

Our research was not about prenatal screening for autism

We merely aimed to understand what causes differences in autistic traits

Your front-page article on 12 January was given the headline "New research brings autism screening closer to reality" and the strapline "Call for ethics debate as tests in the womb could allow termination of pregnancies". It showed a photo of a foetus, which was given the caption, "The discovery of a high level of testosterone in prenatal tests is an indicator of autism." And inside the paper a double-page spread was devoted to the details of the study, and given the headline "Disorder linked to high levels of testosterone in the womb".

All four of these statements are inaccurate. The new research was not about autism screening; the new research has not discovered that a high level of testosterone in prenatal tests is an indicator of autism; autism spectrum disorder has not been linked to high levels of testosterone in the womb; and tests (of autism) in the womb do not allow termination of pregnancies.

To be fair to the reporter, Sarah Boseley, the content of her articles was mostly correct. But the headlines and photo captions have led to emails from hundreds of worried parents of children with autism erroneously believing that our research is being conducted with a view to wanting to terminate children with autism in the womb - a nasty and sinister example of eugenics that my co-authors and I oppose.

The Guardian was reporting on our new study in the British Journal of Psychology that found a correlation between levels of foetal testosterone (FT) and the number of autistic traits a child shows at the age of eight. The study was not about prenatal screening for autism, and indeed did not even test children with autism.

What it did was to test 235 typically developing children, measuring their FT (we all have some) and later measuring their autistic traits. Autistic traits are also normal - it is just a matter of how many of these you have. Children with autism have a high number of autistic traits, but our 235 children were all typically developing children. The aim of the study was simply to understand the basic mechanisms causing individual differences in autistic traits in an otherwise typical sample.

Your article covered two very different issues: our new research, which aims to study the causes of individual differences in children; and prenatal screening for autism. The two should have been kept distinct. Indeed, a prenatal screening study of autism would have needed an entirely different design.

Such a study would have had to look at autism, which ours did not; and it would have had to look at issues to do with how sensitive the test was to detect autism, which kind of autism, how specific it was, or whether it also picked up other outcomes.

For the record, on prenatal screening, I believe that if there was a test for autism (and there is none yet), while some parents may exercise their legal right to opt for a termination, I am not in favour of discriminating against a foetus purely because it might develop the condition.

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