

Committee/Council: Special Conference
Issue: Maternal health and access to health services
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Introduction

Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth. In 2010, 287.000 women died during and following pregnancy and childbirth. In developing countries, conditions related to pregnancy and childbirth constitute the second leading causes (after HIV/AIDS) of death among women of reproductive age. [9] Almost all of these deaths could have been prevented. [1] The number of such deaths are unacceptably high. In recent years, there has been increased recognition that reducing maternal mortality is not just an issue of development, but also an issue of human rights.[10] Skilled care before, during and after childbirth can save the lives of women and newborn babies. Not to mention that improving maternal health is one of the eight Millennium Development Goals adopted by the United Nations General Assembly in 2000. [2] Every 90 seconds, a woman dies from complications related to childbirth, pregnancy, or unsafe abortion.

Definition of Key-Terms

Maternal health: "Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death." *World Health Organization*

Prenatal care: "Prenatal care refers to the regular medical and nursing care recommended for women during pregnancy." *United States National Library of Medicine*

Postnatal: "Postnatal is the period beginning immediately after the birth of a child and extending for about six weeks. Another term would be postpartum period." [3]

Family planning: "The concept or a program of limiting the size of families through the spacing or prevention of pregnancies, especially for economic reasons." *Dictionary.com*

Pre-conception counseling: "Pre-conception counseling is a meeting with a health-care professional by a woman before attempting to become pregnant. It generally includes a risk assessment for any potential complications of pregnancy." *United States National Library of Medicine*

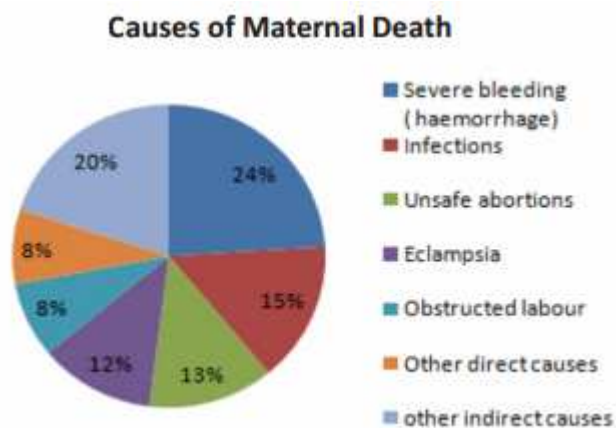
Midwifery: "Midwifery is a health care profession in which providers offer care to childbearing women during pregnancy, labour and birth, and during the postpartum period. They also help care for the newborn and assist the mother with breastfeeding." *Encyclopaedia Britannica*

Background Information

Many people consider the day their child was born the happiest day in their life. In the world's wealthier countries, that is. In wealthy countries, having a baby is rarely viewed as a life risking proposition. In poorer countries, the day a child born is all too often the day its mother dies.[10] Safe motherhood begins before conception with good nutrition and a healthy lifestyle. It continues with appropriate prenatal care and preventing problems if they arise. The ideal result is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family. [12] Health services that can save a mother's

Box 2: Availability, accessibility, acceptability and quality of health facilities, goods and services and their relevance to maternal mortality		
Criteria	Right to health requirement	Relevance to maternal mortality
Available	An adequate number of goods, services and facilities necessary for maternal health, as well as sufficient numbers of qualified personnel to staff the services.	Increasing care, and improving human resource strategies – including increasing the number and quality of health professionals and improving terms and conditions – will be key for reducing maternal mortality in many countries. ²⁵
Physically and economically accessible	Maternal health and sexual and reproductive health services which are both physically and financially accessible.	Physical access to, and the cost of, health services often influence whether women are able to seek care. ²⁶
Accessible on the basis of non-discrimination	Health services must be accessible on the basis of non-discrimination.	Ensuring women's access to maternal health and other sexual and reproductive health services may require addressing discriminatory laws, policies, practices and gender inequalities in health care and in society that prevent women and adolescents from accessing good quality services.
Accessible information	The right to seek, receive and impart information and ideas concerning health issues, including information that can help prevent maternal mortality.	Laws or policies that restrict women's access to information on sexual and reproductive health have a direct impact on maternal mortality. ²⁷
Acceptable	All health facilities, goods and services must be respectful of the culture of individuals, minorities, peoples and communities and sensitive to gender and life-cycle requirements.	Preventing maternal mortality and enhancing access to maternal and other sexual and reproductive health care is not simply about scaling up technical interventions or making the interventions affordable. Also important are strategies to ensure that the services are sensitive to the rights, cultures and needs of pregnant women, including those from indigenous peoples and other minority groups (see Box 3). ²⁸
Good quality	Maternal health care services must be medically appropriate and good quality.	The quality of care often influences the outcome of interventions and it also influences a woman's decision of whether or not to seek care.

