

SHEL LYONS

HUMAN RIGHTS WORKSHOP: Are Childbirth Rights a Human Rights Issue?

Presenter: [Shel Lyons](#), J.D., Harvard Law School; [Coalition for Improving Maternity Services](#) (CIMS) Representative for the [National Quality Forum](#); Legal Committee Chair, [The Birth Survey](#); Founder, [Mothers' Rights Network](#).

Description: This workshop centers on the United Nation's [Millennium Development Goals](#) (MDG) for maternal mortality. Lyons will lead the group in examining how these goals apply to countries like the United States as well as developing nations, how the poor-rich divide impacts maternal and perinatal outcomes, and the ethical implications of policy decisions regarding birth and human rights. Workshop participants will gain skills to discuss perinatal outcomes in terms of human rights.

- I. **INTRODUCTION:** Welcome. Although I am leading the workshop, we will be discovering together how to discuss maternal and perinatal outcomes in terms of a human rights issue. This skill is important for three reasons: 1) to hold our governments accountable for maternal and newborn health; 2) to achieve the trickle-down affect on providers and hospitals that create policy; and 3) to empower women to advocate for their rights. (5 Minutes)

- II. **TASK NO. 1:** Applying Human Rights Concepts to Childbirth (10 Minutes)
 - A. **History of Human Rights:** While the notion of fundamental freedoms has existed for centuries, the term "human rights" was not used until 1948 with the UN's [Universal Declaration of Human Rights](#) (signed by all 191 UN Member States).

 - B. **Definition of Human Rights:** The term "human rights" is difficult to define, because it is an abstract concept. At this workshop, we will discover together how to apply this abstract concept to specific maternal health concerns. All human rights fall into one of two categories:
 1. Individual entitlement or freedom (e.g., the freedom to practice religion)
 2. Protection against an external force (e.g., discrimination or torture)

 - C. **Accepted Human Rights:** Childbirth rights advocates have already begun to apply maternal health issues to human rights. Instead of giving you those examples, we are going to rediscover them together ourselves.

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However, as an example, the following reproductive rights are already generally accepted as human rights:

1. The right to protection against genital mutilation.
2. The right to control one's own fertility, including the right to decide whether to have children and how many.
3. The right to decide whom and when to marry.
4. The right to use contraception.

D. ***Applying Human Rights to Childbirth Rights:*** (Workshop leader hands out a folder with copied materials on human rights, including: 1) UN Universal Declaration of Human Rights; 2) a list of human rights instruments (e.g., [International Covenant on Civil & Political Rights](#), [Convention on the Elimination of All Forms of Discrimination against Women](#)); and 3) a list of [twelve human rights](#) concepts that apply to reproductive/childbirth rights (e.g., right to life, the right to education, the right to health care access.) *For the first task, please name five childbirth rights issues that fall under the concept of human rights.*

1. Example: Under the "Right to Life," a woman also has the right to avoid treatments with higher maternal mortality risks, such as unnecessary c-sections.
2. Lesson: Workshop participants should observe that women cannot enjoy equal human rights if they suffer ill-health, disability, risks of death, or even simple degrading treatment with pregnancy and childbirth, and that women, therefore, need to be able to control their own reproductivity.

III. **TASK NO. 2:** Millennium Development Goal Number 5 (10 Minutes)

- A. ***MDG No. 5 (Maternal Mortality):*** MDG No. 5 on maternal mortality has the goal of reducing maternal mortality rates by 75% by 2015. In drafting MDG No. 5, the United Nations recognized many of the same connections we just discovered in our first task between human rights and maternal health. Unfortunately, MDG No. 5 is on track to fail to reach this target, which brings us to our second task.
- B. ***Advising the UN to reach this goal:*** *For the second task, the UN has brought you in as an emergency advisor to reduce the maternal mortality rates. Give three priorities to improve worldwide maternal health, knowing that the five most common causes of maternal death are hemorrhage, infection, eclampsia, obstructed labor, and unsafe abortions.*

