



PRESS RELEASE
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The March for Life 2026

Solidarity for Both

A message about real support for mother and child, before and after birth

The 16th annual *March for Life* will take place on Saturday, March 28, 2026, in Bucharest and other cities across Romania and the Republic of Moldova, marking the conclusion of *the Month for Life* campaign, held between March 1 and 31. Under the theme ***Solidarity for Both***, this year's edition highlights the need for real support for both mother and child, before and after birth, as a shared responsibility of society.

The March for Life is the largest annual pro-life event in Romania and the Republic of Moldova. Its purpose is to raise awareness and foster solidarity with pregnant women and their children who face difficult circumstances. Through its message, the event encourages community responsibility and the development of tangible support that addresses the concrete needs of mothers and children.

This year's theme expresses solidarity with both the pregnant woman facing a difficult decision and her unborn child. The message also emphasizes the role of those around her—partners, family members, friends, and community members—who choose to be present, to support, and not to judge. Solidarity is understood not as a slogan, but as responsibility and care expressed through real support and concrete solutions. In many cases, women are not seeking to give up, but to find a viable path forward, and timely support can change their life trajectories and restore their confidence.

The March for Life is a civic initiative open to the whole of society, built on respect and shared responsibility. The event is open to all who wish to express solidarity and willingness to support women, children, and families when support truly matters. Participation represents a form of civic engagement through presence and commitment, bringing together individuals and communities united by concern for life and social responsibility.

The March for Life is organized in a non-political and non-denominational framework. It does not call for the legal prohibition of abortion, does not support in any way the exclusion of women, and promotes dignity and respect for women and children at every stage of life, encouraging community involvement as a response to difficult realities.

This commitment also involves adapting public policies to the real-life circumstances faced by pregnant women. Therefore, we present a series of proposals aiming to provide concrete support for pregnant women and appropriately recognize their contribution to society.

In Bucharest, the March for Life 2026 will be organized by the *Romania for Life* and *Students for Life* associations on Saturday, March 28, 2026. Participants will gather beginning at 11:30 a.m. at University Square, on the statue esplanade. At 12:30 p.m., participants will march along the route: Regina Elisabeta Blvd. – Schitu Măgureanu Blvd. – Izvor Park. At 1:00 p.m., the Live for Life concert will begin in Izvor Park.

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PUBLIC POLICY PROPOSALS

TO SUPPORT PREGNANT WOMEN, MOTHERS, AND PARENTS

Introduction

In the context of the new demographic developments, socio-economic pressure on families, and the need to protect children from the earliest stages of life, it is necessary to strengthen the legislative and institutional framework dedicated to supporting pregnant women and parents. This document outlines a set of strategic measures to protect the health, dignity, and rights of children and parents, and improve the efficiency of public systems.

I. Current Situation

Romania faces significant challenges in supporting pregnant women, mothers, and vulnerable families. Administrative procedures, legislative ambiguities, and the lack of support mechanisms adapted to current realities lead to delays in accessing services, to medical risks, child abandonment, pressure on social protection systems, and difficulties in safeguarding the best interests of the child.

II. Consequences of Maintaining the Current Framework

- Increased vulnerability for pregnant women in high-risk situations;
- Prolonged time spent by children in the protection system;
- Inconsistencies in medical data reporting and challenges in public policy planning;
- High social and economic costs associated with abandonment, violence, and lack of support;
- Negative impact on the physical and emotional health of children and parents.

III. Public Policy Proposals

1. Protection of Pregnant Women Who Are Under Pressure

Problem

Current legislation does not provide a clear protective framework for pregnant women subjected to pressure, coercion, or psychological violence related to pregnancy decisions. Such situations, documented in international perinatal health reports, may severely affect the mother's physical and emotional health and endanger the pregnancy. The lack of dedicated legal tools means many cases remain unreported and unaddressed institutionally.

Solution

Introducing the possibility of getting a protection order when a pregnant woman is faced with pressure or threats related to her pregnancy. Enabling the mother to initiate proceedings to terminate the parental rights of the child's father who exerts such pressure, while maintaining his child support obligations. This measure would use existing legal instruments while providing a clear framework for cases of severe vulnerability.

Impact

Greater safety for pregnant women, reduction of psychological violence, and strengthened parental accountability. The measure would help prevent medical risks associated with severe maternal stress and protect both mother and child.

The cost of inaction is high, as untreated cases may escalate into physical violence or medical complications.

