

**Statement by Family Research Council, C-FAM and the
American Association of Pro-Life Obstetricians and Gynecologists**

**Commission on Population and Development
47th Session
United Nations Headquarters, New York, 11 April 2014**

Thank you chairperson for the opportunity to deliver this statement on behalf of Family Research Council, C-FAM and the American Association of Pro-Life Obstetricians and Gynecologists.

Chairperson,

Securing a better future for mothers needs to be the number one goal for the advancement of women in the post-2015 development agenda. Maternal health should remain a stand-alone goal in the post-2015 development agenda as it was in the MDG framework.

Now better than ever before, we know what it takes to make pregnancy and childbirth safe for mothers. It takes investment in education, skilled birth attendants, prenatal and antenatal care, clean water and sanitation, adequate nutrition and vitamins, antibiotics and other healing medicines, and emergency obstetric care.

There is no quick fix here. And, we cannot be deceived by those who say that changing abortion laws will improve maternal health.

Evidence shows that mortality from abortion, estimated at less than 15% of all causes of maternal death, decreases proportionately with all other causes of maternal death if the right improvements to maternal health care are made, regardless of the legal status of abortion. This means that complications from abortions, whether legal or not, can only be dealt with through adequate investments in maternal health care.¹

Making abortion legal doesn't improve maternal health in any way. It only makes it "safe" for the abortionist, it does not make it any safer to the mother and her unborn child. Ireland and Chile are world leaders in maternal health, with lower maternal mortality rates than the United States and other wealthy countries, despite having highly restrictive abortion laws.

Legalizing abortion actually endangers the lives of women by exposing them to health risks they would not encounter if they would carry their pregnancies to term.

Studies show that abortions often result in immediate complications like massive bleeding, infection and death, even in countries where elective abortion is legal. In the United States, abortions carried out after 5 months of pregnancy are more likely to result in the death of the mother than carrying a pregnancy to term.

¹Stefano Gennarini, J.D. and Rebecca Oas, Ph.D., *Securing a Better Future for Mothers in the Post-2015 Development Agenda: Evaluating the ICPD Operational Review*, IORG Briefing Paper Number 11, March 28, 2014, http://c-fam.org/docLib/11_Securing_Better_Future.pdf.

Over 130 studies in the medical literature show that elective abortion results in an increased risk of preterm birth in subsequent pregnancies. And women who abort have a greater risk of depression and suicide as compared to women who give birth.

Maternal health care strives to make pregnancy safer for both mothers and their unborn children, Preventing births by aborting the unborn child, or preventing the human embryo from implanting in the mother's womb does not improve the health of the mother or her unborn child.

In conclusion, we know what it takes to make pregnancy and childbirth safe. Maternal healthcare, must remain a distinct and urgent priority in the post-2015 development agenda. This cannot be confused with elective abortion, which destroys the life of innocent unborn children and places the lives of mothers in jeopardy.

Thank you Chairperson.