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1. Examples: Make Pitocin and effective herbs available, in combination with teaching nipple stimulation, to reduce hemorrhage rates. In addition, because c-sections have higher hemorrhage rates, lower the c-section rates in locations where they are above 15% (according to the WHO recommendation). Teach providers to do fewer vaginal exams during labor to lower infection rates and make antibiotics available in instances of infection. Improve prenatal nutrition through education and food subsidies to lower the rates of eclampsia and obstructed labor.
2. Lessons: There are simple and inexpensive methods to reduce maternal mortality that are lacking in maternal health care. While abortion rates can be lowered through education, contraception, and social services, safe abortion access is a maternal health concern.

IV. **TASK NO. 3:** Personal Encounters with Human Rights Violations in Childbirth (10 Minutes)

A. **United States' Maternal Mortality Rates:** In your second task, you may have expected that you were addressing problems only suffered by developing nations. However, you were also addressing a major problem in the United States. Despite being an economic leader, the United States has inferior maternal and infant mortality rates compared to many other industrial nations.

1. Examples of Worldwide Maternal Mortality Rates: 99% of maternal deaths occur in developing nations with 1 in 7 women dying in Nigeria and 1 in 8 women dying in Afghanistan. On the other hand, in the top 10 industrialized nations, the maternal mortality rate is only 1 in 16,400 births.
2. U.S. Rate and Minority Divide
 - a. In the United States, the maternal mortality rate is 1 death for every 4,800 births, which makes the U.S. closer to the worse mortality rates in the world than to the best. This rate puts us below over 40 other countries (out of 171 countries with data) and is the reason that the United States is consistently the 41st or 42nd country in maternal mortality rates (out of 171 countries).
 - b. The U.S. Center for Disease Control and Prevention (CDC) estimates that the true level of U.S. maternal deaths may be as much as three times greater than the reported rate. This

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discrepancy is a result of the fact that the United States does not have a standardized method to collect maternal health data.

- c. This national average for maternal deaths conceals dramatic inequities in maternal mortality rates within the United States. Black Americans have five times the maternal mortality rate as white Americans. In addition, these racial inequities are worse in some urban areas, such as New York City. The white-black disparity holds true among income levels.

B. Personal Experiences with Human Rights Violations in Childbirth:

Discuss human rights violations you have seen, heard, experienced in childbirth. Include general problems such as receiving unequal information, degrading treatment, and preventing women from having control of their own health. Also include specific violations such as shaving, enemas, early rupture of membranes, continuous electronic fetal monitoring (EFM), withholding food and drink from laboring women, banning vaginal births after cesareans (VBACs), lack of access to prenatal care, hospital policies banning doulas, and other unnecessary obstetrical interventions that make childbirth more painful and dangerous for mothers and newborns.

V. **TASK NO. 4 & 5: Newborn and Society Perspectives (10 Minutes)**

A. The Health of Newborns: The health of newborns is inseparable from the health of their mothers.

1. Newborns whose mothers die are up to ten times more likely to die within two years than those whose mothers survive. More than 1 million children are left motherless every year.
2. *For the fourth task, describe the human rights violations that are occurring in childbirth from the newborn's perspective.* For instance, when a mother receives inadequate or inferior prenatal and childbirth treatment, her newborn's risk of death also increases. Therefore, the newborn's right to life is being violated.

B. The Health of Society: Society's development also depends on improved maternal care.

1. When mothers die or become disabled during childbirth, they cannot contribute as much to society. In addition, the education of

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their children and their children's resultant contribution to society diminishes.

2. *For the fifth task, describe the human rights violations that are occurring in childbirth from society's perspective.* For instance, the father does not get to choose to have more children if his wife is unable to have more children due to poor medical decisions or medical care. Another example is that older children of a mother who becomes disabled or dies during childbirth do not receive the same level of education as children whose mothers survive.

