

Maternal mortality and morbidity and human rights

Is maternal mortality and morbidity an inevitable fact of life?

With well over a quarter of a million pregnant women and girls dying every year, and another 10-15 million daily suffering life-changing disabilities as a result of complications during pregnancy and childbirth, becoming pregnant can be one of the most dangerous things that happens to a woman. As many as 98 percent of these deaths are estimated to be preventable.

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related or aggravated by the pregnancy but not from accidental or incidental causes.

Health professionals have long known what it takes to ensure that women and girls survive childbirth in good health. But preventing maternal mortality and morbidity is not simply a fact of medical know-how. It requires *the elimination of discrimination and violence against women* -- in short it is a matter of human rights.

What do human rights have to do with it?

The reasons why women and girls ultimately die or suffer injury during pregnancy and childbirth are often classified as the "three delays":

- (1) delays in seeking appropriate medical care,
- (2) delays in reaching an appropriate health facility, and
- (3) delays in receiving appropriate care once at a facility.

Multiple human rights concerns fuel these delays, resulting in compounded human rights violations including *violations of the right to life, the right to bodily integrity, the right to the highest attainable standard of health, and the right to equality and non-discrimination*. There is no single cause of death amongst men in the same age category which is comparable to the scale of maternal mortality and morbidity.

Discriminatory practices feed the root causes which prevent women from accessing the services they require. Women and girls have less resources and education to enable them to access healthcare services. Women who experience violence in the home may be less likely to seek health services for pregnancy or injuries suffered as a result of domestic violence.

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Girls and adolescents, the highest risk group for maternal mortality and morbidity, encounter specific challenges in terms of access to information, including comprehensive sexuality education, and access to sexual and reproductive health services. Early marriage, which disproportionately affects girls, contributes to the likelihood of girls becoming pregnant before they are ready. Certain groups of women, such as indigenous women, women living in rural areas, displaced or refugee women, are subjected to multiple forms of discrimination, which affects not only their access to facilities but also the way in which they are treated at facilities, which in turn affects their willingness to return to such facilities.

What is required to address maternal mortality and morbidity from a human rights perspective?

Ensuring that women have access to services and goods that only women require, such as certain sexual and reproductive health services and goods, is a matter of substantive equality. Women's sexual and reproductive health rights requires available, accessible, affordable, acceptable and good quality sexual and reproductive health services, including family planning services, detection and treatment of sexually transmitted infections, detection of domestic violence, management of unintended pregnancies, skilled birth attendance, emergency obstetric care, and appropriate post-partum care.

Women's right to decide the number, timing and spacing of their children also means that access to a full range of contraceptive goods, services and information is required. States are obligated to remove barriers to such goods, services and information.

Complications arising from unsafe abortion constitute one of the main causes of maternal mortality and morbidity. Part of protecting women's rights in this area is ensuring access to

safe abortion, where legal, and to post abortion care. Human rights bodies have established that access to abortion services should be ensured at least in cases of rape, incest, and where the life or health of the woman is at risk.

Human rights demand a holistic response to women's health. A functioning health system requires adequate supplies, equipment, and infrastructure, as well as an efficient system of communication, referral and transport. However, a focus on health alone is not sufficient. Measures must be taken to ensure women's human rights more broadly to enable them to make free and informed choices about when and how to have sex, and the number, timing and spacing of their children.

What does human rights accountability mean?

The absence of human rights-based accountability mechanisms is a major impediment to reducing maternal mortality and morbidity.

Accountability is not only about litigation in the courts. Effective accountability requires monitoring of the enjoyment of rights related to maternal mortality and morbidity which in turn provides States and other stakeholders with information about key challenges which should inform policy making and remedial action.

Accountability takes many forms including administrative, political, legal, and social forms of accountability – from the local to the international level – and can implicate a variety of different stakeholders, including the Government officials, private actors, health professionals, and donors. Accountability for maternal mortality and morbidity can also reveal failures at the facility and systems level which require corrective policy action.

For rights to be meaningful, accessible, affordable, timely and effective remedies must be ensured when violations have taken place. These remedies can be sought through a variety of accountability mechanisms.

The work of OHCHR

The High Commissioner has built a body of work over the past years emphasizing that maternal mortality and morbidity is a matter of human rights. This means that maternal mortality and morbidity is not accepted as an inevitable risk, but rather a result of actions and omissions for which the State is responsible under human rights law.

The first report of the High Commissioner to the Human Rights Council in 2010 (A/HRC/14/39) on maternal mortality and morbidity lays out a conceptual framework for understanding the human rights dimensions of maternal mortality and morbidity. The report outlined seven principles which underpin a human rights based approach in this area: *accountability, participation, transparency, empowerment, sustainability, international cooperation and non-discrimination.*

In a second report in 2011 (A/HRC/18/27), the High Commissioner identified common features of good practices in applying a human rights based approach to the issue of maternal mortality and morbidity. These included: enhancing the status of women, sexual and reproductive health rights, strengthening health systems, addressing unsafe abortion, and improving monitoring and evaluation.

Following these two reports, the High Commissioner prepared technical guidance on the application of a human rights based approach to the implementation of policies and programmes for the reduction of preventable maternal mortality and morbidity (A/HRC/21/22). This guidance operationalizes human rights by offering concrete advice on what human rights would require at different stages in the policy cycle. OHCHR is in the process of identifying opportunities to pilot this guidance.

Adopting a human rights based approach in efforts to address the maternal mortality crisis is critical not only for eliminating preventable deaths, but also for ensuring women's human rights. As such, it is not only a public health imperative, but also a human rights imperative.

Normative standards and further reading

- [Committee on the Elimination of Discrimination against Women \(CEDAW\), General Recommendation No. 24: Women and health \(art. 12\) \(1999\)](#)
- [Committee on Economic, Social and Cultural Rights, General Comment No. 14: The right to the highest attainable standard of health \(art. 12\) \(2000\)](#)
- [Committee on the Rights of the Child, General Comment No. 4: Adolescent health and development \(2003\)](#)
- [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt, UN Doc. A/61/338](#) (focused on the right to health and reduction of maternal mortality)
- [Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover, UN Doc. A/66/254](#) (focused on criminalisation of sexual and reproductive health)