2. Prevention of Violence and Criminality

2.1 Strengthening Sanctions for Rape and Incest

Problem

Current penalties for rape and incest do not proportionally reflect the gravity and complexity of these crimes and fail to ensure adequate general and specific deterrence. These crimes not only affect the physical integrity of the victims but also generate significant psychological and social consequences documented in scientific literature, including depressive disorders, anxiety, post-traumatic stress disorder (PTSD), and persistent difficulties in relational and professional functioning.

Clinical practice and international studies show that effects may become chronic, being associated with long-term behavioral disorders and with increased vulnerability to addiction and re-victimization. In the absence of firm protection and intervention mechanisms, these vulnerabilities can further predispose victims to various forms of exploitation, including human trafficking and sexual exploitation, as well as to an increased risk of self-destructive behaviors, including suicide.

In this context, the existing punitive framework does not sufficiently protect victims nor effectively deter such crimes, with direct implications for individual safety, family stability, and long-term social cohesion.

Solution

Revising the legal framework with a view to increasing penalties for rape and incest so that sentences reflect the severity of the crimes, the vulnerability of victims, and the long-term psychological impact. The measure would bring criminal law in line with moral standards and address the need for a firm and consistent response to one of the most serious forms of aggression.

Impact

Stronger victim protection, increased deterrence, and greater public confidence in the justice system. At the same time, society would receive a clear signal regarding the seriousness of these acts and the responsibility of institutions to respond proportionately.

3. Standardized Reporting of Abortion Data

Problem

Data reporting on pregnancy terminations is not currently carried out in a uniform and

comprehensive manner nationwide. Significant differences exist between the public and private sectors, and data transmission is incomplete and inconsistent.

Published data from the National Center for Public Health Statistics show significant discontinuities—for example, zero abortions on request reported in the counties of Călărași, Hunedoara, and Olt for the first nine months of 2025, with similar situations registered in previous years, as well. Such reports are difficult to argue statistically compared to those related to the general population. They indicate possible dysfunctions in data collection and reporting, starting from the level of medical units.

In the absence of comprehensive and standardized reporting, national data do not accurately reflect the reality of the phenomenon, undermining public policy planning, budget allocation, and evaluation of prevention and support programs for pregnant women and families. Public decisions based on incomplete data limit the effectiveness of interventions and institutional transparency.

Solution

Mandating, by law, a standardized national reporting mechanism applicable equally to all public and private healthcare facilities, regardless of their organization.

The mechanism would expressly provide the following:

1. Unified data collection methodology, with the same clear operational definitions, standardized categories, and uniform statistical indicators nationwide;
2. Well-established reporting intervals clarified through methodological norms (for instance, monthly reporting with quarterly and annual centralization);
3. Standardized electronic format interoperable with the existing Information Technology Systems of the Ministry of Health and of the other public health institutions;
4. Clear institutional responsibilities both at the level of medical institutions and of the central coordinating authority;
5. Statistical verification and audit mechanisms ensuring conformity and coherence of the reported data.

Data will be transmitted exclusively in an aggregated and anonymized form, in strict compliance with national and EU data protection legislation, including the EU 2016/679 (GDPR) Regulation. The reporting mechanism will not include elements of personal identification and will not affect medical confidentiality.

The implementation of unified reporting aims exclusively to ensure a complete and verifiable statistical basis necessary for informing public policies in the field of maternal health, prevention, and support for pregnant women and families.

Standardization, monitoring, and verification of reporting are structural prerequisites for institutional transparency, efficient budget allocation, and objective evaluation of public interventions, without prejudice to individual rights and freedoms or the professional autonomy of medical personnel.

Impact

The implementation of a unified and mandatory reporting mechanism will ensure statistical coherence at the national level and strengthen the state's capacity to base public policies on complete and verifiable data. A database that accurately reflects realities on the ground allows for the calibration of healthcare and social interventions according to the population's actual needs, the optimization of budget resource allocation, and the objective evaluation of prevention and support programs intended for pregnant women and families. At the same time, standardized and monitored reporting contributes to increasing institutional transparency and strengthening administrative accountability mechanisms in the field of public health.

4. Financial and Social Support for Pregnant Women and Parents

4.1 Granting the *Child-Raising Allowance* Also to Parents Who Have Not Worked 12 Months in the Last 2 Years Before Birth, in an Amount Corresponding to the National Minimum Wage

Problem

The child-raising allowance is currently granted only to parents who have earned income for at least 12 months in the two years preceding the birth. While this condition supports the parent who works and interrupts professional activity, it generates two major problems:

1. **Inequity among children** – children whose parents do not meet the seniority requirement are indirectly deprived of financial support in a critical period of their lives, which creates differences in opportunity depending on the professional status of the adults.
2. **Increased family vulnerability** – particularly in the case of single-parent or low-income families, the lack of financial support may compel the parent to return to work immediately after birth to cover the child's basic needs, thereby affecting the child's care and development.

