

SI Position Paper - Maternal Health

Where Things Stand

Prior to the current COVID 19 pandemic UN Secretary General Antonio Guterres indicated that “2020 started with some promise and hope for the *Every Woman Every Child* (EWEC) initiative. The findings, pre-pandemic, were more positive than negative...maternal mortality was declining and more children lived to see their first birthday than at any time in history.” In 2020, *Every Woman Every Child* celebrates 10 years of progress toward the Sustainable Development Goals. Launched by Ban Ki-moon, former UN Secretary-General, *Every Woman Every Child* is an unprecedented global movement that has mobilized 740 multi-stakeholder commitments in support of women, children and adolescents, totalling more than \$88 billion USD, including \$43.9 billion pledged since the launch of the Global Strategy in 2015.

The aim of the campaign is to end preventable deaths of mothers, newborns and children by providing excellent maternal, newborn and child care, ending epidemics of HIV, TB, malaria, neglected tropical diseases (such as Ebola and Lassa Fever) and other communicable disease, and by reducing premature mortality. While improvements had been made in the quality and accessibility of maternal healthcare, pregnancy-related preventable illness and mortality remained unacceptably high and efforts to improve maternal rights continued to overlook the experiences of girls, women with disabilities, migrants, and those from low-income backgrounds. The World Health Organisation (WHO) reported that 94% of maternal deaths occurred in low and lower-middle income countries, with roughly 66% of those in sub-Saharan Africa indicating that barriers to maternal health remained common across many regions.

Although significant reductions in maternal and child mortality were achieved and coverage of essential interventions improved in many countries, progress was uneven, with inequities still evident at regional, national and subnational levels. These deaths were increasingly concentrated in sub-Saharan Africa and South Asia, where 86% of all maternal deaths occurred in 2017. In 2019 64% of pregnant women were estimated to receive antenatal (prenatal) care in the first trimester of pregnancy, as recommended. However, only 35% of women living in low-income countries compared with 83% of women in higher income countries received early antenatal (prenatal) care. Poverty continued to prevent the existence and use of good quality healthcare services, whilst exacerbating risks relating to nutritional deficiencies and exposure to unsafe levels of harmful toxins impacting directly on maternal health. Inadequate numbers of trained local midwives, safe birthing environments, and infrequent or costly transportation, greatly restrict the availability of good quality healthcare.

Racism also plays a role in maternal health. In the US, according to a report by the US Department of Minority Health, Black (non-Hispanic) mothers have 2.3 times the infant mortality rate as white (non-Hispanic) mothers, black infants are 3.8 more likely to die of complications relating to low birthrate, and Black (non-Hispanic) mothers are 2.3 times less likely to receive prenatal health care than white (non-Hispanic) mothers. (US Department of Office of Minority and Health (CDC 2019. *Infant Mortality Statistics from the 2017 Period Linked Birth/Infant Death Data Set. National Vital Statistics Report*) Institutionalised racism, lack of access to health care facilities and high quality care, untreated health issues and lack of access to nutritious food are some factors contributing to these statistics.

According to reports from WHO a correlation also existed between pregnancy-related preventable illness and mortality and the prevalence of harmful traditional practices (HTPs) such as Female Genital Mutilation (FGM) and Child Marriage. The practice of FGM can cause life-threatening complications for both mother and baby and regularly leads to debilitating and long-lasting injury to the mother. While in low and lower-middle income countries, childbirth is the leading cause of death for girls age 15-19 and 90% of such pregnancies relate to married girls.

Evidence is still accumulating on the impact of COVID-19 on pregnancy and perinatal outcomes and on the risks of transmission during pregnancy, childbirth and breastfeeding. Countries' mitigation strategies have frequently resulted in disruptions to the delivery of essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services, putting women, children and adolescents at higher risk of death, disease, and disability from preventable and treatable causes.

