Issue: Reducing maternal mortality in LEDCs
Forum: Commission on the Status of Women
Position: President of CSW
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Introduction

About 830 women die from pregnancy- or childbirth-related complications around the world every day. It was estimated that in 2015, roughly 303 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented (The Lancet, 2015).

The World Health Organization (WHO) reports that approximately 830 women die each day worldwide.n order to address this issue, three major areas must be assessed. Firstly, the mother must receive adequate prenatal education and medical attention before conception, during her pregnancy. Secondly, the process of childbirth should be done in a safe and hygienic environment. Thirdly, there should be continual support for both the mother and the baby after childbirth to avoid the death of either individual.

Definition of Key Terms

Maternal death

Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes

Pregnancy-related death

Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the cause of death.

LEDC

Countries falling within the UN Development Index under the label “Less Economically Developed Countries”

General Overview

Maternal mortality happens as a result of complications during and after pregnancy and birth. Most of these complications develop during pregnancy and should be preventable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if it is not taken into account during the pregnancy. An example of this is a complication with the hymen, which can block and choke the baby during childbirth. It is, however easy to remove with the proper medical help.

The major complications that account for nearly 75% of all maternal deaths are severe bleedings (mostly bleeding after childbirth),high blood pressure during pregnancy, different types of infections (usually after childbirth), complications from delivery or unsafe abortion (clandestine abortion is often practised in countries where abortion isn’t legal). Some of the factors include poverty and inability to access healthcare, lack of information about pregnancy, cultural practises standing in the way of medical procedures and inadequate material. One common reason that women die is due to the lack of doctors in the area of residence. The amount of maternal deaths has however decreased over the last decades (see appendix 1). In some cases, women may go into labour up to two month before their due date, if the due date is even known by the mother. In these situations, the mothers are particularly vulnerable and have a greater risk of dying; in fact, preterm birth is the second leading cause of child mortality too, and is responsible for almost half of all infant mortality according to the WHO. The WHO, where we found this information, has categorizes preterm babies into 3 categories:

- Late preterm — those who are born between 32 and 37 weeks. Account for 84% of total preterm births. Most survive with supportive care;
- Very preterm — those born between 28 and 32 weeks. These babies require extra supportive care. Most will not survive in LEDC's;
- Extremely preterm — those born before 28 weeks. These babies require the most intensive, expensive care to survive. In low-income countries, only 10% survive.

All three are important to take into account, as in many cases if something does go wrong within the process of birthing, the mother is also at risk.

Timeline

1980-90	Approximately 15 million lives are lost due to infant and/or maternal mortality, mostly in LEDC's
1990-95	Due to the actions taken by the UN WHO, the number of infant and maternal deaths decreases by 11 million per year
2000	IN the decade of 1990 to 2000,the number of infant deaths per thousand births is measured to have decreased by 1.9%
6th September 2000	The International Community led by the UN adopts the Millennium Development Goals, of which one discusses maternal mortality: MDC 5: improve maternal health [...] through reducing maternal mortality ratio by three quarters between 1990 and 2015 This goal is far from being met by 2015, especially compared to the other goals that were set in the same time perk
2010	The number of infant deaths related to maternal mortality per thousand births is measured to have decreased by 2.2% every year

2012	Representatives from over 120 nations meet in Kampala, Uganda, to discuss the specific steps that need to be taken to improve the health of pregnant women, based on the Millennium Development Goals

Major Parties Involved

Countries falling in the LEDC ratings of the UN Human Development Index

Almost all maternal deaths occur in developing countries. *(WHO, 2016)* More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia, such as Philippines and Vietnam. (see appendix 2).

Countries in fragile and humanitarian settings

More than half of maternal deaths occur in fragile and humanitarian settings, such as Yemen, Afghanistan, Pakistan Iraq and Congo. Within these countries the lack of resources, safety and proper medical assistance is the main reason for the high rate of maternal deaths. These countries all also fall under the LEDC's rating

UN ECOSOC

The United Nations Economic and Social Council has in the past often discussed and passed resolutions on the issue of Maternal Mortality. Since they are considered to be the committee where social issues are discussed, the committee has immense power over the direction nations go towards solving the issue.