Thus, the current provision creates disparities among children and limits the state's ability to support all families equitably.

Solution

Revising the legal framework governing the child-raising allowance by establishing a mechanism that would include as beneficiaries parents who do not meet the current requirement of at least 12 months of income in the two years before birth.

The measure will be implemented through a proportional system, correlated with the actual number of months worked, so that the allowance amount reflects the level of contribution made. For situations close to the threshold (for example, 10–11 months worked), the allowance will be linked to the national minimum wage; in the absence of contributory periods, it will be set at a minimum threshold established by law, aligned with the level of unemployment benefits or with a statutory social reference amount.

This approach could maintain the principle of contributiveness without excluding the child from the minimum support necessary in the first months of life, in accordance with the principle of the best interest of the child. At the same time, the measure would prevent families from sliding towards social vulnerability and reduce their risk of subsequent dependence on other forms of social assistance, ensuring a balance between individual responsibility and the state's obligation to ensure social protection.

Impact

The implementation of a proportional mechanism for granting the allowance can reduce disparities among children, which are generated exclusively by the professional status of their parents, and ensure a minimum level of financial protection in the early years of life. The measure will prevent the risk of early childhood poverty, stabilizing the situation of single-parent families or those facing economic hardship, and reducing the pressure for immediate professional reintegration after birth.

By ensuring a guaranteed minimum level of support, in accordance with the principle of the best interest of the child, the intervention strengthens social equity and creates the conditions for more stable and predictable development during the critical early years of life.

4.2 Financial Support Starting from Pregnancy

Problem

Pregnant women face additional needs (specific medical services, adequate nutrition, clothing adapted to bodily changes) that involve significant additional costs. In the absence of dedicated financial support during the final months of pregnancy, vulnerable women risk not benefiting from the conditions necessary for a healthy pregnancy, which may affect both their well-being and the development of the child.

Solution

Extending the child-raising allowance so that **financial support starts with the sixth month of pregnancy**. This measure would cover the costs of prenatal monitoring, adequate nutrition, and the necessary care during a period when needs are naturally higher.

Impact

Improvement of maternal and child health, reduction of medical risks in late pregnancy, increased access to prenatal medical services, and prevention of economic vulnerability. The measure supports a healthy pregnancy, a stable start in life, and optimal development for the child.

5. Protecting Human Dignity in Pregnancy Loss

5.1 Support in Cases of Pregnancy Loss

Problem

Current legislation allows parents to request the child's body for burial **only if the pregnancy has exceeded the threshold of 28 weeks**. This limitation places parents who experience an early

pregnancy loss in a profoundly difficult emotional situation, depriving them of the possibility of a natural farewell ritual recommended by European guidelines on perinatal mental health. The lack of this option for pregnancies under 28 weeks increases the risk of depression, anxiety, and post-traumatic stress disorder.

Solution

Extending the parents' right to request the child's body for burial **regardless of gestational age**, at the mother's express request. The measure does not involve additional costs for the state and aligns Romania with European standards focused on dignity and emotional health in the perinatal period.

Impact

Reduction of psychological trauma, facilitation of a healthy grieving process, decreased risk of severe emotional disorders, and strengthened trust in the healthcare system. **The cost of inaction remains humanly and socio-economically significant.**

6. Development of the Adoption System

6.1 Introducing the Option of Open Adoption

Problem

Romanian legislation currently provides exclusively for **closed adoption**, a model retained from the communist regime period. The absence of an open adoption option significantly complicates obtaining the consent of biological parents, resulting in a large number of institutionalized children remaining unadoptable. The lack of a predictable information mechanism creates emotional insecurity for biological parents and reduces their willingness to consent to adoption, while the child does not benefit from the necessary framework to harmoniously integrate his or her family identity.

Solution

Creating a legal framework for **open adoption** that would allow, with the consent of all parties, the establishment of limited and regulated forms of communication between biological and adoptive parents (for example, periodic updates or the transmission of an annual photograph). This model ensures a balance between protecting the privacy of the adoptive family and the need for emotional continuity for biological parents and the child.

