

## UPDATES FROM THE CENTER

### In Focus: Maternal Mortality

Every minute, a woman dies from pregnancy-related complications. Most likely, her death could have been easily prevented. This special issue of *ReproWrites* focuses on efforts to realize every woman's human right to survive pregnancy.

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### TABLE OF CONTENTS

Safe Pregnancy as a Human Right  
Glossary: Maternal Death and Mortality  
Nigeria: No Accountability without Transparency  
U.S.: A Must for Foreign and Domestic Policy  
Brazil: A Vigil Sparks New Awareness  
News You May Have Missed and New Publications



“...deaths could be easily prevented if every woman had access to basic primary and emergency obstetric care.”

### Safe Pregnancy as a Human Right

“We certainly have the knowledge, we have the skills and we have the means to save...women's lives being needlessly lost. Why then do we lack the collective will to prevent this global catastrophe?” This was the question posed to the [United Nations Human Rights Council](#) on June 5 by Jashodhara Dasgupta, coordinator of the India-based organization [Sahayog](#). The topic at hand: maternal mortality. (This month's glossary term: maternal death and mortality.)

Half a million women die worldwide every year from pregnancy-related complications. Almost all of these deaths could be easily prevented if every woman had access to basic primary and emergency obstetric care. That women continue to die on such a scale from avoidable causes is a violation of their most basic human rights to life and health. Dasgupta, whose group is a member of the [International Initiative on Maternal Mortality and Human Rights](#), made her remarks during the Human Rights Council's first-ever panel discussion on maternal mortality. The event was largely promoted by civil society organizations, including the Center, and health advocates. It was a critical first step by the Human Rights Council toward recognizing maternal mortality as an issue that it needs to address urgently and comprehensively.

Human rights offer a powerful tool for holding governments accountable and empowering people to advocate for the right to maternal health. Recognizing the potential of a human rights approach to the fight against maternal mortality, the Center and five other groups launched the International Initiative on Maternal Mortality and Human Rights in October 2007. The initiative is now seeking to expand its collaborations, and in May welcomed six new members to its steering committee.



## Glossary: Maternal Death and Mortality

According to the [World Health Organization](#), a maternal death is the death of a woman from causes that are related to or aggravated by pregnancy, regardless of the site or duration of the pregnancy. The woman must have died either while pregnant or within 42 days of the end of the pregnancy. The maternal mortality rate is the number of maternal deaths for every 100,000 live births. The leading causes of maternal mortality are hemorrhages (25%), indirect causes (20%), infections (15%), unsafe abortions (13%), pre-eclampsia/eclampsia (12%), obstructed labor (8%), and other direct causes (8%).



“...some 59,000 Nigerian women die every year during pregnancy and childbirth.”

## Nigeria: No Accountability without Transparency

In Nigeria, pregnant women just hours from giving birth travel unprotected on motorbikes instead of ambulances. Other women go around maternity wards begging for money to pay hospital fees. This shouldn't be happening in Nigeria: the country has vast amounts of oil wealth and good maternal health policies. But some 59,000 Nigerian women still die every year during pregnancy and childbirth.

The Nigerian government's unwillingness to reveal how it spends its money has thwarted efforts to provide all women with high quality maternal healthcare. This was a key finding of the Center's newest report, *Broken Promises: Human Rights, Accountability, and Maternal Death in Nigeria*. In 2008, Nigeria gave slightly above 5% of its annual budget—a third of what it promised in a regional treaty—to the health sector. But the country has no laws guaranteeing public access to fiscal information, and that makes it difficult to find out who received that money and how it was spent. Hospitals are built, but not staffed or equipped. In some instances, local governments receive money to pay healthcare workers, but those workers never receive their salaries. Without details on health spending, it is hard to identify effective strategies for curbing maternal mortality, or to hold governments accountable for unfulfilled obligations.

The Center is partnering with the Nigeria-based [Women Advocates Research and Documentation Centre](#) to promote greater transparency and healthcare reforms in Nigeria. Together, the two organizations launched the report on July 1, just a few days before the [United Nations Committee on the Elimination of Discrimination against Women](#) reviewed Nigeria's record on women's human rights. [During the review](#), many committee members raised questions, based on the report, about Nigeria's efforts to reduce maternal mortality. Onyema Afulukwe, a visiting attorney at the Center from Nigeria and one of the co-authors of the report, also spoke to the [Guardian Weekly](#) about her take on the problem.



