

Abortion opposition related to beliefs about fetal pain perception

13 May 2021



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A person's stance on abortion is linked to their, often inaccurate, belief about when a fetus can feel pain, a University of Otago study has found.

Lead author Emma Harcourt, Ph.D. candidate in Otago's Centre for Science Communication, says misinformation about abortion and pregnancy is common and potentially harmful.

"The current medical consensus is that it is unlikely that fetal pain perception is possible before the 29th or 30th weeks of pregnancy. However, we found that most people believe that the capacity to feel pain develops much earlier and that this was particularly evident in participants with anti-abortion views," she says.

The study, published in *The Australian and New Zealand Journal of Obstetrics and Gynaecology*, recruited 374 people living in the United States and used an online questionnaire to assess their beliefs about abortion and the ability of a [fetus](#) to perceive pain.

The researchers found anti-choice participants

were more likely than pro-choice participants to believe a fetus in utero can perceive pain before the 23rd week of pregnancy and in the first trimester.

Nearly 80 per cent of female participants believe a fetus can perceive pain prior to the third trimester, compared to just 56 per cent of males. This may be due to women being the targets of anti-choice disinformation campaigns, which systematically overstate the pace at which embryos and fetuses develop, Ms Harcourt says.

Interestingly, most Black and Catholic participants, along with those with advanced degrees, think fetal [pain](#) is not possible before the [third trimester](#).

"It's possible that having an accelerated view of fetal development causes people to oppose abortion; however, it is equally possible that having anti-abortion views alters how people perceive a fetus in utero and affects their willingness to engage with information that doesn't conform with their beliefs. Further research would be needed to determine the directionality of this relationship."

Ms Harcourt says the COVID-19 pandemic has demonstrated the important role that trust plays in the relationship between patient and practitioner.

"Being able to trust that the information given to us by our doctor is true and accurate is the bare minimum that we should expect from the medical profession. However, two-thirds of women of reproductive age in the United States live in a state that has enacted legislation requiring physicians to misinform their patients about one or more aspects of pregnancy and abortion, either verbally or through written materials provided by their state's department of health.

"In New Zealand, obstetricians and [abortion providers](#) are aware their patients often have also been exposed to false claims about fetal

development and the safety of [abortion](#). I hope this research will serve as a reminder that patients may be coming into the consulting room with potentially harmful misconceptions."

More information: Emma Harcourt et al, Opposition to abortion related to inaccurate beliefs about fetal pain perception in utero, *Australian and New Zealand Journal of Obstetrics and Gynaecology* (2021). [DOI: 10.1111/ajo.13356](https://doi.org/10.1111/ajo.13356)

Provided by University of Otago

APA citation: Abortion opposition related to beliefs about fetal pain perception (2021, May 13) retrieved 17 September 2021 from <https://medicalxpress.com/news/2021-05-abortion-opposition-beliefs-fetal-pain.html>

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