Impact

Providing for the possibility of open adoption would increase the number of adoptable children, reduce anxiety among biological parents, and support the child in the natural process of assuming his or her own identity. The experience of European states that apply this system shows that minimal, regulated, and legally protected communication between the two families accelerates the adoption process and improves emotional and social outcomes for all parties involved.

6.2 Initiating Adoption Procedures During Pregnancy

Problem

Currently, the adoption procedure in Romania may be initiated **only after birth**, which generates

administrative delays and increases the likelihood that a child will temporarily enter a placement center. This limitation particularly affects parents who believe they cannot provide adequate care for the child and would wish to entrust the child for adoption. In other states, such as the United States, parents may begin procedures during pregnancy, with final consent expressed after birth, within the legal period during which they may reconsider their decision. Moreover, the European Convention on Adoption provides that final consent may not be given before six weeks after birth, which is compatible with a process initiated prenatally. The absence of such a mechanism in Romania unnecessarily prolongs the period of uncertainty, encourages abandonment at birth—which often places the child’s life at risk—and reduces the chances of rapid integration into a family.

Solution

Introducing the legal possibility of initiating the adoption process **during pregnancy**, with final consent expressed only within the postnatal legal timeframe provided by European standards. This framework allows for the early identification, evaluation, and preparation of the adoptive family, while at the same time respecting the biological parents’ right to reconsider the decision after birth.

Impact

The solution would contribute to reducing abandonment, significantly shortening the time children spend in the protection system, and increasing the chances of rapid integration into a stable and prepared family. At the same time, it would improve the child’s safety at birth and align Romania with modern practices applied in other states and compatible with European conventions.

7. Transparency and Ethics in the Medical Field

7.1 Ethical Criteria for Public Funding of IVF

Problem

Public funding of *in vitro* fertilization (IVF) procedures is currently carried out in the absence of consolidated public data regarding the status of embryos resulting from previously funded programs and without a unified regulatory framework governing the management of surplus embryos. The lack of a transparent reporting and monitoring system limits the authorities’ ability to assess the real effectiveness of programs financed from public funds.

International data indicate that only a small percentage of created embryos result in the birth of a live child, which requires a rigorous analysis of how they are used and managed within state-supported programs. In the absence of standardized protocols regarding cryopreservation, subsequent use, or other legal dispositions, practices may vary significantly among clinics, generating procedural and ethical differences.

This situation creates a deficit of transparency and administrative accountability in the use of public resources, with the risk that the state may bear successive costs without a systemic evaluation of the sustainability and effectiveness of the intervention. Strengthening the regulatory

framework is necessary to ensure ethical coherence, procedural predictability, and responsible management of public funds in the field of assisted reproduction.

Solution

Conditioning public funding of IVF procedures on the application of a unified, transparent, and predictable national protocol regarding the management of surplus embryos. The protocol will establish clear rules regarding cryopreservation, legal options available to biological parents, informed consent, reporting of results, and traceability of embryos created within publicly funded programs.

The regulatory framework will explicitly regulate the disposal of embryos no longer used by biological parents, with a view to limiting their destruction and encouraging legally compliant solutions, including time-limited preservation and the possibility of donation to other couples under strictly regulated conditions.

Uniform application of the protocol in all accredited medical units will allow monitoring of the effectiveness of funded programs, strengthen transparency in the use of public funds, and ensure a balance between parental autonomy, state responsibility, and ethical coherence in medical interventions in assisted reproduction.

Impact

The proposed measures will lead to more efficient and responsible use of public funds by reducing administrative and operational costs generated by non-uniform practices and by increasing the transparency of funded programs. Standardizing the rules and monitoring their implementation will strengthen institutional accountability mechanisms and increase procedural predictability for patients, contributing to strengthening trust in the medical system.

At the same time, defining a clear ethical framework regarding the management of embryos created through public programs, with respect for informed consent and patients' rights, ensures regulatory coherence and responsible use of resources. Within the limits of the law, regulating donation mechanisms may provide other couples with an additional opportunity to access assisted reproduction treatments within a predictable and transparent framework.

8. Financial Rewards for Identifying Criminals

Problem

In the investigation of serious crimes, such as human trafficking, drug trafficking, rape, or murder, authorities frequently encounter difficulties in obtaining essential information for identifying and apprehending perpetrators. Individuals who possess relevant information may avoid cooperation for many reasons: fear of retaliation, lack of confidence in the effectiveness of the judicial system, the absence of clear protection mechanisms and cooperation incentives.

