

Statement submitted by The National Right to Life Educational Trust Fund

The National Right to Life Educational Trust Fund welcomes the opportunity to address the priority theme of the 47th Session of the Commission on Population and Development. The first principle of the Programme of Action of the International Conference on Population and Development is the equal dignity and basic rights, including the right to life, of all human beings. The second principle states that human beings are the centre of all sustainable development. We urge Member States to reaffirm these principles as they seek to better implement the recommendations of the Programme of Action.

The Programme of Action calls for reducing maternal mortality by 75 per cent from the 1990 levels by the year 2015. Some countries will meet this goal, but many will not. A 2010 study published in the medical journal *The Lancet* shows that deaths worldwide due to maternal conditions (deaths of women during pregnancy, childbirth, or in the 42 days after delivery) declined by 35 percent from 1980 to 2008. Although this progress is welcome and critical, maternal mortality remains unacceptably prevalent in much of the developing world. In many cases, basic maternal and prenatal health care are lacking. Often there is no birth attendant, the medical environment is not fully sanitary, emergency facilities and supplies are absent or inadequate, doctors are not trained or equipped to handle obstetric emergencies, and basic medical and surgical supplies such as antibiotics and sterile gloves and equipment are scarce or unavailable. The danger to pregnant women is present whether pregnancy is ended by abortion or live birth.

Most maternal deaths can be prevented with adequate nutrition, basic healthcare, and good obstetric care throughout pregnancy, at delivery, and postpartum. In the developed world, the decline in maternal mortality coincided with improvement in obstetric techniques and the general health status of women. We must strive to give women in the developing world access to the same standard of care that has been available to women in the developed world for decades care that results in a healthy outcome for mother and child. The world has failed to reach this goal because many resources have been directed toward decreasing the numbers of children women deliver, rather than making the delivery of their children safe. We have failed to properly direct resources to save women's lives.

The National Right to Life Educational Trust Fund is gravely concerned about the false and dangerous claim that the way to reduce maternal mortality in the developing world is to legalize abortion. The evidence shows that the lack of modern medicine and quality healthcare, not the prohibition of abortion, results in high maternal mortality. Legal abortion does not mean safe abortion; abortion's complications are not a function of the legality of the procedure, but of the overall medical circumstances in which abortion is performed. Indeed, no direct relationship exists between the legal status of abortion and maternal mortality, or even between the legal status of abortion and maternal death caused specifically by abortion. A 2012 study of maternal mortality in Chile indicates that maternal mortality is simply not

related to the legality of abortion. The maternal mortality ratio in Chile declined 93.8 percent from 1961 to 2007. Abortion was prohibited in 1989, and the mortality ratio continued to decline, falling 69.2 percent over the next 1 years. Maternal deaths caused by abortion also declined.

Legal abortion does nothing to fix the underlying problem of poor medical care in the developing world. In fact, abortion is detrimental to both unborn children and their mothers. The Programme of Action urges governments to help women avoid abortion and firmly rejects abortion on demand. The National Right to Life Educational Trust Fund believes that Member States should follow these recommendations. The facts of science demonstrate that the unborn child (i.e., the human embryo or foetus) is a distinct, living, and whole human being at a very early stage in his or her development. Further, it is a basic moral principle affirmed in the United Nations Universal Declaration of Human Rights and other international instruments that all human beings are equal in fundamental dignity and ought to be respected and protected. This is also stated in the Programme of Action. Justice requires that governments protect the basic rights of every member of the human family.

Moreover, abortion even in countries with excellent maternal health care poses serious risks to women. These risks are well-documented. Possible physical complications of surgical abortion include haemorrhage, infection, cervical laceration, and uterine perforation. Non-surgical or chemical abortion can cause severe pain, cramping, nausea, haemorrhage, infection, and incomplete abortion. Sometimes abortion complications are so serious that they result in the death of the mother. Possible long-term effects of abortion include sterility, miscarriage, and premature birth, an increased risk of breast cancer, and ectopic (tubal) pregnancy, which can lead to death if not treated promptly. A 2013 meta-study published in the medical journal *Cancer Causes & Control* analyses 36 different studies of the association between abortion and breast cancer in China. Combined, the studies show that abortion increases a woman's risk of breast cancer by 44 percent. The increased risk jumps to 76 percent after two or more abortions and 89 percent after three or more. Abortion can also have numerous psycho-social consequences, including grief, depression, drug abuse, and relationship problems. Many women (and men) now regret their decision to have or participate in an abortion.

Legalizing abortion in a country lacking adequate maternal healthcare is particularly dangerous and would lead to more women suffering and dying from abortion. Women generally at risk because they lack access to a doctor, hospital, or antibiotics before abortion's legalization will face those same circumstances after legalization. And if legalization triggers a higher demand for abortion, as it has in most countries, more injured women will compete for those scarce medical resources.

Member States should work toward the improvement of maternal health for the benefit of women and their children. They must remember the dignity and equality of all members of the human family, including the unborn, and the centrality of human beings to sustainable development.