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Statement submitted by Mothers Legacy Project, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

What does maternal death have to do with building inclusive and sustainable cities and communities?

Mothers are the primary caregivers and, increasingly, breadwinners for their families. This double burden of labour that they perform is vital to the stability of their homes and, on a larger scale, their cities and ultimately their nations. When a mother dies, she often leaves behind children and other family members that require care – a multidimensional care that her community is likely unequipped to replicate and certainly unable to replace. The significance of her death is multiplied by the size of the family she leaves behind.

Unsurprisingly, poor and vulnerable women are disproportionately affected by maternal health risks, which are interconnected with poverty, infrastructure, violence, gender equality, and other critical challenges. The safety and well-being of these and all mothers is imperative to the resilience and stability of communities, cities, and nations as a whole. Even one mother lost is a loss to society.

Unfortunately, women around the world experience roadblocks when trying to get care and support for their needs, such as: disrespectful treatment deterring women from utilizing services; discrimination based on gender, race, ethnicity, language, socioeconomic, or indigenous status; harmful practices like forced marriage and female genital mutilation that increase the risk of childbirth complications; and shortages of trained healthcare providers and systems that support them, providers who speak a woman's preferred language, community-based health facilities, and essential supplies.

Currently, about 303,000 women around the world die from childbirth-related causes each year. That's one woman every two minutes. While some countries have succeeded in reducing maternal mortality, others have stagnated in their efforts and some, including the United States, have even seen an increase in maternal deaths.

These shocking statistics illustrate what is happening related to maternal mortality and morbidity: one out of three women has major abdominal surgery during birth; it is estimated that more than 40 per cent of hospitals have mandatory surgery policies with prior cesareans contrary to national health policy and guidelines; 70 per cent of labours are induced or sped up, often for non-medical indications, not resulting in improved outcomes; and black women and their babies are four times more likely to die than white women, no matter their socioeconomic status.

The global causes for maternal death are: hemorrhage, 27.1 per cent; indirect causes, 22 per cent; hypertension disorders/eclampsia, 14 per cent; sepsis/infection, 10.7 per cent; other direct causes, 9.6 per cent; unsafe abortion, 7.9 per cent; HIV, 5.5 per cent; and embolism, 3.2 per cent (World Health Organization, 2014).

We have the science to prevent nearly all of these causes, and the interventions are often inexpensive and minimal. But effectively addressing maternal mortality is much more complicated than ensuring that a mother has access to quality, respectful, and equitable maternity care at the point of birth. We must strategically build our communities and settlements in a way to be safe places for mothers, sanitation, public transportation, and better hospitals, among other things.

For example, in regard to hospitals, the discussion needs to be transparent around how women are safeguarded in the system while preserving a "your birth, your way" philosophy. A non-punitive environment for healthcare workers, including physicians, supports open dialogue and process improvement. Nurses who are

empowered to have a strong voice and advocate for women in their care are significant contributors to positive outcomes.

Staffing ratios in labour and delivery have a critical impact on outcomes. Due to the complexity and acuity of obstetrics and the tremendous impact when an adverse event occurs, this is one of the most critical areas in the hospital to focus on optimal staffing efforts. Emergencies in labour and delivery can unfold in minutes without any warning and require immediate response.

Countries with extremely low or rapidly falling rates of maternal deaths achieved these results because of concerted public efforts to support the numerous systems required to produce a safe birthing experience and addressed the maternal health problems that were most prevalent locally.

“As a nation begins to address the crisis and best-practice recommendations emerge, it is important that they put their collective biases and long-standing beliefs aside and respond to emerging evidence with a commitment to rapid improvement. Birth philosophies are a touchy subject with everyone believing their way is the best. Early indicators point fingers at an obstetric model with high induction and cesarean rates that has moved away from spontaneous labour and tincture of time as the safest way to have a baby. Much of obstetric management has primarily been focused on prevention of stillbirth. As one obstetrician said, ‘We let the cat out of the proverbial bag with inductions and quick surgical births, and now it is hard to go back.’ Once the recommendations for care become clearer, we can add those to the collective discussion. The sooner we identify best practices that prevent maternal deaths, the better. Now is the time to bridge our differences and put mothers and babies first to ensure the stability and resiliency of human settlements.” (American College of Nurse-Midwives, Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives, 2018).

The United Nations Sustainable Development Goals are a blueprint to achieve a better and more sustainable future for all. Goal 3: Good Health and Well-being proposes to reduce the global maternal mortality ratio to less than 70 per 100,000 live births – currently, the ratio is 216 deaths per 100,000 live births. We will transform how societies address maternal mortality and thereby save lives, one community at a time.