you do if you are that pro-life couple? The answer is to tell your doctor that you don’t want to risk the life of your baby to satisfy your curiosity. Tell him or her to enter into his records that he has offered the test to you, explained it and that you’ve refused it. Then sign his record and have a witness also sign. This will relieve the doctor of any possible liability, and he or she will quit asking you to have the test.

Used with permission. “Abnormalities of Prenatal Tests” and “The Pro-Life Dilemma” are excerpts from an article by Dr. J.C. Willke entitled, “Prenatal Tests—Abnormalities—A Dilemma,” published on his Web site at lifeissues.org. Dr. J. C. Willke is associated with Life Issues Institute, an organization founded and dedicated to promoting and providing effective educational tools for the pro-life movement. Contact: Life Issues Institute, Inc., 1721 W. Galbraith Rd., Cincinnati, OH 45239, 513-729-3600. E-mail address: lifeissues@aol.com Web site: lifeissues.org
ABORTION RISKS

While abortion seems like a “quick fix” for a long-term problem, it is a permanent decision that has physical and emotional risks for the mother of the baby. Here are a few of those risks.

PHYSICAL RISKS

1. BREAST CANCER: An analysis of studies linking breast cancer to abortion shows that the risk of breast cancer is 30 percent greater for women who have had an abortion than for women who have never had an abortion.

2. CERVICAL CANCER: Women with one abortion face a slightly increased risk of cervical cancer, compared to nonaborted women. Similar elevated risks of ovarian and liver cancer have also been linked to abortion.

3. PLACENTA PREVIA: Abortion increases the risk of placenta previa in later pregnancies (a life-threatening condition for both the mother and her wanted baby).

IMMEDIATE COMPLICATIONS:
Approximately 10 percent of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2 percent) are considered life-threatening.

4. PRETERM DELIVERY:
One induced abortion doubles the risk of preterm delivery in subsequent pregnancies, and the risk increases with more abortions.

EMOTIONAL RISKS

Many women rationalize the need for an abortion, and therefore repress any initial feelings of guilt. As a result, many emotional reactions to abortion are delayed, sometimes for as long as five to 10 years.

- Sad mood
- Deterioration of self-concept
- Extreme guilt and anxiety
- Sudden and uncontrollable crying episodes
- Sleep, appetite and sexual disturbances
- Psychological “numbing”
- Depression and thoughts of suicide
- Disruption in interpersonal relationships
- Reduced motivation

1. List of Major Physical Sequelae Related to Abortion, afterabortion.org
I’ve had two abortions. As a believer, I knew murder was a sin; but I was convinced abortion wasn’t murder. I’d been told numerous times that all I was carrying was a “lump of tissue,” not a baby. I was lied to!

The second time I believed this lie, doctors informed me that I must not get pregnant while on a particular medication. They told me that if I got pregnant, the “fetus” would suffer severe deformities and mental retardation. While living in this fear, the “worst” happened—I got pregnant.

Out of fear, confusion and misinformation, I made the decision. Abortion was the only choice. I believed the doctor’s lies, doubted the Creator and ended my baby’s life.

Two years later—still on the same medication—I found myself pregnant again. This time, there was no fear. My understanding of God’s grace and sovereign control helped me determine that His will would be done. With a firm belief that God’s plan is for good, this time I chose life. I continued my pregnancy and gave birth to a healthy, 7-pound baby girl—no retardation and no deformities.

The grief gripped me. For years, I would suffer in silence, grieving over two children and my sins toward my heavenly Father. Because of abortion, I missed out on nurturing my children. I missed out on football games, slumber parties, playing catch, snuggling together, reading, baking cookies, making snow angels . . .

Through it all, God provided constant reminders of His unfailing forgiveness and faithful, unconditional love. His love enabled me to grow in Him and trust Him even more. Light revealed the Truth. Because of my abortion experiences, I am dedicated to help pick up the pieces of lives shattered by abortion. Abortion is a lie! The Truth will set us free!

Used with permission by Beverly R. Saller, Colorado Springs, CO 80920. Taken from “From the Front” newsletter, Winter 2000, Colorado Springs Pregnancy Center, Colorado Springs, Colo., p. 29.
What God Has to Say About Abortion

Should a Child Who Might Be Born Deformed or Retarded Be Aborted?

1 Corinthians 1:27, NIV

“But God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong.”

Isaiah 45:9-11, NIV

“Woe to him who quarrels with his Maker, to him who is but a potsherd among the potsherds on the ground. Does the clay say to the potter, ‘What are you making?’ Does your work say, ‘He has no hands’? Woe to him who says to his father, ‘What have you begotten?’ or to his mother, ‘What have you brought to birth?’ This is what the Lord says—the Holy One of Israel, and its Maker: concerning things to come, do you question me about my children, or give me orders about the work of my hands?”
Romans 9:20-21, NASV

“Oh, who are you, O man, who answers back to God? The thing molded will not say to the molder, ‘Why did you make me like this,’ will it? Or does not the potter have a right over the clay, to make from the same lump one vessel for honorable use, and another for common use?”

Exodus 4:11, NKJV

“So the Lord said to him, ‘Who has made man’s mouth? Or who makes the mute, the deaf, the seeing, or the blind? Have not I, the Lord?’”
PART III

Referrals
National Down Syndrome Congress  
1370 Center Dr., Ste. 102  
Atlanta, GA 30338  
800-232-NDSC (232-6372)  
Web site: ndsccenter.org  

National Down Syndrome Society  
666 Broadway, 8th Flr.  
New York, NY 10012-2317  
800-221-4602  
Web site: ndss.org  

Christian Support for Families of Special-Needs Children  

NATHHAN (National Challenged Homeschoolers Associated Network)  
P.O. BOX 310  
Moyie Springs, ID 83845  
208-267-6246  
Web site: nathhan.com
Adoption of Special-Needs Children

CHASK (Christian Homes Adopting And Special Kids)
PO. Box 310
Moyie Springs, ID 83845
208-208-6246
Web site: chask.org
Christian families willing to adopt “special needs” babies, regardless of diagnosis

PRO-LIFE Doctor Referrals

AAPLOG (American Association of Pro-Life Obstetricians and Gynecologists)
339 River Ave.
Holland, MI 49423
616-546-2639

To find a pro-life doctor in your area:

Web site: aaplog.org
E-mail: info@aaplog.org
### Perinatal Hospice

A perinatal hospice program provides supportive care for parents and their unborn child who has a fatal birth defect. This care begins at the time of diagnosis, normally around 20 to 24 weeks gestation, and continues throughout the birth and death of the infant. Bereavement support continues for two years or as long as necessary. The hospice concept provides reassurance for parents that neither they nor their infant will be abandoned, and that appropriate comfort care will be provided.

For a referral to a perinatal hospice, contact:

**Miami Valley Women’s Center**
2345 W. Stroop Rd.
Dayton, OH 45439
937-298-2822