Antenatal screening and its possible meaning from unborn baby's perspective

ABSTRACT

The ethical issues surrounding antenatal screening and its role in the ongoing pregnancy-follow-up process will be explored in this paper, which will also explore the rationale and potential problems of using it as a routine procedure.

INTRODUCTION

Introduction Antenatal screening and its possible meaning from unborn baby's perspective

In the last few years, the number of women who undergo antepartum screening (ASST) has increased by about 20%. This is due to the fact that the procedure is now being carried out more frequently, and the number of women who undergo it is increasing. Some countries have already introduced ASST as a preventative measure against a variety of diseases, including HIV infection, high blood pressure, and atherosclerosis.

ASST is an in vitro test for the presence of certain genetic components in the mother's blood. It is performed by inserting a needle in the mother's arm, and using a special needle for the procedure. The needle, which is inserted in the arm, is then inserted into the mother's uterus to collect the blood of the Despite recent research indicating that the major health problems for paediatricians are either genetic disorders or congenital malformations, there is little evidence to support this claim. When it was discovered that over 25% of first-year infant deaths were caused by fetal abnormalities, scientists became concerned and parents sought a remedy for the problem. Antenatal diagnostic techniques were developed in the 1800s but not until the mid-20th century to treat various genetic diseases and conditions. Nowadays, antenatal screening and diagnostic methods are almost common. Around 90% of women in Britain have experienced one of these events during pregnancy Objectives of antenatal testing According to the Dutch Health Council report, ANS services are designed to identify individuals with genetic risk factors or those with a potential congenital or genetic disorder through population screening. The primary aim is to provide people with the ability to choose an appropriate course of action. Examining the fetus for irregular illnesses like infant sickness, reproductive cancer, malformations, and maternal diabetes; The importance of family history in assessing genetic risks. Population screening for common recessively passed diseases. The Danish Health Council considers screening a form of community-based help, while the Nuffield Council on Bioethics (in Britain) emphasizes that it can improve the health of individuals with genetic disorders, but the benefits should include empowering prospective parents to make informed decisions about having children. Although the screening test is not typically diagnostic in nature, it can be used to identify a subgroup of individuals who are at greater risk of developing the disease or disorder than those who were initially screened, and diagnoses are often made with high precision. There are three primary ANS methods; Biochemical Screening is a method that can detect Down's Syndrome and open neural-tube defects in pregnancies, with the aim of identifying women who are at high risk for the risks and costs of diagnostic procedures. The Royal College of Physicians (London) developed a genetic screening approach that is both highly sensitive and specific. It involves either culture of amniotic fluid cells using standard cytogenetic

techniques at 14-16 weeks or 8-9 weeks, with the latter being used to make birth defects more likely. To provide women and couples who are at risk of having children with abnormalities with the most comprehensive options for making informed decisions. To permit couples to start a family without concern that they may have unintended children resulting from selective abortion. The best treatment for affected infants can be achieved through early diagnosis. The objectives of ultrasound screening are outlined as: The objective is to decrease maternal mortality and morbidity. Identifying structural abnormalities in utero may help identify a group of babies for whom treatment may be appropriate.

CONCLUSION

Despite the diversity of opinions within bioethics, antenatal screening and diagnosis are new technologies that are fraught with moral disputes.