



Catholic Church v women's rights in Argentina



Eitan Abramovich/AFP/Getty Images

For the **Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission** see [The Lancet Commissions](#) *Lancet* 2018; **391**: 2642–92

For more on the **abortion legislation debate in Argentina** see <https://www.theguardian.com/world/2018/aug/09/argentina-abortion-defeat-shows-enduring-power-of-catholic-church> and <https://edition.cnn.com/2018/08/07/americas/argentina-abortion-vote-intl/index.html>

In disappointing news last week, senators in Argentina voted against legislation to allow elective abortion up to 14 weeks of pregnancy. Public support and the passing of the bill in a lower congressional body had brought the right to choose the farthest in the country's legislative history, only to fall short on Aug 8.

Proponents called it devastating for women's rights but vowed to fight on. Since 1921, abortion has been legal in Argentina only when a pregnancy is the result of rape or a woman's life is in peril. Criminalising abortion does not protect women's health or prevent unintended or unwanted pregnancies, and nor does it stop terminations—up to 500 000 abortions take place each year in Argentina, and unsafe abortion is a leading cause of maternal death. But in deeply Catholic Argentina, the Church's influence runs deep. Catholic bishops spoke out against the bill and the Cardinal of Buenos Aires pontificated fetal rights in a mass during the legislative debate.

Most disappointing is Pope Francis, the Argentinian leader of the worldwide Catholic Church, who was

reported to have personally lobbied senators to spur votes against the legislation. While Pope Francis has been praised for his progressive views on some social justice issues, he deserves no credit for advancing women's rights. Just a week before the abortion vote, the Vatican reformed its position on the death penalty, declaring it inadmissible in all cases. Thus, Pope Francis seems comfortable changing doctrine based on modernised social norms with regard to the rights of prisoners. But he offers no such accommodation to women's reproduction. If the Catholic Church really cares about protecting lives, it would support proven interventions to prevent unintended pregnancy, such as access to contraception and sexual education, which would also lower abortion rates.

Instead, by continuing to fight against the legalisation of abortion, the Catholic Church rejects the rights and bodily autonomy of women and disregards the horror of thousands of women each year who are injured or die from unsafe abortion. The Catholic Church's chokehold on women's reproductive rights must yield. ■ [The Lancet](#)



Zika-associated health and development problems in children



Liamie Milloni/Panos

Zika virus infection during pregnancy can cause infants to be born with microcephaly and other congenital abnormalities, with further possible adverse developmental outcomes later in life. Last week, the US Centers for Disease Control and Prevention published the first and largest study to assess health and development problems in children aged 1 year or older in Puerto Rico and other US territories who were born to mothers with laboratory-confirmed or possible Zika infection during pregnancy and had received some follow-up care.

Of the 1450 babies examined, about one in seven experienced health problems possibly caused by the virus. 6% of infants had at least one Zika virus-associated birth defect, including microcephaly and brain and eye abnormalities—more than 30 times what is seen in children generally. This figure rose to 14% when neurodevelopmental problems such as seizures, developmental delays, and difficulty swallowing and moving were also included. Worryingly, recommended screening measures fell short of what was needed—fewer than two-thirds of children had neuroimaging,

about half had received a hearing test, and only around a third had an eye examination. As a result, many more problems will likely have been missed, especially in the children who are otherwise healthy at birth.

The authors recommend that health-care providers ask every mother about possible Zika exposure during pregnancy, and that children of those who test positive for Zika infection undergo comprehensive developmental screening in the months after birth. If issues are detected, children should be referred to the appropriate specialists for follow-up care immediately. Long-term monitoring and care for babies and children affected by Zika need to be coordinated across the entire health system. The study's findings of the developmental consequences are a reminder that such infectious disease emergencies are not usually short-lived—the effects of Zika will be felt for a generation. Continued follow-up, of this cohort and others (a study on pregnancies from the US mainland is expected later this year), will be essential to fully understand Zika virus disease while strengthening preparedness for a future Zika outbreak. ■ [The Lancet](#)

For the **Zika Vital signs report** see https://www.cdc.gov/mmwr/volumes/67/wr/mm6731e1.htm?s_cid=mm6731e1_e

For **Another kind of public health emergency** see [Editorial](#) *Lancet* 2017; **389**: 573