Facts Are Important
Fetal Pain

Facts are very important, especially when discussing the health of women and the American public.

Here are the scientific facts concerning fetal pain:

A human fetus does not have the capacity to experience pain until after viability. Rigorous scientific studies have found that the connections necessary to transmit signals from peripheral sensory nerves to the brain, as well as the brain structures necessary to process those signals, do not develop until at least 24 weeks of gestation. Because it lacks these connections and structures, the fetus does not even have the physiological capacity to perceive pain until at least 24 weeks of gestation.

In fact, the perception of pain requires more than just the mechanical transmission and reception of signals. Pain is “an emotional and psychological experience that requires conscious recognition of a noxious stimulus.” This capacity does not develop until the third trimester at the earliest, well past the period between 20 weeks and viability. The evidence shows that the neural circuitry necessary to distinguish touch from painful touch does not, in fact, develop until late in the third trimester. The occurrence of intrauterine fetal movement is not an indication that a fetus can feel pain.

Sound health policy is best based on scientific fact and evidence-based medicine. The best health care is provided free of governmental interference in the patient-physician relationship. Personal decision-making by women and their doctors should not be replaced by political ideology.

The American Congress of Obstetricians and Gynecologists (ACOG), representing more than 57,000 ob-gyns and partners in women’s health, supports robust, factual debate on issues of importance to the American people. We urge you to call on us to provide expert factual explanation of issues related to women’s health.

For more information, please contact ACOG Government Affairs.

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1. Royal College of Obstetricians and Gynecologists, Fetal Awareness: Review of Research and Recommendations for Practice (March 2010).
2. Ibid.