

Prenatal diagnosis of lethal congenital malformations in Sri Lanka

De Silva and others (1) in their article titled "Meckel Gruber syndrome—a single gene defect causing recurrent neural tube defects" in a previous issue of the *Journal* highlight a problem often faced by Sri Lankan obstetricians.

With obstetric ultrasound becoming freely available in this country, lethal malformations are being diagnosed with increasing frequency. Although the parents may prefer termination of pregnancy, the present abortion law in Sri Lanka compels its continuation, unless there is a threat to the mother's life.

Meckel Gruber syndrome is a good example of the value of prenatal screening in highrisk cases. Sepulveda *et al.* detected the anomaly in 4 out of 9 pregnancies with a past history of this syndrome (2). Further, they made the diagnosis in early pregnancy between 11 and 14 weeks. Indeed, early screening is recommended in Meckel Gruber syndrome, since development of anhydramnios in the second trimester makes it difficult to see the abnormal features (3).

In case such an early diagnosis is made in Sri Lanka, legally we have no choice but to ask the woman and her family to give seven months of their lives to a fruitless pregnancy. There are no data at present regarding the emotional responses of women who are compelled to carry

non-viable fetuses, but the effects are bound to be profound. The psychological trauma of having to share antenatal clinics and hospital facilities with other pregnant women will be particularly difficult for them. As society has high expectations from a pregnancy, a mother with the knowledge of carrying a useless pregnancy may find interactions with family and friends very awkward.

The present situation in Sri Lanka regarding prenatal diagnosis of lethal congenital malformations raises the issue whether it is ethical to compel parents to continue such pregnancies against their wishes.

References

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