Proof of Paternity Enters Presidential Race

By Jamie Wells, M.D. — October 4, 2016

As we enter the final stretch of so vitriolic a Presidential campaign, it is not a surprise that scandalous accusations are being thrown in all directions by both sides. Center stage yesterday was the possibility of a Bill Clinton ‘love child.’

The issue of paternity (aka fatherhood) predates this election throughout history.

When I toured Versailles in France, I was taken to the bedroom where Marie Antoinette gave birth. The guide conveyed there was a ‘court’ (aka an audience of people) at the bedside that observed the actual event so proof of maternity (aka motherhood) could be established. This always interested me since the process says nothing of paternity.

Systems have evolved since the 1700s in terms of reliability.

When I entered the field of pediatrics, I was naive in understanding that this concern would enter my professional life— let alone repeatedly. Helping sick children get better or contributing to improved family wellness was my preconceived notion of the role.

Years ago, all children born had their blood type taken upon initial hospitalization. This practice shifted in recent times as it proved not cost effective nor universally medically necessary. Mom's blood type is obtained before or at delivery for a number of reasons, namely because it can impact the baby and it is also important information to know if she suffers significant blood loss warranting transfusion, for example.

In instances where the mother has a specific result, the baby is reflexively blood tested since there are known mismatches that can cause jaundice or an anemia in the infant that involves a vigorous breaking down of his own cells. In these types of circumstances, the knowledge provides disease...
prevention and proactive close monitoring in an effort to avoid larger problems.

If you practice pediatrics long enough, then you will have conversations with families demanding the infant’s blood type be tested when outside of stated parameters. A blood test can be done with a physician’s consent, but when not for a medical purpose it usually will not be covered by insurance. Pricking a newborn infant for intellectual edification is not the preferred path for many doctors. Your skin is your greatest barrier to infection. Keeping it intact in this very vulnerable population is most optimal. Typically, if a family really wants to know, then it will be added to a later study when routine labs are due to be drawn and the newborn is older.

Frequently, this desire is impassioned out of concerns over uncertain paternity. There are specific combinations of blood types that can hint at a baby’s paternity. Further definitive testing is often required.

Testing for paternity can be done pre and postnatally. Basically, before or after birth. Prior to the baby’s arrival, the two definitive tests that have long been used require getting a specimen via amniocentesis or chorionic villus sampling (CVS) techniques. The former involves a large needle (guided by ultrasound for safety) entering the amniotic sac to get a small sample of amniotic fluid that surrounds the baby. The latter is a little riskier by sampling a piece of the chorionic villus (aka placental tissue). Amnio cannot be performed as early as CVS and both traditionally are used to screen for genetic or chromosomal abnormalities as seen in Down’s Syndrome, for example.

Each method can also affirm paternity (as well as the sex of the baby). The invasive nature for that sole purpose is why it is not often the preferred choice. Those procedures carry risks of infection, fluid leakage, cramping, limb reduction defects, bleeding and miscarriage. Though the risks are small, especially if performed by the hands of experienced physicians in state-of-the-art facilities, they are not zero.

We have discussed here a newer identifying test that takes a pregnant mom’s blood without involving entry into the womb. The study looks at the circulating fetal DNA in mom’s blood. (1) After birth, the types of testing include blood and buccal (aka inside the cheek) swabs. For obvious reasons, these seem more reasonable to most people. The processes of confirming fatherhood entail an intact chain-of-custody when discussing legal fatherhood - as opposed to biological fatherhood - from an accredited laboratory. The definition can vary between states.

How paternity is determined is dependent on a few factors. First, the willingness of all parties. Second, the resultant discussion with the mother’s obstetrician and/or pediatrician. Third, the court’s position as determined by that particular state. Fourth, the cost, risk and reliability of the actual procedure.

Questions over paternity are not at all unique to celebrities and politicians. An answer is in the best interest of the emotional, medical, psychological and financial well-being of the child (and family).

NOTES:

(1) To review the American College of Obstetricians and Gynecologists and Society on Maternal-
Fetal Medicine joint policy statement on prenatal testing click here. [3]

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