VI. **TASK NO. 6: Personal Commitment (10 Minutes)**

A. Description of Goal: The goal of this workshop was to be able to describe maternal and perinatal outcomes as a human rights issue. Besides making childbirth rights more prominent in related and non-related fields, this goal also holds governments accountable for maternal health and empowers women to advocate for their rights.

B. Accomplishment of Goal: *Please share how you would explain maternal and perinatal outcomes as a human rights issue to women and men outside of the childbirth advocacy field.*

VII. **CONCLUSION:** Maternal health care is a human rights issue because it is so embedded in the human rights concepts of: 1) the right to life; 2) the right to be equal in dignity; 3) the right to education; 4) the right to be free to seek, receive, and impart information; 5) the right to enjoy benefits of scientific progress; 6) the right to freedom from discrimination; and 7) the right to enjoy highest attainable standard of physical and mental health. (5 Minutes)

About the Presenter

Shel Lyons, a lawyer in the greater DC area, is licensed to practice in both the State of California and the District of Columbia. After graduating from Harvard Law School, Shel pursued a prestigious legal career as a judicial clerk with the United States Court of Appeals for the Federal Circuit, an honors attorney with the United States Department of Justice, and an associate with the law firm of Weil, Gotshal & Manges LLP. Four years ago, due to her own pregnancy experience, Shel began to focus exclusively on pregnancy, childbirth, and breastfeeding rights, including the rights for working and stay at home mothers. She has researched, published, and presented extensively on these issues, and is looking for full-time employment as counsel or policy analyst in a related non-profit organization. Her e-mail is shel@motherswork.org.

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Resources Provided at the Human Rights Workshop

- [12 Human Rights Key to Reproductive Rights](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/V4Repro%20Rights%20Are%20Human%20Rights%20-%20FINAL.pdf) by [Center for Reproductive Rights](#)
<http://reproductiverights.org/sites/crr.civicactions.net/files/documents/V4Repro%20Rights%20Are%20Human%20Rights%20-%20FINAL.pdf>
- [The Universal Declaration of Human Rights](http://www.un.org/en/documents/udhr/) by [United Nations](#)
<http://www.un.org/en/documents/udhr/>
Printable versions: <http://huwu.org/events/humanrights/udhr60/declaration.shtml>
- [CEDAW](http://www.un.org/womenwatch/daw/cedaw/) by [United Nations](#)
<http://www.un.org/womenwatch/daw/cedaw/>
- [International Covenant on Civil & Political Rights](http://www.un.org/millennium/law/iv-4.htm) by [United Nations](#)
<http://www.un.org/millennium/law/iv-4.htm>
- [Millennium Development Goals \(MDG\)](http://www.un.org/millenniumgoals/) by [United Nations](#)
<http://www.un.org/millenniumgoals/>
- [MDG Number 5 Maternal Mortality](http://www.un.org/millenniumgoals/maternal.shtml) by [United Nations](#)
<http://www.un.org/millenniumgoals/maternal.shtml>
- [Report on MDGs: Maternal Health Still At Risk](http://www.womendeliver.org/news/09_reports.htm) by [Women Deliver](#)
http://www.womendeliver.org/news/09_reports.htm
- [G8 Leaders Highlight Maternal, Newborn, and Child Health](http://www.womendeliver.org/news/09_g8leaders.htm) by [Women Deliver](#)
http://www.womendeliver.org/news/09_g8leaders.htm
- [Maternal Mortality](http://righttomaternalhealth.org/about-maternal-mortality) by [International Initiative of Maternal Mortality & HR](#)
<http://righttomaternalhealth.org/about-maternal-mortality>
- [Reproductive Rights in Africa](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_africa.pdf) by [Center for Reproductive Rights](#)
http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_africa.pdf
- [Surviving Pregnancy & Childbirth: An International Human Right](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_surviving_0105.pdf) by [CRR](#)
http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_surviving_0105.pdf
- [Reproductive Rights in the Inter-American System](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_rr_interamerican.pdf) by [CRR](#)
http://reproductiverights.org/sites/crr.civicactions.net/files/documents/pub_bp_rr_interamerican.pdf

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