life are not always available, accessible and affordable. The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia. Under the fifth Millennium Development Goal, countries committed to reducing maternal mortality by 3/4 until 2015. 95% of maternal deaths are preventable. The risk of maternal mortality is highest for adolescent girls under 15 years old. Complications in pregnancy and childbirth are the leading cause of death among adolescent girls in most developing countries. [5] Pregnant women die from four major causes: severe bleeding after childbirth, infections, hypertensive disorders, and unsafe abortion. Women in developing countries have on average many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. This is where family planning should intervene. About 18 million unsafe abortions are carried out in developing countries every year, resulting in 46 000 maternal deaths. Many of these deaths could be prevented if information on family planning and contraceptives were available and put into practice. [9]



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In high income countries, virtually all women have at least four antenatal care visits, are attended by a skilled health worker during childbirth. Poor women in remote areas are the least likely to receive adequate health care. Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are; poverty, distance, lack of information, inadequate services and cultural practices. [1] Although high-quality, accessible health care has made maternal death a rare

event in developed countries, where only 1% of maternal deaths occur, these complications can often be fatal in the developing world because single most important intervention for safe motherhood is to make sure that a trained provider with midwifery skills is present at every birth. World Health Organization advocates for "skilled care at every birth". [7] Ensuring quality maternity care services can save many lives. These services require a health professional (a midwife, doctor or nurse) who has been educated and trained to proficiency in the skills needed to manage normal pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. In addition to the appropriate skills, these health professionals should be motivated and located in the right place at the right time, They need to be supported by appropriate policies, essential supplies including medicines and operating under appropriate regulatory frameworks.[7] More than 136 million women give birth a year. About 20 million of them experience pregnancy-related illness after childbirth. [9]

Major Countries and Organizations Involved

World Health Organization: WHO is the directing and coordinating authority for health within the United Nations system. [4] Improving maternal health is one of WHO's key priorities. WHO is working to reduce maternal mortality by providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to member states of the United Nations. In addition, WHO advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programmes and monitor progress. [1] WHO currently has a successful programme to provide access to essential health services to the thousands of Somalis in need, especially women, children and internally displaced people, various health partners run mobile clinics with the support of WHO

Timeline of Events

Date	Description of event
8 September 2000	United Nations Millenium Declaration which includes the Millenium Development Goals was declared. Therefore United Nations aimed to maintain complete maternal health around the world by the year 2015.
16 June 2009	The United Nations Human Rights Council passed a resolution about maternal mortality.
2010	Global Strategy for Women's and Children's Health was launched by Secretary General Ban-Ki Moon
27 September 2010	The United Nations Human Rights Council passed a resolution on maternal health.

Relevant UN Treaties, Resolutions and Events

[United Nations Human Rights Council 2009 Resolution on preventable maternal mortality and morbidity and human rights - 16 June 2009](#)

[United Nations Human Rights Council 2010 Resolution on maternal health - 27 September 2010](#)

Previous Attempts to solve the Issue

The right to the highest attainable standard of health is legally protected by international human rights treaties including the Convention on the Elimination of All Forms of Discrimination Against Women, and the International Covenant on Economic, Social and Cultural Rights. It is also recognised in regional treaties, as well as by the domestic constitutions and laws of many countries worldwide. Even

though such legal protections are needed they unfortunately have nearly no practical use.[10]