The impact of COVID-19 on health-care systems throughout the world is also being documented through numerous surveys and reporting mechanisms. Shortages of health personnel, equipment and supplies; closures of routine health services; transportation disruptions; and fear of infection are common and are resulting in less use of health-care services. Harmful medical practices are also being implemented in some countries as part of efforts to prevent COVID-19 transmission. These include, for example, more elective but dangerous procedures such as caesarean section deliveries, not allowing women to have companions present during childbirth, and separating infants from mothers with COVID-19 infection at birth, interfering with the initiation of breastfeeding. The impact of COVID-19 on mother's mental health mother's is also an issue, so maternal health services should include support for mental health concerns such as anxiety and depression.

Now, in the time of COVID-19, with the rate of pregnancy-related preventable illness and mortality expected to dramatically increase and with the reallocation of medical resources and restrictions on transportation, women's health and human rights are being deprioritised.

Where things need to go

Fundamental Action

- Good quality healthcare must be available throughout every stage of motherhood; family planning, pregnancy, childbirth and postnatal period. In accordance with the right to equal treatment. Maternal healthcare services must also be safely accessible, affordable, and respectfully provided to all women and girls, especially all minority groups and women and girls in rural communities.
- States must increase funding for treatment and research into pregnancy, maternal and childbirth related illnesses and mortality. Root causes regarding poor maternal health must be identified at the local, regional, national and international levels, and strategies to overcome these barriers to life must be developed appropriate to their respective conditions.
- Educational programmes relating to maternal and child health must be available to all. These programmes should dismantle social stereotypes surrounding reproductive health, raise awareness about early warning signs of pregnancy and childbirth related complications, develop knowledge and facilitate access to good nutrition, and raise awareness of the risks relating to exposure to gender related violence, including Domestic Violence, plus other

types of violence which has been proven to affect child development, even in vitro, toxins and substance abuse.

- Greater investment must be given to programmes which facilitate the training of birth attendants, midwives, and obstetric surgeons.

Additional Action

In line with the targets of Sustainable Development Goal 3: “ensure healthy lives and promote well-being for all at all ages”, these are the principles that Soroptimist International strongly supports and will advocate for on behalf of women and girls:

- All States must ratify and implement the [Convention on the Elimination of All Forms of Discrimination against Women](#), which prohibits pregnancy-related discrimination and requires the provision of healthcare for pregnant and breast-feeding women.
- Healthcare providers and policy makers must act to enable the implementation of the World Health Organisation’s Guidelines on Maternal Health through the provision of adequate infrastructure, funding, data collection, and training programmes.
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- Member States must ratify Article 4 of the [Declaration on the Elimination of Violence Against Women](#) which calls upon States to “condemn violence against women and the State should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination.”
- States and the private sector must be held accountable for ensuring good quality rights-based healthcare at the highest standard of physical and mental health care. In the event of health-related violations of human rights, appropriate legislation and legal frameworks should exist and be enforced to ensure adequate reparation is awarded to the victim and suitable disciplinarys be enforced on the perpetrators.

Where Soroptimist International Stands

Soroptimist International will continue to support women and girls at the community level, through our training and education programmes specifically aimed at developing the skills of local health [clinicians and midwives](#), and through awareness raising programmes relating to harmful traditional practices, specifically [FGM](#) and [Child Marriage](#). Through global advocacy efforts we will share the knowledge obtained from grassroots projects with Member States and global health policy developers, to ensure that all women have equal and safe access to human rights based maternal care.

¹ https://www.who.int/health-topics/maternal-health#tab=tab_1

Resources

Protect the progress: rise, refocus and recover. 2020 progress report on the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Geneva: World Health Organization and the United Nations Children's Fund (UNICEF); 2020 Introduction

The Every Woman Every Child (EWEC) movement, launched in September 2010, has been one of the key multilateral drivers of progress throughout the past decade, along with other institutions, movements and agendas such as Partnership for Maternal, Newborn & Child Health; Countdown to 2030; and others

World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>