This reluctance reduces the efficiency of investigations, prolongs their duration, and may allow criminal activity to continue, generating additional social costs and affecting community safety. Particularly exposed are minor girls and women in vulnerable situations, including pregnant women, who may become victims in the absence of a support network or through social isolation.

In the absence of complementary instruments that encourage the provision of relevant and verified information, the state's capacity to intervene rapidly and effectively remains limited. It is therefore necessary to examine additional mechanisms, consistent with the legal framework and ethical principles, that encourage civic cooperation and strengthen the effectiveness of the administration of justice, while respecting procedural guarantees and preventing abuses.

Solution

Implementing a transparent mechanism through which citizens who provide relevant information in cases of human trafficking, drug trafficking, rape, or murder may receive a financial reward. This system would stimulate cooperation between the public and law enforcement institutions, facilitating the collection of more data essential for identifying and convicting offenders.

Impact

Increasing investigation efficiency and accelerating resolution of serious cases, strengthening public trust in authorities, and improving cooperation between communities and law enforcement institutions. At the same time, the existence of such a mechanism has a deterrent effect on offenders, who will know that the risk of being identified is amplified by the active involvement of citizens.

IV. Estimated Impact

Implementation of the proposed measures will generate multidimensional effects, measurable at social, economic, and administrative levels. The following outcomes are estimated:

1. Reduction of Long-Term Social Costs

- The costs associated with institutionalizing a child significantly exceed prevention costs.
- Reducing the time children spend in the protection system diminishes pressure on the public budget.
- Preventing violence and maternal coercion reduces subsequent medical and legal costs.

2. Improvement of Maternal and Infant Health

- Prenatal financial support and legislative protection of pregnant women contribute to reducing medical risks in the third trimester of pregnancy.
- Extending rights in cases of pregnancy loss reduces the incidence of severe emotional disorders, with a positive effect on public health.

3. Increased Administrative Efficiency and Clarification of Procedures

- Standardized reporting of medical procedures enables the development of policies based on real data.
- Simplified and predictable adoption procedures reduce the workload of child protection directorates and courts.
- Clarity of IVF protocols increases legal and administrative predictability.

4. Strengthening Public Trust in State Institutions

- Active protection of pregnant women and firm sanctioning of serious crimes send a signal of social responsibility.
- Modernizing the legal framework on adoption aligns Romania with European standards and improves the public perception of the child protection system.

5. Supporting Birth Rates and Reducing Demographic Vulnerabilities

- Financial support for parents and improved maternal protection contribute to a climate favorable to the decision to have children.
- Reducing abandonment and rapid integration of children into adoptive families contribute to long-term demographic health.

V. Call to Action

In the context of new demographic developments, social changes, and the need to strengthen protection for pregnant women, mothers, and children, we consider it appropriate to initiate a coordinated institutional process based on dialogue, interdisciplinary expertise, and public responsibility. In this regard, the following directions for action are proposed:

1. Initiating Interinstitutional Technical Consultations

We recommend the launch of a consultation process among institutions with responsibilities in this field — the Romanian Parliament (through its specialized committees), the Ministry of Labor and Social Solidarity, the Ministry of Health, the Ministry of Justice, the Ministry of Family Affairs, the National Authority for the Protection of Children’s Rights, and other relevant authorities. This process represents the necessary foundation for evaluating administrative capacity, harmonizing viewpoints, and identifying appropriate legislative solutions.

2. Establishing a Specialized Working Group

We propose the establishment of a working group including representatives of public administration, specialists in the social and medical fields, as well as organizations with expertise in child protection and family support. The objective of this group is to formulate a coherent set of legislative proposals and establish implementation stages within a predictable and realistic timeline.

3. Prioritizing Measures with Immediate Impact

It is advisable that measures with direct impact, high feasibility, and low administrative costs be analyzed as a priority. Their rapid implementation may contribute to improving public perception of the institutions’ capacity to respond to the current needs of families.

4. Drafting Normative Acts

Following consultations and activities of the working group, an appropriate legislative package may be initiated, including:

- draft laws;
- amendments to government ordinances or methodological norms;
- supplements to secondary legislation, depending on the competence of each institution and the identified needs.

5. Public Commitment to Protecting the Child and Supporting the Family

Adoption of these measures represents a strategic investment in Romania's future. We invite state institutions to reaffirm their commitment to the principles underlying modern social protection policies: respect for the best interest of the child, support for equal opportunity, and promotion of the dignity of the pregnant woman. Such a consolidated approach may contribute to strengthening social cohesion, modernizing public systems, and supporting sustainable development.