



## Universal Maternal Rights: A Matter of Life and Death

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### ABSTRACT

Childbirth has been a part of our lives since the beginning of time. Without the process none of us would be alive today. So why is it that maternal mortality remains one of the greatest inequities in the world? To date, approximately 500, 000 women die annually due to the lack of appropriate prenatal and obstetric care. Difficulties arising with childbirth cannot be predicted. However, the way in which we react to a situation can have a lasting, positive effect on the countries and the women who are at risk. The ways in which to help reduce the large number of maternal deaths in developing countries is not complicated and can be achieved if it is made a priority. In conclusion, there are multiple obstacles in regard to succeeding the highest achievable standard of health globally. With the education of evolving scientific methods, and the collaboration of humanitarian views, the welfare and health of women and their children, can be internationally restored. With the education of evolving scientific methods, and the collaboration of humanitarian views, the welfare and health of women and their children, can be internationally restored.

### Background

It is the middle of the night and a young woman has gone into labour. After travelling almost six hours by foot to the nearest medical facility, she is ready to deliver her baby. Besides her excruciating long journey, there are still many obstacles that she must face. She discovers that the medical facility has lost power, which means that she must deliver her baby by candlelight. The situation becomes worse for the young mother; she is told that the sole physician is currently not at the medical facility. By the time a midwife arrives, she is in critical condition. During childbirth, the young woman begins to hemorrhage losing a substantial amount of blood. There is no blood bank to replenish the lost blood due to the lack of power and refrigeration storage. Despite the efforts and care of the midwife, the young woman dies while

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giving birth and the newborn baby is left without a mother. This is the brutal reality that many expectant mothers of South Sudan face in current times.

### **Disproportionate experiences of maternal mortality among developed and developing countries**

Childbirth has been a part of our lives since the beginning of time. Without the process none of us would be alive today. So why is it that maternal mortality remains one of the greatest inequities in the world? As human beings with moral reasoning, should we not question why such large numbers of maternal deaths still exist?

To date, approximately 500, 000 women die annually across the globe due to the lack of appropriate prenatal and obstetric care.<sup>1</sup> As individuals living in developed countries like Canada, we usually do not have to question the medical procedure associated with childbirth. Expectant mothers are instructed to take prenatal vitamins and expected to attend regular checkups to ensure their baby is developing appropriately. Pregnant women are provided with exceptional care at the time of childbirth by their choice of a trained health care professional, such as an obstetrician or a midwife. That being said, there are a number of women in our own country who are unable to access obstetric and prenatal care. Although the amount of these woman is substantially lower than places like South Sudan, woman in rural areas, living on the street, or who are recent immigrants to Canada, face a greater chance of encountering maternal mortality and the dark outcomes due to the lack of obstetric care.

When a woman goes into labour, many complications can arise, such as hemorrhaging<sup>1</sup>, pre-eclampsia and eclampsia<sup>2</sup>, delivery complications, and post-partum infections. In war-torn or developing countries, such complications are compounded by low government funding towards health care, early marriages, as well as social and political economic developments.<sup>2</sup> Ninety-nine percent of maternal deaths occur in developing countries<sup>3</sup>. Approximately 1 in every 180 women will die from childbirth or pregnancy difficulties in developing regions. This ratio is compressed to 1 in 54 women when considering those who reside in countries that have been devastated by natural disasters and wars.<sup>3</sup> Meanwhile in developed countries, like Canada, the frequency of maternal mortality is approximately 6.1 maternal deaths per 100, 000 deliveries.<sup>4</sup> The concern that arises with maternal mortality is that causes associated with pregnancy and childbirth are usually preventable when treated under appropriate circumstances. Given the high rates of maternal deaths across under-developed regions, it is important to interrogate what the root causes of maternal mortality are, and how can we, as a global society, better address them?

