

Letter to the Editor

Fetal pain debate may weaken the fight for newborns' analgesia

To the Editor:

Dr Apkar V. Apkarian recently dealt with the controversial issue of fetal pain;² he argued that “pain perception by humans or other animals requires the ability to evaluate the environment and form a subjective judgment about the value of the incoming flow of nociceptive information. Therefore, pain requires consciousness.”. Thus, he concludes that fetuses are immune from feeling pain because of their lack of awareness, according with the official definition of the word pain given by the IASP, that requires a full consciousness to feel pain.⁴ This reasoning can have some theoretical basis if we accept that the IASP definition of pain fits for all stages and states of human life, that no type of consciousness is present before birth, and that consciousness appears just after birth; nonetheless, these points have been criticized in scientific literature.^{1,3,7} Moreover, it has a risky drawback that, as neonatologist, we want to point out.

Our prematurely born patients are often more neurologically immature than full-term fetuses and if we deny fetal pain, we also should deny premature babies' pain. In fact, preterm babies often weight less than 1000 grams, while full-term not-yet-born fetuses weight 3-4000 grams; fetal EEG at term is more continuous and mature than that of a preterm baby. The development of consciousness is identical, with no regard to the environment: both have wake periods⁹ and respond to external stimuli. Thus, everything that is said about a fetus' brain after 22-23 weeks of gestation, is also valid for a baby born at the same gestational age.

Some authors have hypothesized that the uterine environment can give a slight sedation to the fetus, but, also considering that sedation should not be confounded with anesthesia and that the fetal blood levels of the supposed sedative substances are not so dissimilar from those in their mothers' blood,⁸ Apkarian argues against fetal pain mainly because of their immaturity, and not for environmental reasons.¹ But if this was accepted, it would also be true for preterm newborns with the same development on the contrary, nowadays neonatologists follow internationally validated guidelines to prevent, assess and cure premature babies' pain.^{5,6} Pain in neonates as been well described, as well as its long-term consequences: “Exposure to repeated painful stimuli early in life is known to have short- and long-term adverse sequelae. These sequelae include physiologic instability, altered brain development, and abnormal neurodevelopment, somatosensory, and stress response systems, which can persist into childhood. Nociceptive pathways are active and functional as early as 25 weeks' gestation”.⁶

We are afraid that all the times the equation between immaturity and lack of pain is defended, the struggle against newborns' pain is in danger.

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2 The Journal of Pain

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