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New analysis of world maternal mortality confirms health care, not abortion, key factor in saving lives

Call for renewed WHA focus on improving women's health care in developing world

GENEVA, Switzerland — Improved medical care, not abortion, is the solution to the problem of maternal deaths in the developing world, according to a [new analysis](#) of research from Chile and other sources. The analysis was released today at the World Health Assembly (WHA) in Geneva by Minnesota Citizens Concerned for Life Global Outreach (MCCL GO) and National Right to Life Educational Trust Fund (NRLC), an NGO based in Washington, D.C. Leaders of both organizations called for a renewed emphasis on improving health care for women as the only sure means of reducing maternal mortality.

“We have known for decades that most maternal deaths can be prevented with adequate nutrition, basic health care, and good obstetric care throughout pregnancy, at delivery, and postpartum,” said Jeanne Head, R.N., National Right to Life vice-president for international affairs and U.N. representative. “Yet some in the international community have focused their resources primarily on legalizing abortion at the expense of women’s lives.”

“Our analysis presents clear, factual evidence to repudiate the claim that legalized abortion reduces maternal mortality,” said MCCL GO Executive Director Scott Fischbach.

The analysis, “Women’s Health & Abortion,” compares the impact of improved medical care and legalized abortion on maternal mortality rates in several countries. Maternal deaths declined sharply in the United States through the 1930s and 1940s, for example, coinciding with advancements in maternal health care, obstetric techniques, antibiotics and in the general health status of women. This occurred long before the widespread legalization of abortion.

Chile offers the most striking proof that maternal mortality is unrelated to the legal status of abortion. Chile sharply reduced its maternal mortality rate even after its prohibition of abortion in 1989, and now has the lowest maternal mortality rate in Latin America. Even maternal deaths *due specifically to abortion* declined—from 10.78 abortion deaths per 100,000 live births in 1989 to 0.83 in 2007, a reduction of 92.3 percent after abortion was made illegal.

In the developing world, the danger of legalized abortion is profound, the analysis found. Ms. Head explains: “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. The number of abortion-related maternal deaths may actually increase.”

MCCL GO and National Right to Life called upon the WHA to focus its resources on the improvement of women’s health care in the developing world.

“We urge the World Health Assembly to adopt measures to significantly reduce maternal mortality in the developing world by improving women’s health care,” Mr. Fischbach added. “We call upon the WHA to save lives, not expend endless energy and resources in areas where there is profound disagreement, such as the legalization of abortion.”

The analysis is available at the MCCL GO website, www.mccl-go.org. Copies are available in English at the WHA Geneva conference by calling Mr. Fischbach on 001-320-492-9062.

MCCL GO is a pro-life global outreach program of the Minnesota Citizens Concerned for Life Education Fund with one goal: to save as many innocent lives as possible from the destruction of abortion. Learn more at www.mccl-go.org.

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