Important issues are likewise raised by recent developments in prenatal genetic testing. Since 2011, a new non-invasive prenatal test (NIPT) that screens for Down syndrome has been made available to women in their first trimester of pregnancy. Consisting of a simple maternal blood test, it is a more reliable technique and can be used earlier in pregnancy than the method previously employed for this type of genetic screening, as well as being safer for the fetus. According to certain scholars, these characteristics, combined with the economic benefits of making the NIPT standard practice, may result in more pressure being put on women who are charged with the moral burden of deciding whether or not to agree to the screening, despite being less than well informed by the medical staff in facing this decision.[[1]](#footnote-1) Moreover, the number of conditions that can be detected by the NIPT is gradually increasing, so that it should soon be able to provide a wide range of genetic information about the fetus. There is room to question whether the ability to obtain an increased amount of genetic information about a fetus is a positive development from the individual and societal perspectives. To what extent do pregnant women have the right not to be informed of the likelihood that their fetus has an atypical genetic condition? And at the societal level, might not prenatal genetic screening encourage eugenics?

[[i]](https://mail.google.com/mail/u/0/%22%20%5Cl%20%22m_8180782956259405939__ednref1%22%20%5Co%20%22) Ravitsky, V., 2017, « The shifting landscape of prenatal testing: Between reproductive autonomy and public health », *Hastings Center Report*.

1. Ravitsky, V., 2017, « The shifting landscape of prenatal testing: Between reproductive autonomy and public health », *Hastings Center Report*. [↑](#footnote-ref-1)