African Union

The African Union has been active recently on the issue, having discussed it in two resolutions in 2017, and once in 2018. Many of the countries within the Union are areas with extreme high maternal mortality rate, such as Sierra Leone, Rwanda, Congo and Chad.

Previous attempts to resolve the issue

On December 15, 2011, the World Health Organization (WHO), in partnership with the Aga Khan University, released a three-year study on fighting maternal and infant mortality. The main purpose of this study was to find out the effectiveness of previous interventions and impact on survival. The study in question has successfully identified essential interventions that, applied accordingly, are most likely to prevent further deaths.

During the United Nations General Assembly in 2015, in New York, UN Secretary-General launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030 *(Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. New York: United Nations; 2015.)*. The plan for the post-2015 agenda relies on the Sustainable Development Goals and seeks to end all preventable deaths of women, children and adolescents and create an environment in which these groups not only survive, but thrive, and see their environments, health and wellbeing transformed.

Possible Solutions

Solutions have been proposed by the WHO, claiming that skilled care during both pregnancy and childbirth can significantly strengthen a woman's chance at survival. The WHO advises injecting the mother immediately after childbirth to decrease the chance of death by severe bleeding. They also believe that by discovering potential complications before childbirth can decrease any further

complications at a further stage of the pregnancy. Access to proper healthcare is therefore vital to tackle the issue of maternal mortality.

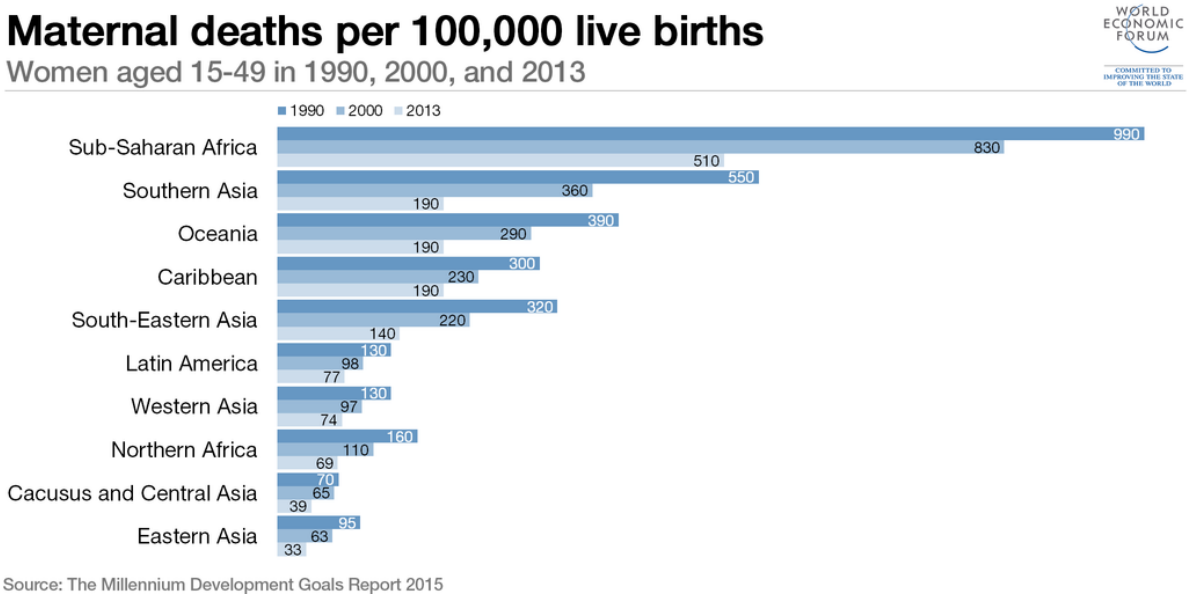
Providing birth control is a way to prevent yearly pregnancies. Yearly pregnancies can reduce a longer recovery period for the woman's body, and avoiding this can increase a woman's body's chance of recovery from the previous pregnancy before starting a new one.

