Introduction to the International Working Group for Global Women's Health Research 2010 Symposium Proceedings

Donna J. Harrison, M.D., dip ABOG

Dr. Harrison is director of Research and Public Policy at American Association of Pro-Life Obstetricians and Gynecologists.

There is no more critically important health issue for obstetricians that the health of the mother and child from conception through parturition and lactation. Yet much of the medical literature surrounding the ultimate ideal for maternal health is fraught with assumptions. The current prevailing view is that somehow abortion is an outcome equivalent to or superior to live birth. Yet evidence for this opinion is conspicuously lacking. So strongly is the “abortion is better than live birth” opinion held, that many leading peer-reviewed journals dismiss evidence-based medicine articles which challenge pro-abortion ideology. This censorship of the mounting evidence of the harms of abortion on women leads to a certain suspicious monotony, deadly to scientific inquiry.

But even worse that the lack of scientific integrity, the “abortion first” approach to maternal health hijacks critically important financial and medical resources, diverting these resources from the interventions which would do the most to decrease maternal mortality. What kills women during parturition is known:¹ Hemorrhage, hypertension, infection, and obstructed labor. The interventions to combat these killers also are known: skilled birth attendants, adequate medical facilities near the residence of the delivering women, oxytocin for postpartum hemorrhage and labor induction, magnesium sulfate for hypertensive crises, and antibiotics. Yet the abortion-first mentality robs nations of the funding ability to effectively combat the major killers, in order to impose abortion legalization.

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The WHO/UNFPA/IPPF perspective on maternal mortality has been a “top-down” approach, relying heavily on the imposition of legalized abortion as a first step in funding maternal health programs.² This approach ignores the culture of many people-groups who value unborn human life, and also tramples underfoot the medical community and practitioners who practice according to the Hippocratic Oath.

Thus, there is a need for an alternative voice in the published conversation about maternal health. In light of this need, the International Working Group for Global Women’s Health Research (IGGWHR) was formed in 2010. At our inaugural meeting, physicians and researchers from around the globe met in Washington, D.C., to look first at the issue of maternal mortality from a fresh perspective.

In this issue of *The Linacre Quarterly*, the articles will reflect a different and fresh approach to the issue of maternal mortality: an approach which values both the woman and her unborn child. The authors reflect a broad swath of the world, from Latin America to Africa. They range from Ministry of Health consultants to academicians to directors of international maternal health programs. They represent the voice of experience on the ground: the experience of those who actually care for and care about the women affected by international policies and funding. Theirs is a voice that needs to be heard above the cacophony of radical pro-abortion politics in the international community.

Notes

¹ K.S. Khan et al., “WHO Analysis of Causes of Maternal Death: A Systematic Review,” *Lancet* 367 (2006): 1066–1074.

² Beth Frederick, “Eliminating Unsafe Abortion Worldwide,” *Lancet* 370 (2007): 1295–1296; World Health Organization and United Nations Population Fund, “National-Level Monitoring of the Achievement of Universal Access to Reproductive Health: Conceptual and Practical Considerations and Related Indicators” (Geneva: WHO, 2008), http://whqlibdoc.who.int/publications/2008/9789241596831_eng.pdf.