### **Factors contributing to maternal mortality**

Considering ninety-nine percent of maternal deaths that occur in developing countries are due to preventable causes, it is evident that maternal mortality can be considered a human rights violation. The Universal Declaration of Human Rights states under Article 25:

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*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or lack of livelihood in circumstances beyond his control.*<sup>5</sup>

Article 25 also ascertains that Mothers and Children are entitled to special care and assistance.<sup>5</sup> Engaging in initiatives that align with Article 25 would promote maternal health and buffer against current discrimination experienced by expectant mothers. Given the privileged state of healthcare in Western societies, there is greater potential to prevent maternal mortality with the application of advanced technology and medical practices to support women during childbirth. Conversely, the human rights of women in under-developed countries are more prone to being violated due to an inadequate level of care for expectant mothers. Why are expectant mothers in developing countries denied access to receiving standard obstetric care?

The implementation of vertical programs in underprivileged areas may be responsible for the systemic discrimination against these marginalized women. Vertical programs are often implemented in impoverished regions for prevention and delivery of care for health ailments that are susceptible to epidemics<sup>6</sup>. A problem that arises with vertical programs is when policy makers, researcher companies, and big-name human rights foundations from developed countries privilege the funding of programs that have an “alluring” appeal. In other words, programs that are focused around finding a cure or a break-through in some type of pharmaceutical medication, such as HIV/ AIDS funding. Limited access of funding may influence the lack of physicians and resources available to the expectant mothers. It is quite possible as long as vertical programs are of top priority for some of these developing countries, that the maternal needs of pregnant women will continue to be overlooked and pushed aside.

Women in developing countries experience a number of other barriers to receiving quality care including lack of access to resources, living in poverty, cultural differences from Western practices, maternal stress, and macro-contextual factors. One of the most predominant issues is the lack of resources, including healthcare facilities, physicians and midwives, and the appropriate equipment needed to aid in the delivery of a baby. The resources available to pregnant woman vary significantly from region to region. Women who reside in poverty are at extreme risk of maternal mortality because they are unlikely to receive adequate health care. In impoverished areas, only 40% of expecting mothers receive the suggested number of antenatal care appointments.<sup>7</sup> Cultural differences from western practices may also play a significant role in maternal mortality such that many cultures that are present in developing countries do not allow women to partake in contraceptive methods. It is estimated that 220 million women around the world wish to delay or avoid pregnancy altogether.<sup>7</sup> Successive

pregnancies increase a woman's risk for maternal mortality, for the simple fact that they must endure the unpredictable labor process multiple times. The absence of contraception use may be due to lack of education in regard to safe sexual practices or contraceptive methods, and possibly the violation to certain cultural or religious beliefs. There is also the fear amongst some women that their cultural traditions will be violated if they seek medical attention at a health care facility. Many cultures believe in different birthing methods, such as standing supported during childbirth, rather than the western method of lying on a bed or cot. Women may fear that physicians will not accept their traditional practices, and in turn will not seek help. Physicians and obstetric professionals should be willing to accept the methods of different birthing processes and respect traditions of different areas in order for women to feel comfortable and attain appropriate, and safe obstetric care.

Expectant mothers can physiologically impact their experiences of childbirth through maternal stress. Women who are living in regions where maternal care is inadequate or not present, may be subjecting their fetus to harmful effects of the stress inducing hormone, cortisol. If it is assumed that women have a very minimal chance of receiving appropriate obstetric care in regions of residency, women may unconsciously perceive stress about the birthing process and the fear of death they or their unborn child may encounter. Studies have shown that hormones associated with stress (whether real or perceived) can be a detrimental factor to the human body and to brain development. An expectant mother who is faced with the perceived notion of not receiving adequate obstetric care and the possibility of maternal death, is passing cortisol to their developing fetus through the placenta-blood barrier. The introduction of cortisol can have lasting and damaging effects on a developing fetus. Fetuses who are exposed to cortisol in situ, are shown to have decreased levels of dopamine, which is a neurotransmitter that plays an important role in many different bodily functions, such as regulating movements, emotions, and experiencing the feelings of reward. In terms of childhood development, the most important elements are memory, learning, behaviour, and pleasurable rewards. With the interruption of dopamine delivery to the fetus during pregnancy, the unborn child is susceptible to lifelong, problematic learning and behavioural disorders. Therefore, the global inequity of maternal mortality does not just impact mothers but has the potential to put the unborn child at risk of experiencing harm.

