

NCBC STATEMENT ON EARLY INDUCTION OF LABOR

March 11, 2004

BOSTON, MA— The National Catholic Bioethics Center wishes to assist individuals and institutions working with the ethical issue of early induction of labor. The following is the NCBC position regarding the application of Catholic moral teaching and tradition to the issue.

The application of Catholic moral teaching and tradition to this issue is directed toward two specific ends: (1) complete avoidance of direct abortion, and (2) preservation of the lives of both mother and child to the extent possible under the circumstances. Based upon these ends, the Ethical and Religious Directives for Catholic Health Care Services provides directives which set the parameters for the treatment of mother and unborn child in cases of high-risk pregnancies:

47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

49. For a proportionate reason, labor may be induced after the fetus is viable.

The principle of the double effect is at work in each of these two directives. Actions that might result in the death of a child are morally permitted only if all of the following conditions are met: (1) treatment is directly therapeutic in response to a serious pathology of the mother or child; (2) the good effect of curing the disease is intended and the bad effect foreseen but unintended; (3) the death of the child is not the means by which the good effect is achieved; and (4) the good of curing the disease is proportionate to the risk of the bad effect. Fulfillment of all four conditions precludes any act that directly hastens the death of a child.

Early induction of labor for chorioamnionitis, preeclampsia, and H.E.L.L.P. syndrome, for example, can be morally licit under the conditions just described because it directly cures a pathology by evacuating the infected membranes in the case of chorioamnionitis, or the diseased placenta in the other cases, and cannot be safely postponed. However, early induction of an anencephalic child when there is no serious pathology of the mother which is being directly treated is not morally licit, emotional distress notwithstanding. Early induction of labor before term (37 weeks) to relieve emotional distress hastens the death of the child as a means of achieving this presumed good effect and unjustifiably deprives the child of the good of gestation. Moreover, this distress is amenable to psychological support such as is offered in perinatal hospice. Lastly, induction of labor before term performed simply for the reason that the child has a lethal anomaly is direct abortion.