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Annual ministerial review: implementing the internationally agreed goals and commitments in regard to gender equality and empowerment of women

Statement submitted by Concerned Women for America, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2010/100.

Statement

Goal 5, target 1, of the Millennium Development Goals: reducing maternal mortality

Reducing maternal mortality is critically important because of the key role that mothers play in the life of their children and community. Strategies with proven effectiveness in decreasing the deaths of mothers during pregnancy and delivery include skilled birth attendance; adequate delivery facilities equipped with antibiotics, oxytocin and magnesium sulfate; and increased female literacy, which empowers women to access health care. Recent data on mortality in Chile demonstrate that these three factors directly contribute to the dramatic decline in maternal mortality.

Hijacking funding for Goal 5 to advance the legalization of abortion worldwide will not improve maternal mortality, as evidenced in Chile and in recent publications. Advancing “reproductive rights”, defined as including elective abortion, will likely increase maternal mortality. Medical abortion will be especially dangerous in resource-poor nations, which lack the health-care infrastructure to handle the increased complications of haemorrhaging, infection and surgery to remove retained tissue. Promoting drug-induced abortion, with its increased risks, is counterproductive to any efforts to decrease maternal mortality in a resource-poor region. A rise in maternal mortality in the United States of America corresponded with the Food and Drug Administration’s approval of medical abortion in 2000.

Induced abortion increases short-term mortality and morbidity and long-term morbidity. It damages the reproductive health of women by:

(a) Increasing preterm birth in subsequent pregnancies. Recent systematic reviews and meta-analyses reveal significantly increased preterm birth rates in subsequent pregnancies for women who have induced abortions versus women who deliver. There are no meta-analyses or systematic reviews finding that prior induced abortions do not elevate premature birth risk;

(b) Damaging subsequent mental health of women. Studies with nationally representative samples and a variety of controls for personal and situational factors that may differ between women choosing to abort or deliver indicate that abortion significantly increases risk for depression, anxiety, substance abuse, suicide ideation and suicidal behaviour. Abortion is associated with a higher risk for negative psychological outcomes when compared with other forms of prenatal loss and with unintended pregnancy carried to term. Most social and medical science scholars agree that a minimum of 20 per cent of women who abort suffer from serious, prolonged negative psychological consequences, yielding at least 260,000 new cases of mental health problems each year.

Reductions in maternal mortality have been achieved in the United States and Chile, not through the legalization of abortion, but through the provision of skilled birth attendants, who monitor for obstructed labour, haemorrhage, sepsis and other major killers of women giving birth and can treat mothers in a facility equipped to handle such complications. Dramatic decreases in maternal mortality accompany female literacy, which allows women to access health care through the written media, instead of relying on word of mouth.

Implementing these interventions in nations with the greatest maternal mortality will provide the most rapid reduction in maternal mortality, paralleling the reductions in nations with similar interventions.