“...maternal mortality should be a domestic concern as well as a foreign policy imperative: the U.S. has one of the worst maternal mortality rates among industrialized nations.”

## U.S.: A Must for Foreign *and* Domestic Policy

Mention “maternal mortality” to a U.S. politician or journalist, and the first thing to come to their minds will not be a pregnant woman in Mississippi or the South Bronx, but one in a poor African village. Case in point: a [recent op-ed](#) by New York Times columnist Nicholas D. Kristof. In it, he calls on presidential candidate Barack Obama to launch a major global initiative to fight maternal mortality in the developing world.

But maternal mortality should be a domestic concern as well as a foreign policy imperative: the U.S. has one of the worst maternal mortality rates among industrialized nations. This fact can be largely explained by racial disparities in maternal mortality. For over the past five decades, African-American women have died in childbirth at a rate nearly four times that of white women. Shocked by this persistent disparity, a U.N. human rights body earlier this year [urged the U.S.](#) to take immediate steps to reduce it.

As Center President Nancy Northup wrote in her [response](#) to Kristoff’s column, “Every woman has the right to survive pregnancy. There is no reason, as Mr. Kristof notes, that the United States should not be a leader in making this basic human right a reality. That means financing reproductive health services, from contraception to maternal healthcare.”

In April, the Center and its allies urged lawmakers to do just that during a briefing on Capitol Hill. The Center is now working with the [National Latina Institute for Reproductive Health](#) and the [National Asian Pacific American Women’s Forum](#) to raise awareness of racial disparities in reproductive health, including maternal health. In June, the three groups submitted testimony to both the House Ways and Means Committee and the House Energy and Commerce Committee for their hearings on health disparities. There are signs Congress is waking up to this issue: in May, the House of Representatives passed a [resolution](#) to reduce maternal mortality both at home and abroad.

**1** woman dies **every minute** worldwide from pregnancy-related complications. Pregnancy and childbirth are the number **1** cause of death for women aged **15-19** in the developing world.

**Almost all of these deaths could be easily prevented.**



“...since the candlelight vigil, Brazilian journalists have started writing about the government’s human rights obligation.”

## Brazil: A Vigil Sparks New Awareness

Stories about women who die during pregnancy or childbirth sometimes appear in Brazil’s newspapers. Their deaths are usually portrayed as inevitable tragedies, part of an unfortunate reality. Since a candlelight vigil on May 27, however, Brazilian journalists have started writing about the government’s human rights obligation to prevent these deaths.

The vigil, organized by the Center, *Rede Feminista de Saúde*, *Coisa de Mulher*, *Articulação de Mulheres Brasileiras*, and *DAWN*, took place on the eve of Brazil’s National Day Against Maternal Mortality. Activists and victims’ family members gathered on the steps of Rio de Janeiro’s Legislative Assembly to call on the government to take immediate action to stop the unnecessary deaths of women. A petition, signed by 181 organizations and individuals, was circulated and sent to Brazil’s president and other government officials.

In the week following the vigil, at least 35 Brazilian media outlets—including the two biggest newspapers in the country and one of the most influential current affairs magazines, *Revista Época*—addressed the issue of maternal mortality. Generating this sort of public debate is key in getting the government to recognize maternal mortality as the problem that it is—almost wholly preventable, and always a violation of women’s most basic human rights.

Over 4,000 women die every year in Brazil due to pregnancy-related complications. Last December, the Center and Citizens’ Advocacy for Human Rights (ADVOCACI) filed a [case against Brazil](#) on behalf of the family of one of these women, Alyne da Silva Pimentel. Alyne, an Afro-Brazilian woman, was six months pregnant when she died. Her death was entirely preventable; the state’s health system failed to provide her appropriate and timely maternal healthcare.

### NEWS YOU MAY HAVE MISSED

- Center Spotlights Reproductive Rights at AIDS Gathering
- Center Statement on Proposed HHS Regulations
- Center President Speaks Out Against HHS Regulations on CNN
- No Relief for HIV-Positive Women in Kenya
- Statement on Conclusion of Grand Jury Investigation of Dr. George Tiller
- High Court in Colombia Refuses to Outlaw “Morning-After Pill”
- Center for Reproductive Rights Launches U.S. Law School Initiative and Selects First Fellow

### NEW PUBLICATIONS

- Annual Report 2007*
- At Risk: Rights Violations of HIV-Positive Women in Kenyan Health Facilities*
- Broken Promises: Human Rights, Accountability, and Maternal Death in Nigeria*