



Policy Document

Maternal Health

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Introduction

Women from several countries have not been provided access to adequate maternal healthcare services. This includes both lack of appropriate surgical treatment (i.e 13% of all maternal deaths due to unsafe abortion) and obstetric violence which is frequently reflected by the high rates of cesarean section.

InciSioN's position

The **International Student Surgical Network (InciSioN)** believes that all women should have full access and autonomy over their reproductive and sexual rights, including safe obstetric care and safe abortion. These services should be affordable, legal and free of stigma and discrimination.

Call for Action

Therefore, InciSioN calls for:

Governments to:

- Invest in safe obstetric care, including the improvement of access to facilities for mothers;
- Follow WHO childbirth guidelines and Statement on The Prevention and Elimination of Disrespect and Abuse During Facility-based Childbirth but also taking into account



cultural adaptations possible related to prenatal and childbirth programs and the social determination of the health-disease process.

- Raise awareness on obstetric violence and acknowledge the term of humanized childbirth as a superior priority to be reached and accomplished as a current and continuing goal.
- Develop laws condemning all obstetric violence practices that are committed by practitioners and healthcare workers against pregnant patients in healthcare facilities and institutions.
- Encourage maternal health institutions to advocate for the rights of pregnant women.
- Adopt laws and policies that promote and protect the rights of women and children, stated in international declarations and conventions.
- Provide opportunities for accessible, safe and quality education for girls regardless of their marital status, also addressing factors that threaten families' ability to keep girls in schools.

Medical faculties and teaching institutions to:

- Incorporate curriculum content that examines gender equity as a determinant of health, the relationship between gender norms and child marriage, and the importance of gender equity in health care with an intersectional perspective.
- Address the prevention, recognition and other related issues of child marriage within the curriculum

International institutions and Non-governmental organisations to:

- Advocate for the essential rights of the women, including access to safe obstetric and anaesthesia care;
- Advocate for the right to safe abortion;
- Protect children and their rights.

Healthcare sector to:

- Provide essential care for common obstetric complications, such as obstetric fistula;
- Advocate for the rights of pregnant women;
- Create policies which ensure the right for safe abortion.



InciSioN National Working Groups to:

- Participate in and develop awareness, education campaigns and activities on the topic of child marriage, causes, implications, consequences and ways of prevention.
- Acquire evidence-based knowledge pertaining to child marriage and its relation to health.
- Engage in and develop necessary skills for the prevention of child marriage, while increasing the visibility of these inequalities in collaboration with members at all stages of training.
- Identify stakeholders and work actively on advocating for the elimination and prevention of child marriage.
- Lead more inclusive awareness and discussion campaigns with the stakeholders and the local communities. The subjects vary according to local challenges, including but not exclusive to: awareness of female reproductive health at age of puberty, child marriage -with the aforementioned details-, controlled childbirth and its implications on: maternal health and parents' socio-economic status and hence the quality of life of all family members and their well-being, describing and encouraging the healthy pregnancy and addressing the milestones of ante- peri- and post-natal care needed to assure the well-being of both, the mother and the foetus;
- Collect more precise data on the challenges of obstetrics care, the surgical/ interventional ones more particularly, worldwide (especially in LMICs) that truly represent the actual situations in order to look for suitable solutions.

Background

Affordability and Accessibility to timely and safe Obstetric care

All women should have full access and autonomy over the range of their reproductive and sexual rights, including safe obstetric care. These services should be affordable, legal and free of stigma and discrimination.

However, the reality is different. The necessity for obstetric services is increasingly evident in rural areas. A study done by the University of Minnesota's Rural Health Research Center analyzed the burden of obstetric hospital closures in rural counties across the United States.



Over 18 million women of reproductive age live in these rural counties. The study concluded that between 2004 and 2014 the percent of rural U.S counties that lacked hospital obstetric services increased from 45% to 54% due to obstetric unit or hospital closures. ¹

A cash program in India, which aims at increasing the number of institutionalised births, has showed a great benefit of this program, reflecting the need to focus on increasing the level of emergency obstetric care functionality in public obstetric care facilities located in rural areas, which will allow more optimal utilisation of facilities for childbirth under the program thereby leading to better outcomes for mothers. ²

