

PROJECT FACT SHEET

Prenatal Screening

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Prenatal Screening refers to an ultrasound of the back of the fetus' neck and Maternal Serum Screening, a blood test most commonly given to mothers who are 15 to 16 weeks into their pregnancy. The purpose of testing is to estimate the probability of the fetus having certain conditions, such as Down syndrome and Spina Bifida.

Dr. Victoria Seavilleklein, a PhD graduate from the Department of Philosophy at Dalhousie University, looked at the two main values offered for supporting the use of Maternal Serum Screening; autonomy (women's choice) and public health. Dr. Seavilleklein explained, "It is possible to

analyze these values to determine the justification of doctors routinely offering the testing to their patients."

Dr. Seavilleklein believes that autonomy for women to make choices about their reproductive lives is important and offering the screening can be justified. However, the majority of women don't make informed decisions about screening and there are a lot of pressures to have the testing. Dr. Seavilleklein cautions the screening should be available but not be routinely offered to all women. "The exception is pregnant women considered to be 'high-risk' for whom prenatal diagnosis, such as amniocentesis, is already common. Offering Maternal Serum Screening instead of prenatal diagnosis may be a less harmful means of offering them an already-normalized choice," said Dr. Seavilleklein.

This proposal best promotes the value of women's choice while mitigating the harm to people with disabilities. Typically, doctors offered the Maternal Serum Screening test to women who were considered to have high-risk pregnancies. However, the Society of Obstetricians and Gynaecologists of Canada recommended expanding the offer of Maternal Serum Screening to all pregnant women as part of their prenatal care. Dr. Seavilleklein disputes the recommendation from the society.

Dr. Seavilleklein argues that routinely offering the screening to all pregnant women sends a message that implicitly devalues people with disabilities by supporting a practice in which not being born is preferable to being born with a disability. "This is significant since public health is one of the principal values used to justify screening programs and their expansion," explained Dr. Seavilleklein.

Dr. Seavilleklein's interest in this field came while completing her PhD in Philosophy in the Department of Philosophy at Dalhousie University. "Dr. Francois Baylis' classes on genetics started my interest in this topic," said Dr. Seavilleklein. Dr. Seavilleklein's supervisor, Dr. Susan

Sherwin from the Department of Philosophy, was a major influence in Dr. Seavilleklein's interest in this field. "Dr. Sherwin and I had lots of interesting conversations about women's choices and pressures," explained Dr. Seavilleklein.

"I felt very fortunate the Nova Scotia Health Research Foundation was supportive of this project. The support from the Foundation allowed me to focus on completing my thesis and finish it one year," said Dr. Seavilleklein.

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