



BOLLETTINO

SALA STAMPA DELLA SANTA SEDE

N. 0411

Mercoledì 23.06.2010

INTERVENTO DELLA SANTA SEDE ALLA 14a SESSIONE ORDINARIA DEL CONSIGLIO DEI DIRITTI DELL'UOMO SULLA MORTALITÀ MATERNA

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Il 14 giugno 2010, l'Osservatore Permanente della Santa Sede presso l'Ufficio delle Nazioni Unite, S.E. Mons. Silvano M. Tomasi, ha pronunciato alla XIV Sessione Ordinaria del Consiglio dei Diritti dell'Uomo, in corso a Ginevra, l'intervento sulla mortalità materna che riportiamo qui di seguito:

• INTERVENTO DI S.E. MONS. SILVANO M. TOMASI

Mr. President,

Based on the significant commitment and experience of the Catholic Church in assisting mothers and newborn babies, since the earliest of times, especially through its hospitals and maternity and pediatric clinics, my delegation wishes to express its urgent concerns about the shocking number of maternal deaths that continue to occur – estimated by reliable indicators at 350,000 a year – most especially among the poorest and most marginalized and disenfranchised populations.¹

The Holy See's approach to Maternal Mortality is holistic, since it gives priority to the rights of mothers and child, both those already born and those awaiting birth in the womb of the mother. Not surprisingly, a strong correlation is revealed between statistics related to Maternal Mortality and those related to Neonatal Death, indicating that many measures aimed at combating maternal mortality, in fact, also contribute to a further reduction of child mortality. Moreover, we should not forget that 3 million babies die annually during their first week of life, another 3 million are stillborn, 2.3 million children die each year during their first year of life.

Mr. President,

Improvements to reduce Maternal Mortality have been made possible due to higher per capita income, higher education rates for women and increasing availability of basic medical care, including "skilled birth attendants". A recent study on Maternal Mortality has suggested that maternal mortality in Africa could be significantly reduced if HIV-positive mothers were given access to antiretroviral medications. The availability of emergency obstetric

care, including the provision of universal pre and post-natal care, and adequate transport to medical facilities (when necessary), skilled birth attendants, a clean blood supply and a clean water supply, appropriate antibiotics, and the introduction of a minimum age of 18 years for marriage, are all measures that could benefit both mothers and their children. Most importantly, if the international community wishes to effectively reduce the tragic rates of maternal mortality, respect for and promotion of the right to health and of access to medications must not only be spoken about, but also be put into action, by States as well as by non-governmental organizations and by civil society.

Mr. President,

Policies aimed at combating Maternal Mortality and Child Mortality need to strike a delicate balance between the rights of mother and those of the child, both of whom are rights bearers, the first of which is the right to life. The maternity clinics and hospitals promoted by the Catholic Church do exactly that: they save the lives both of mothers and of child, born and yet-to-be-born.

Thank you Mr. President.

1 According to a study recently published in the medical journal, *The Lancet*, (Vol.375, Issue 9726, pp.1609-1623, 8 May 2010) there are approximately 350,000 maternal deaths *per annum* worldwide; WHO and UNICEF estimate 500,000 such deaths each year. The difference is attributed to diverse approaches to statistical modeling.[00941-02.01] [Original text: English][B0411-XX.01]
