The "Value" of a Baby

Batsheva Hershkovits, M.D.

"The priceless baby" is a concept frequently encountered in gynecological practice. Does this concept exclude the possibility of babies of limited value? Are some babies be of greater value than others? Does the mere attempt to grade babies denigrate the ultimate value of human life? In any event, the concept exists. "The priceless baby" is usually a newborn whose birth requires heroic intervention at some point, either at conception or in the course of pregnancy, in order to achieve the safe birth of a healthy infant.

Couples with difficulty in conceiving might require complicated tests to ascertain the etiology of their infertility. Some of these tests involve certain risks (hysterosalpingography or laparoscopy under general anesthesia for the woman; testicular biopsy or ligation of distended veins resulting from varicocele for men).

After establishing a diagnosis, treatment often entails further risks such as the use of large quantities of drugs to stimulate ovulation, which may irritate the ovaries, or the extraction of ova for in-vitro fertilization, which requires the use of an operation room and at least partial anesthesia.[1]

In leading centers for in-vitro fertilization the success rate varies between 15 and 30%.[2] Pregnancy resulting from such a procedure must surely be specially "valuable." Furthermore, in these pregnancies Cesarean section is often indicated[3] in order to spare the "priceless infant" the risks of vaginal delivery although the mother's risk of mortality is 21 times greater in Cesarean sections than in regular deliveries.[4]

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1. Most centers for in-vitro fertilization follow clear criteria based on age, number of children, the length of infertility, and any medical contraindications.
2. Setchell, M.E. and Sgott, G.I., *In Vitro Fertilization Update*, 36, 1555, 1988.
3. The rate of elective cesarean section following in-vitro fertilization is double the rate in other pregnancies. The main indications for cesarean section are multiple fetuses and "continued infertility." see Varma, T.R., "Outcome of pregnancy after infertility," *Acta Obstet Gynecol Scandin.* 67(2) 155:1988.
4. Lancett, M., "Cesarean Section – Current Status," *Ha-Refuah* 115:9 1988.

In view of this let us consider whether the concept of "the priceless baby" has a valid role to play in modern medicine.

Two clinical cases exemplify the "price" to be paid for giving birth to babies in difficult circumstances. In such a case the entire family is potentially effected by any decisions regarding treatment.

Case A

A twenty-seven year old married woman had two daughters. After her second birth she complained of pain in her eyes and reduced visual acuity. Examination revealed severe bilateral uveitis, with possible glaucoma, cataract, and detached retina which could lead to blindness. The woman was treated with large doses of steroids, which were reduced as the condition of her eyes improved. Due to the necessity of such treatment, she was advised to avoid pregnancy. After one year of treatment her eyes improved so much that she stopped taking medicine and became pregnant.

After giving birth to a healthy boy her inflammation worsened and she again required steroid therapy for about a year. At the conclusion of this second round of steroids, the patient stopped taking contraceptive measures and became pregnant a fourth time. During this pregnancy the condition of both her eyes suddenly worsened and she exhibited partial detachment of the right retina. An ophthalmologist recommended immediate treatment with 80mg of prednisone, which constituted a relatively high dose of steroids.

Her gynecologist recommended lowering the steroid dose in order to allow normal fetal development. But according to the consulting ophthalmologist lower doses of steroids would lead to complete detachment of the retina and blindness.

Steroids may have severe teratologic effects on all creatures.[5] In humans maintenance levels (20-40 mg) do not seem to lead to increased birth defects.[6] But higher doses may lead to death of the fetus and spontaneous abortion. Higher doses also often lead to retardation of intrauterine growth (I.U.R.G). and abnormalities in the fetal immune system.[7]

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5. Gandelman, R. and Rosenthal, C., "Deleterious Effects of Prenatal Prednisolone Exposure upon Morphological and Behavioral Development of Mice," *Teratology* 24:293 1980.
6. Berglund, F., *et al.*, "Drug Use during Pregnancy and Breast Feeding," *Acta Obstet Gynecol Scandin.* 126:1984.
7. Beitins, I.Z. *et al.*, "The Transplacental Passage of Prednisone and Prednisolone in pregnancy near Term," *Pediatric* 81:936 1972.