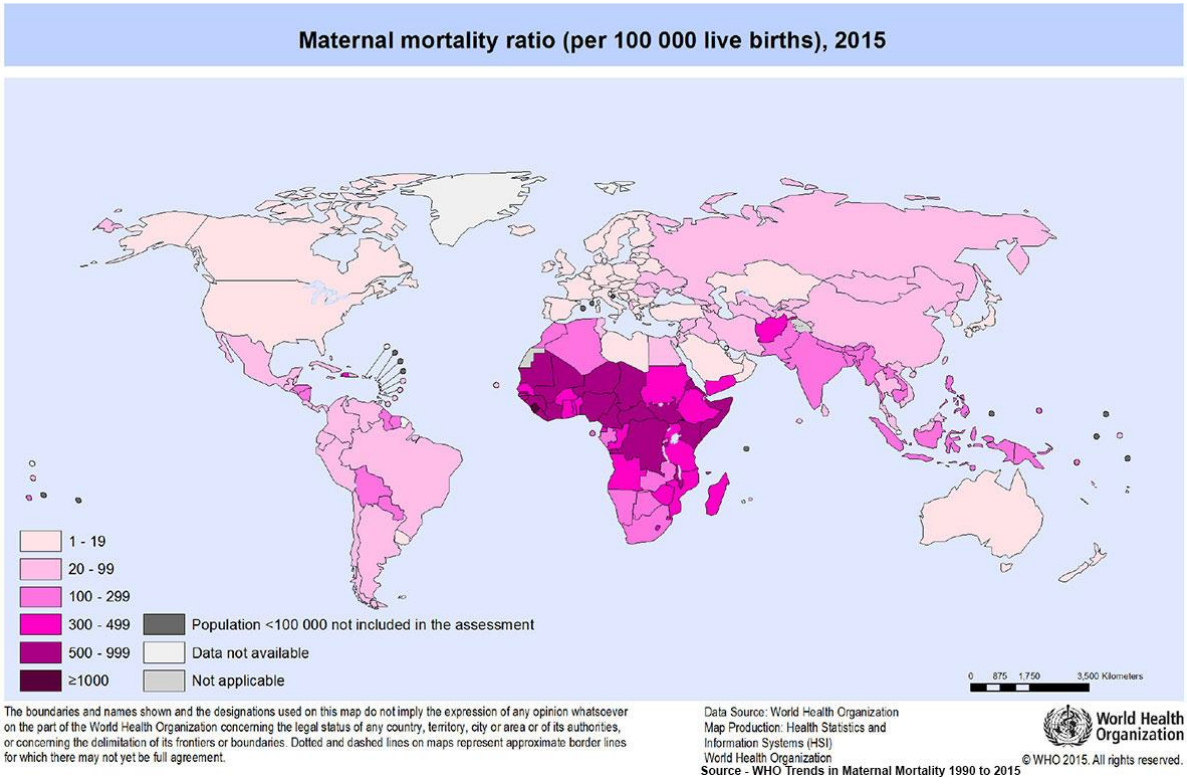
It is important to remember that in many cultures around the world, the idea that many children is a sign of success and wealth is very popular. This is a direct consequence of yearly pregnancies; a change in mentality and education on the need of recovery for a woman's body after pregnancy and childbirth is critical to tackle this issue.

There is a common misconception that reducing maternal mortality is an expensive effort that requires complex technology. In reality however, this goal can be achieved with effective yet inexpensive resources. Providing and training attendants who are capable of administering a safe delivery and who can provide postnatal care — resuscitation, monitoring of baby warmth, recognition and treatment of neonatal sepsis, early initiation of breastfeeding, etc. — will save many mothers and infants from an early death. In developing nations, many preterm births cause the death of the child; however, for the cost of $1 CAD, a steroid injection for the child will alleviate respiratory problems that result from immature fetal lungs.

Appendices

1. Statistics from the World Economic Forum, dating from 2015





2. Statistics from the WHO, dating from 19990 to 2015

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