Another way to tackle the accessibility to maternal healthcare services is through the usage of telemedicine. In the US, the usage of a pregnancy application in smartphones by pregnant women was associated with improvements in prenatal visit completion and reduced incidence of low-birth weight delivery ³; in Rwanda, a study is being developed on using mobile health technology and community health workers to identify and refer caesarean-related surgical site infections in rural areas. ⁴

Distance to care is known to influence uptake of health services, hence the increasing number of studies have been taken in low- and middle-income countries, in which the association between distance to care and either uptake of care or mortality has been investigated. ⁵

Taking United Republic of Tanzania as example of LMIC which has been taking the lead addressing this issue, they have undertaken multiple surveys and studies which conclusions were translated to a real change in maternity care in Tanzania. They quantified the effect of the distance to the nearest primary health care facility and the distance to the nearest hospital on key indicators of maternal care: four or more visits for antenatal care; birth in a primary facility or a hospital; and birth by caesarean section. As of a conclusion, (1) pregnant women who live far from a health facility are those least likely to have a facility delivery, (2) the air (straight) distance to the nearest hospital has been confirmed to be positively correlated with direct obstetric mortality. (3) the distance to a primary facility was strongly associated with in-facility delivery (4) where new facilities and/or easy transportation was provided, an improvement of the situation has been noticed in respect of mortality rates and the percentage of the institutionalized deliveries, on the other hand, there was no association between the distance to antenatal clinic and the antenatal care uptake. ⁶

Starting from the last point, that indeed provoked another key-role player, the socio-economic status which is directly reflected on the affordability and the level of awareness and



education. Therefore, a significant responsibility should be undertaken by international and national stakeholders, health care providers and NGOs to raise the level of awareness of maternal health and rights, in parallel to the needed tremendous efforts to construct planned infrastructure to help overcoming the accessibility problem across the globe. ⁶

Obstetric violence and Humanised Birth

Obstetric violence is a Human Rights violation, as WHO ⁷ expresses in its statement “The prevention and elimination of disrespect and abuse during facility-based childbirth” declaring that “such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination”.

Overpractice of C-Section

Lack of appropriate surgical treatment and obstetric violence is frequently reflected in the high rates of cesarean section. The recommendation from the international community and the World Health Organization ⁸ regarding cesarean procedures is to have an ideal rate of 10-15%, as it is conceived as merely a complementary procedure to complicated births through vaginal delivery.

Episiotomy

Some possible complications of an episiotomy include bleeding, tearing into the rectal tissues and anal sphincter muscle, swelling, infection, and collection of blood in the perineal tissues. Even though a substantial number of publications do not recommend the implementation of routine prophylactic episiotomy, it still continues to be widely performed. It is not clear as to which approach should be adopted in operative delivery; however, the hitherto gathered data supports restrictive rather than routine episiotomy. ⁹

For aforementioned reasons, it is key to support humanised birth and empower women during pregnancy. Humanized birth is putting the woman giving birth in the center taking into account cultural, social and ethnicity aspects, thus it is not limited to technical skills and the birth. Counselling the patient and through proper communication between the healthcare provider and the mother can help relieve patient concerns and help the mother make better decisions. ¹⁰



Complications of unsafe surgery and how to diminish them

Infection

Unsafe obstetric surgery, particularly in poor settings can lead to infection and septicaemia ultimately compromising health of the mother and child. Proper sterilization and use of appropriate antibiotics can lower the risk. Proper legislation is required to keep a check and balance on ill-equipped facilities. ¹¹

Obstetric Fistula

The access for women is limited especially in terms of maternal health, particularly the provision of fistula care for both obstetric and traumatic fistulae. Obstetric fistula is an abnormal opening between a woman's genital tract and her urinary tract or rectum. The development of obstetric fistula is directly linked to one of the major causes of maternal mortality: obstructed labour. ¹² Particularly, obstetric fistula affects over 2 million women in Africa and Asia. This condition is preventable and treatable (90-95% of fistulae can be closed surgically), however lack of access to safe surgery increases the number of affected women by 50 000 to 100 000 worldwide per year.

Postpartum haemorrhage (PPH)

Severe bleeding in pregnancy is defined as any blood loss of more than 500mL within 24 hours after birth. ¹³ It results from failure of the uterus to contract, genital tract trauma, rupture of the uterus, retained placental tissue, or maternal bleeding disorders. While there is no dearth to the medical management of PPH, there will be cases of severe bleeding that will ultimately require surgical management with considerable success rate. About 1 to 5 percent of women have postpartum haemorrhage and it is more likely with a cesarean birth.