Case B

A thirty-two year old woman, mother of four boys and two girls, gave birth to a fifth boy with hypoplastic left heart syndrome. With this severe defect the newborn cannot live more than a few weeks without complicated surgical intervention, namely heart transplantation or multistage surgical procedures stretching over the infant's first two years of life.[8]

In neither surgical option does the success rate exceed 15%.[9] Even following surgery the normal development of the infant is unpredictable. Since such procedures are not performed in Israel, the family would require massive financial resources in order to pay for surgery abroad. This commonly involves absence of the parents from the family for an extended period, which alone may lead to further emotional and social complications.

In principle every effort should be made to save human life. In emotional terms, the sages equated childlessness with death.[10] Thus, every effort should be made to enable a couple to have children even when pregnancy entails serious risks.

Every mother is aware of some of the dangers of childbirth. Men in general are willing to undergo testing procedures in order to enable them to bear children. In certain cases semen is frozen in order to enable men to procreate after radiation therapy.

Similarly, women with certain medical conditions such as diseases of the liver,[11] kidney,[12] heart,[13] auto-immune system,[14] or cancer,[15] may be allowed to become pregnant if they receive special treatment during pregnancy. Even after kidney[16] or liver transplantation,[17] every effort may be made to allow for pregnancy.

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8. Deviri, A., *et a*l., "Heart Transplantation in Hypoplastic Left Heart Syndrome," *Ha-Refuah* 114:621 1988.
9. See Bailey, L.L. and Gungry, S.R., "Hypoplastic Left Heart Syndrome," *Pediatric Clin. North America* 37(1), 1990.
10. *Nedarim* 64b.
11. Ha-Levi, Y., "Pregnancy in Chronic Liver Disease," *Ha-Refuah* 119:456 1990.
12. Margalit, A. *et al*., "Pregnancy in Chronic Liver Disease," *Ha-Refuah* 80:100 1986.
13. "Heart Disease during Pregnancy," *Clinical Obstet. Gynecol.* 32:1 1989.
14. Fiora, B. *et al*., "Auto-immune Diseases during Pregnancy," *Ha-Refuah* 20:113 1987.
15. Fiora, B. *et al*., "Malignancies during Pregnancy," *Ha-Refuah* 20:113 1987.
16. Barr, Y., *et al*., "Pregnancy following Kidney Transplantation," *Ha-Refuah* 30:120 1991.
17. Myers, R.L. and Schmid, R., "Children after Liver Transplantations," *Transplantation* 29:432 1980.

But when the couple already has children and has already fulfilled the mitzvah of "be fruitful and multiply," is it still proper to make great efforts to enable them to have more children?

In Case A, pregnancy is likely to lead to blindness of the mother. It is likely that many women would be willing to risk possible blindness in order to become mothers. But the woman in Case A already had children and would in the future have the option of pregnancy without special risks. Given these circumstances, should she be allowed to become pregnant during steroid treatment?

Case B is more difficult because the infant is already born. It is clear that if this infant were the couple's only chance to procreate, no effort would be spared to save him even if the chances of success were very slim. But here the couple already had healthy children, as well as the possibility of bearing more children in the future. Is one obligated in such a case to spend vast resources which might impoverish the family, or should one let nature take its course?

Summary

It is clear that the concept of "the priceless baby" calls for careful evaluation. It is clear that there are cases in which it is important and difficult to reach critical decisions. These are cases in which the couple has a history of infertility, and where the current pregnancy was achieved as the result of great efforts, such as artificial insemination or in-vitro fertilization.

The concept is similarly important in cases in which there is low probability of future pregnancy, either because of the advanced age of the woman or the expected death of one of the couple. In such cases the willingness to accept the risks of pregnancy and birth or to engage resources above and beyond what halacha requires are greater than usual. But, in cases such as these, it may be the only opportunity of a couple to become parents.

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