UNICEF helps local communities provide information to women and their families on signs of pregnancy complications, on birth spacing, timing and limiting for nutrition and health, and on improving the nutritional status of pregnant women to prevent low birth weight or other problems. [5]

Tetanus, a bacterial disease that's a result of unhygienic and unsafe childbirth delivery practices, killed 200,000 newborns and 30,000 mothers in 2001 alone. Along with buying and helping provide tetanus immunizations for pregnant women, UNICEF provides micronutrients to stave off anaemia and birth defects – all of which lead to healthier mothers and babies. [5]

A policy that is animated by human rights, including the right to health, is likely to be more effective, equitable, inclusive, non-discriminatory and participatory. In the context of maternal mortality policies, these features help to empower women. [10] "*The Program on International Health and Human Rights, Harvard School of Public Health, and the Department of Reproductive Health and Research, World Health Organisation, have developed a tool which applies a human rights framework to the issues of maternal and neonatal health. The tool comprises a data collection instrument and the process of its application. Field tests of the tool are ongoing in Mozambique, Brazil and Indonesia. For use by national-level health programmers, the tool can help identify and address legal, policy and regulatory barriers to women's access to and use of services. Designed to capture information relevant to both health and human rights, successful use of the tool can inform the development, implementation, monitoring and evaluation of policies and programs. Box 5: World Health Organisation Making Pregnancy Safer Initiative: Piloting a human rights-based approach Application of the tool is a three stage process: establishing commitment and leadership; adaptation to the local context, data compilation and analysis; and prioritising for action. From the outset, this is a government-led process that is participatory, consultative, transparent and accountable. Use of the tool can enable identification of actions needed to eliminate barriers to maternal and neonatal health; facilitate the active engagement of other players in identifying and addressing specific non-health sector barriers; and using a rights perspective, document efforts to achieve international development goals related to maternal and neonatal health.*"[10]

Possible Solutions

Helping governments provide a quality primary school education - particularly education for girls- is needed for maternal and infant health. Educating girls for six years or more drastically and consistently improves their prenatal care, postnatal care and childbirth survival rates.[5] Educated girls have higher self-esteem, are more likely to avoid HIV infection, violence and exploitation, and to spread good health and sanitation practices to their families and throughout their communities. One study distinguishes between three possible effects of education on maternal health; formal education that teaches health knowledge to future mothers; literacy and numeracy skills that assist future mothers in the diagnosis and treatment of child health problems; and exposure to modern society that makes women more receptive

to modern medical treatment. [6] Maternal mortality is actually a problem of human rights. It's basically a problem of protecting one's basic right of health. This is due to the low status of women and girls, poor access to information and care, early age of marriage and restricted mobility. Gender equality has an important role to play in preventing maternal mortality. [10]

Most maternal deaths are avoidable. All women need access to prenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. If these are to be done maternal deaths would be mostly avoided. It is particularly important that all births are attended by skilled health professionals (midwives etc.), as timely management and treatment can make the difference between life and death. [1] There is a global shortage of qualified health workers. By 2015 another 330 000 midwives are needed to achieve universal coverage of mothers with skilled birth attendance. [9] Therefore by expanding the education capabilities of this profession maternal health is most likely to be maintained. Research shows the most important measure to be taken towards safe motherhood is to make sure that a trained provider with midwifery skills is present at every birth. [5] Almost half of births in developing countries take place without a skilled birth attendant.

Maternal deaths are a cause and also a consequence of poverty. The costs of childbirth can quickly exhaust a family's income, bringing with it even more financial hardship. A successful family planning is very important at this step. Given the weak state of health systems in many countries, NGOs must work closely with governments, aid donors and agencies, and other partners to strengthen these systems so that women gain significantly better access to quality family planning and other reproductive health services, skilled midwives at their births, emergency obstetric care, and postnatal care for mothers and newborns. [8]

On the other hand, delivering better maternal health is not only about ensuring that there are sufficient numbers of skilled midwives or providing ambulances; neither is it only about making services freely available. Ensuring safe motherhood requires the delivery of a comprehensive package of goods and services supported by appropriate institutions. [11]

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