Awareness on Antenatal care

This is a common dilemma as majority of the women in low income countries especially in rural settings lack access to information on antenatal care and childbirth. They depend on local rituals and customs that have become obsolete and maybe harmful to the mother and child. Proper initiative is required to form information centers at local health units to raise awareness regarding maternal care and nutrition as well as providing facilities and resources



for safe childbirth. Empowering the mother through awareness will allow her to take good care of herself and better manage her pregnancy, having long-term impact on the health of both mother and child.¹⁴ Healthcare providers should be adequately trained to facilitate the patient in every setting and lower the risk of complications.

Safe Abortion for All

The WHO defines unsafe abortion as a procedure for terminating a pregnancy that is performed by an individual lacking the necessary skills, or in an environment without the minimal medical standards, or both conditions.¹⁵ Approximately 50% of all abortions performed around the world are unsafe, and this proportion has increased in the past decades. Half of unsafe abortions are performed in Asia. In Africa, nearly all abortions are unsafe. More than 97% of all abortions are unsafe abortions. In Latin America, the figure is 95%. Overall, 98% of all unsafe abortions take place in the developing world.

The consequences of unsafe abortions for women's health are of large range, which can end up in death due to complications of surgery. The WHO estimates that 13% of all maternal deaths are due to unsafe abortion.¹⁵ Induced abortion accounts for 1 in 8 of approximately 600000 maternal deaths that occur annually worldwide.¹⁶

Unsafe abortion also cause serious health problems among women in the developing world. An estimated 8.5 million women annually need medical attention, due to complications from unsafe abortion. And 3 million of these women do not receive the care that they need. Of every five women who have an unsafe abortion, at least one suffers a reproductive tract infection as a result. Moreover, unsafe abortions may also cause infertility. In 2008, more than 40% of all unsafe abortions in developing countries were in young women aged 15 to 24 years.¹⁵

Following unsafe abortion, women may experience a range of harms that affect their quality of life and well-being, with some women experiencing life-threatening complications, such as haemorrhage, infection, and injury to the genital tract and internal organs. Unsafe abortions when performed under least safe conditions can lead to other complications such as incomplete abortion, uterine perforation and damage to the genital tract and internal organs. Existing research shows that when abortions are performed under safe conditions, they pose hardly any risks to women's physical or mental health. Women continue to experience



abortion-related illness and death, which is due to the abortion stigma present in many societies. Abortion is not just a health issue. It is also an ideological issue over the meanings of womanhood, motherhood, and sexuality.¹⁵

Access to safe abortion is also a priority according to the Agenda for Sustainable Development for 2030: "Target 3.1: Reduce the global maternal mortality ratio to less than 70 per 100,000 births (unsafe abortion is a leading cause of maternal death worldwide)."¹⁷

Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications.¹⁶

For the aforementioned reasons, as global surgery advocates we need to ensure access to safe abortion is a priority in the Global Health and Global Surgery agenda.

Child marriage and early pregnancy: what are the risks?

Child marriage denies young girls their fundamental rights, such as the right to choose whom and when to marry, or even the option not to marry. Despite near-universal commitments to end child marriage, approximately one in three girls in the developing world is married or in a union before age 18. Each year around 15 million girls marry before the age of 18.¹⁸

Child marriage directly threatens girls' health and well-being. Marriage is often followed by pregnancy, even if a girl is not yet physically or mentally ready. In developing countries, 9 out of 10 births to adolescent girls occur within a marriage or a union. It leads to obstetric violence and high risk pregnancy is child marriage. Apart from the abuse of power, Human Rights violation and systemic violence, a child marriage means higher maternal mortality due to complications from pregnancy and childbirth. Furthermore, early pregnancy among girls often leads to medical complications, such as obstetric fistula and haemorrhaging.¹⁹

Girls who are married may also be exposed to sexually transmitted infections, including HIV. Their right to education and to decent work are also threatened since marriage means household responsibilities, which reflects in the school dropouts. Girls who leave school have worse health and economic outcomes than those who stay in school, and eventually their children far worse as well.²⁰

Therefore, it is important to invest in girls' education, which will in turn decrease child marriage rates and early pregnancies and related complications.²⁰



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