New Resolution: Maternal Health: The Church's Response

"I have come that they may have life and have it abundantly." John 10:10

Motherhood is sacred. Mothers are important figures in our biblical tradition. Women like Eve, Hagar, Sarah, Elizabeth, and Mary the mother of Jesus are remembered for their role as bearers of new life. But within the sacred texts, there are also stories of maternal tragedy and loss. Both Rachel (Genesis 35: 16-20) and the wife of Phinehas (1 Samuel 4: 19-20) died after prolonged and difficult labors.

Tragically, stories of maternal death are commonplace today. For many women, especially those living in poverty and in developing countries, giving birth is dangerous and life-threatening. Worldwide maternal mortality is one of the leading causes of death for women of childbearing age. Every 90 seconds somewhere in the world a woman dies as a result of complications of complications during pregnancy or childbirth;[1] for every woman who dies, another twenty suffer disability.[2] The main causes of maternal mortality are mostly preventable and include infection, hemorrhaging, high blood pressure, and obstructed labor.

In the Gospel of John, Jesus tells his disciples that he came to bring abundant life to his followers. God's desire is that every mother, every child, and every family not only survives, but thrives. Tragically, survival is often a daily struggle for those who lack access to basic needs and care. God calls us to respond to the suffering in the world, to love our neighbors throughout the world. As followers of Christ, we are part of the same body, and the loss of one member is a loss for all.

The global community is taking steps to address the tragedy of maternal mortality. In 2000 the members of the United Nations established the eight Millennium Development Goals that set targets for improving health, reducing disease and poverty, and ensuring the human rights of all people. The fifth Millennium Development Goal, to improve maternal health, sets a goal of reducing maternal mortality by 75% by 2015. Maternal deaths have dropped by a third by 1990.[3]

[1] "On a Clock, a Grim Toll for Mothers," Clyde Haberman, *New York Times*, September 20, 2010.
[2] "Fact Sheet: Motherhood and Human Rights," United Nations Population Fund (UNFPA), August 2009.
[3] "Maternal deaths worldwide drop by a third," World Health Organization, September 15, 2010.

While such progress is significant, increased efforts must be implemented globally in order to reach the 2015 target of 75% reduction.

Maternal mortality is a moral tragedy. Nearly all of the more than 350,000 annual maternal deaths occur in the developing world.[4] There are many factors that contribute to this vast health inequality.

Health Barriers

In the developing world many women of child-bearing age lack access to reproductive health services such as pre-natal care, post-natal care, and family planning services. This is particularly dangerous for women who are pregnant. Often with no hospitals or clinic nearby, women customarily give birth at home in unsanitary conditions, putting the woman and her baby at risk of infection. If while in labor a woman experiences a life-threatening complication at home, she may not be able to reach emergency care in time. Situations like these could be prevented if women had access to health information and medical care.

Unintended pregnancy is also a health concern. Globally, more than 200 million women would like to avoid or delay pregnancy but lack access to modern contraceptive services, resulting in millions of unintended pregnancies every year.[5] Supply shortages, lack of education, misinformation, and cultural barriers all contribute to this unmet need. Without access to contraceptives, women are unable to determine the timing and spacing of their children. This is of particular concern to women who have had children within the last two years, whose bodies may not have fully recovered, and HIV positive women whose immunity is compromised.

One of the key health interventions for reducing both maternal and infant mortality is birth spacing. When a woman spaces her pregnancies at least three years apart, she is more likely to have a healthy delivery, and her children are more likely to survive infancy.[6] If a woman becomes pregnant too soon after giving birth, her body does not have time to recover, and her

[4] "Fact Sheet: Goal 5: Improve Maternal Health," United Nations Department of Public Information," September 2010.
[5] "A Global Need for Family Planning," UNFPA, 2007.
[6] "Healthier Mothers and Children Through Birth Spacing," USAID, June 2006.

risk for complications increases. In order to space her pregnancies in the healthiest manner, women must have access to safe, modern family planning services.

Providing family planning services to a woman is inexpensive, costing approximately $2 a year, but the direct and indirect benefits of women planning their families are priceless and countless: smaller family size, better health for both children and mother, less economic burden on the family, and women's continued economic contribution to the greater community. By meeting all the unmet need for family planning, maternal mortality rates would drop by a third, and the need for abortion would be reduced significantly.[7] **Furthermore, the use of condoms reduces the risk of infection for HIV and other sexually-transmitted infections (STIs). In particular, access to female condoms is crucial for empowering women to initiate their own protection against these infections.**

Cultural barriers

In many parts of the world, having a large family is a sign of honor. For men, having many children, especially boys, is a showcase of their masculinity and virility. Men who expect their wives to bear many children may not consider or support healthy birth spacing or family planning.

The expectation to birth many children comes not only from the husband, but also from other family members, particularly the mother-in-law. In some areas of the developing world, it is the mother-in-law who makes decisions regarding the use of contraceptives. Oftentimes such societal and familial pressures come into conflict with a woman's health and her own personal desires regarding her fertility.

Marrying age also has an impact on maternal health. The practice of child marriage is prevalent in many cultures, and girls marry and begin giving birth in their early adolescence. If these young women are not practicing family planning, they may have multiple children even before their twentieth birthday. Young women who have not yet fully developed physically at the time

[7] *Family Planning Saves Lives*, Population Reference Bureau, 2009.

of marriage are at great risk for complications like obstetric fistula, a birth injury that leaves them incontinent.

Maternal Mortality in the United States

While most maternal deaths occur in the developing world, maternal mortality in the United States is on the rise. Since 1987 U.S. maternal deaths have doubled. The country now ranks 41st in the world for maternal survival, behind nearly every other developed nation. Women of color and women living in poverty are at highest risk for complications during pregnancy or childbirth. Much like in the developing world, improving access to quality health care for all women would prevent half of these deaths.[8]

Recommendations

We call upon all local congregations to:

1. Support United Methodist projects around the world working on maternal health and family planning.

2. Advocate with policy makers at all levels to improve maternal health through increased access to maternal health and family planning services.

3. Support local health initiatives that expand access to information and services for women's health.

We call upon the General Board of Church & Society to:

1. Continue placing a programmatic emphasis education and advocacy on maternal health for the next quadrennium.

[8] *Deadly Delivery: The Maternal Health Crisis in the USA*, Amnesty International, 2010.