### **Addressing global maternal mortality**

The vast proportions of deaths associated with childbirth and pregnancy in third world countries, can be seen as a violation of human rights against women and their children.<sup>1</sup> In 2000 the United Nations released targets under the Millennium Development Goals and Beyond in order to help diminish inequalities around the world. Target 5 was directed towards the detrimental issues associated with maternal health. The goal was to reduce maternal mortality by three quarters from 1990 to 2015.<sup>7</sup> While this initiative did not achieve its expected

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goal, substantial progress was made. Since 1990, the ratio for maternal morality was almost cut in half, as well as a 59% increase of births being assisted by a skilled health professional. There is still progress to be made in terms of universal access to reproductive health, with only half of expecting mothers receiving the suggested quality of antenatal care.<sup>8</sup>

Although the topic of maternal morality may be foreign to many amongst Western societies, there are individuals and groups working towards diminishing the current violation of human rights these women are subjected to. Canada has sought out to support women around the world who are at risk of harmful pregnancy complications and maternal deaths. Federally, Canada has committed \$450 million dollars over a 10-year span to the Africa Health Systems Initiative to assist with the shortage of human resources in the health field. Canada has also donated \$20 million worth of prenatal care to Haiti. As a result of this contribution, over 26,000 women have received appropriate care during pregnancy, childbirth, and the postnatal period.<sup>7</sup>

The World Health Organization (WHO) has also taken responsibility towards promoting women's human rights in regard to maternal health. The WHO is working towards increasing research evidence, providing evidence-based clinical and programmatic guidance, as well as setting global standards of maternal health. The WHO has advocated for affordable and evidence-based treatments, training materials and guides for health allies, and most importantly urges countries to implement effective policies and programs and to oversee the advancement.<sup>2</sup>

There are many other organizations that are dedicated to addressing maternal mortality as a human rights imperative. The International Initiative on Maternal Mortality and Human Rights (IIMMHR) is a unique initiative, gathering many different organizations to collaborate against the struggle of human rights and maternal mortality. IIMMHR focuses on policy, advocacy, and strategies that guarantee governments apply effective policies and agendas to aid in reducing maternal mortality.<sup>9</sup>

Although providing aid in the form of monetary grants are an important component for implementing policies and raising awareness on issues, it is not the only method. As individuals trying to make a difference, we should make it our obligation to focus on other solutions. Women in many developing countries are simply forbidden to undress in front of men who are not their husbands. How can women seek medical treatment, in relation to pregnancy and childbirth if their culture does not allow them to do so? South Sudan has less than 100 trained midwives for a population of over 8 million.<sup>10</sup> The implementation of more female doctors or midwives in these regions may help reduce the numbers of maternal deaths and complications, by allowing women to seek proper medical care without disrespecting their culture or religion.

The insertion of women advocates, and educational instructors may also aid in increasing adequate and appropriate knowledge on pregnancy and the birthing process.

Resources and supplies that are donated to struggling regions are widely accepted and appreciated. However, the realization of maternal rights violations is fundamental in addressing and reducing the vast numbers of deaths. With the implementation of evidence-based policies and funding priorities, along with positive attitudes, we can strive towards achieving equity for these women and their children. Highlighting the vast differences of suffering women experience based on region of residency is an essential step in diminishing the unseen discrimination that is heavily prevalent and is harming the welfare of innocent individuals.

We live in a world where technological influences and scientific procedures are more powerful than ever before. As human rights advocates, we must increase our thirst for justice in order to lessen the inequitable distribution of wealth and power that is mainly utilized by advanced countries. It is time to distribute and use these advancements for the sake of global human welfare.

### **Conclusion**

In conclusion, progress is slowly being made in regard to reducing the number of maternal deaths. However, there is a definite need to prioritize maternal health as a global concern. With the help of these organizations and many other initiatives in motion, we are on the right track in reducing the masked discrimination that women in developing countries face. The idea of fatalism needs to be left in the past; the outcome of maternal rights in developing countries does not have to be inevitable. With the education of evolving scientific methods and the collaboration of humanitarian views, the welfare and health of women and their children, can be internationally restored.

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