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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by the Alliance Defense Fund, a non-governmental organization in special consultative status

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

[22 August 2014]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Maternal Mortality

The Alliance is a not-for-profit international legal alliance of more than 2,200 lawyers dedicated to the protection of fundamental human rights. It has been involved in over 500 cases before national and international forums, including the Supreme Courts of the United States of America, Argentina, Honduras, Mexico, Peru, India and the Inter American Court of Human Rights and the European Court of Human Rights. It also has provided expert testimony before several European parliaments, as well as the European Parliament and the United States Congress. It has accreditation with the Economic and Social Council of the UN, as well as the Organization of American States, the Organization for Security and Cooperation in Europe and the European Union (the European Union Agency for Fundamental Rights and the European Parliament).

Maternal mortality is one of the great tragedies of our time. International law articulates a clear obligation on the part of States with regard to the rights of mothers and children. The Convention on the Elimination of All Forms of Discrimination Against Women calls on States to provide maternal health care. Article 12.2 states that, “States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.” The International Covenant on Economic, Social and Cultural Rights protects the right to the highest attainable standard of physical and mental health, with a specific reference to pregnancy. In Article 12.2(a), the treaty calls on States Parties to take steps to ensure “the provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child”.

On the occasion of the 27th Session of the Human Rights Council, we call on Member States to reaffirm their efforts to combat maternal mortality and help carry women and children through pregnancy, childbirth, and the early years. We support authentic and effective solutions to improving maternal health that focus on education and basic life saving interventions—not on abortions, which in no way help women bring their children into the world. It is imperative that all UN processes be based on respect for the fundamental rights that form the foundation upon which the UN was created. At the most basic level, every person is entitled to the right to life and to health. Moreover, article 25.2 of the Universal Declaration of Human Rights states that, “motherhood and childhood are entitled to special care and assistance.” Mothers and children everywhere are entitled to this special care. It is critical that States commit to safeguarding both mothers and babies if we are to see authentic improvements in maternal health.

As the Millennium Development Goals draw to a close and the Sustainable Development Goals commence, we call on the UN to focus specifically on the reduction of the maternal mortality ratio in the developing world. According to the World Health Organization, maternal mortality worldwide dropped by almost fifty percent between 1990 and 2010. However, women continue to die from preventable causes associated with pregnancy and childbirth. Ninety-nine percent of pregnant mothers who die are from the developing world (WHO). According to WHO data, a woman’s risk of dying during or following pregnancy is 1 in 3800 in the developed world. In sub-Saharan Africa, this risk is 1 in 39. These statistics point to the fact that the causes of maternal mortality are driven by poverty and lack of critical health care infrastructure. There are four direct causes of maternal mortality: 1) hemorrhage, 2) infection, 3) high blood pressure, and 4) obstructed labor. The solution to high rates of maternal mortality in the developed world is thus to ensure that every woman has access to quality prenatal care, to increase the number of skilled birth attendants, to strengthen health care systems, and ultimately to focus on educating women and alleviating poverty.

The data demonstrates that a lower maternal mortality ratio is consistent with higher GDP. As a country develops, its maternal health statistics improve. After decades of research from around the world, no data proves that access to abortion solves the problem of maternal mortality. Some agencies and non-government organizations consider “safe abortion” to be a solution to the problem of maternal mortality. These calls do not meet the needs of mothers that need a real answer to the problem of a dangerous pregnancy or childbirth. For this reason, we call on UN Member States to keep the focus on responding to the four causes outlined above that constitute the vast majority of maternal deaths.

Malta and Chile are two examples of countries that achieved exceptional maternal health care standards without access to abortion. Malta boasts a maternal mortality ratio of 8, which is equal to or lower than 18 countries that allow abortion on demand and is exactly the same as Belgium, France and Switzerland. With one of the lowest maternal mortality

ratios in the world, it is evident that Malta is one of the safest places in the world to be pregnant. Similarly, following the prohibition of abortion in 1989, Chile experienced a steep decline in the number of maternal deaths (69.2 percent). Chile came to have the second-lowest maternal mortality ratio in the Western Hemisphere, after Canada. An unprecedented fifty-year analysis of maternity data from Chile reveals two essential facts. First, restricting access to abortion services does not negatively impact maternal mortality. In fact, prohibiting abortion in Chile resulted in significantly improved maternal health for the country by freeing up resources to care for mothers and babies. Second, the data makes clear that women's educational levels is the single most important factor in reducing mortality rates among mothers. The more educated a woman is, the greater her ability to access the health care resources available to her and thus go safely through pregnancy.

Conclusion

Poverty eradication, not abortion, is the key to ending maternal mortality. The majority of the maternal deaths that take place in today's world are preventable. The healthcare knowledge and technology exists to end these tragic deaths. The problem lies in the fact that many women reside in places where poverty prevents them from accessing quality healthcare. Women should be able to exercise their fundamental right to become mothers and bring children safely into the world, regardless of where they live. It is imperative that UN Member States demonstrate their commitment to ending maternal mortality by focusing on the eradication of poverty and access to high quality healthcare for all.
