



5. Improve maternal health

Each year some eight million women suffer complications during pregnancy. Over half a million die from them. While maternal mortality is improving globally, the risk of dying in pregnancy is dramatically higher in the poorest countries than in the richest ones.

Decent work and maternal health

The ILO addresses the challenges of maternal morbidity and mortality through its Decent Work Agenda: jobs, rights, social protection and dialogue. It contributes to MDG 5 by promoting –

- maternity protection for all women workers during pregnancy, childbirth and breastfeeding;
- investment in human resources and basic infrastructure in the health field;
- extended access to health services and social security schemes;
- rights and decent working conditions for health workers;
- access for women workers to comprehensive HIV/AIDS services;
- improved education, employment and status for girls and women.

Maternity protection and safe motherhood

Protecting the maternity of women workers is a basic human right and a key element of gender equality. Maternity protection is essential to ensure that women's work does not threaten health during pregnancy and recovery from childbirth. It enables women to return to their jobs after maternity leave.

Healthy birth outcomes, occupational health, protection against discrimination and the productivity and profitability of enterprises are linked. Expanding maternity protection to increasing numbers of women workers, as foreseen in the **Maternity Protection Convention, 2000 (No. 183)**, is critical for the health and well-being of women and their babies. The ILO promotes maternity protection by –

- partnering with employers', workers' and other concerned organizations to promote Convention No. 183 and increase awareness of the importance of maternity protection;
- developing tools and providing technical support for the improvement of maternity protection at national and workplace levels;
- conducting research on innovative practices for ensuring maternity protection [19].

The Maternity Protection Convention, 2000 (No. 183) covers –

- access to medical care, including prenatal, childbirth and postnatal care, as well as hospital care when necessary;
- maternity leave: 14 weeks, including 6 weeks' compulsory post-natal leave;
- cash benefits during leave: two-thirds of previous or insured earnings;
- health protection: the right of pregnant or breastfeeding women not to perform work prejudicial to their or the child's health;
- breastfeeding: minimum one daily break, with pay;
- employment protection: the right to return to the same or equivalent position at the end of maternity leave;
- non-discrimination: so that maternity does not constitute a source of discrimination in employment.

Target 6

Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

Indicators

- 16. Maternal mortality ratio
- 17. Proportion of births attended by skilled health personnel

Globally about 1,400 women die each day in pregnancy and childbirth. In 2000, some 529,000 women died from complications of pregnancy and many millions more suffered disabilities.

The causes of maternal deaths include unsafe delivery practices, obstructed labour and complications linked to abortions. Inadequate health systems, poor quality water and sanitation systems and lack of education among women are contributing factors.

Only 58 per cent of women in developing countries deliver with the assistance of skilled attendants or health personnel. Only 48 per cent give birth in a hospital or health centre. Increasing access to quality maternal care must be complemented by efforts to reach other MDGs, especially Goals 2, 3 and 4.



Access to health services and social security

Effective health systems of improved quality are needed to reduce maternal mortality, especially in rural areas. The ILO is working to achieve universal access to health care and extend social security to non-covered groups through its Global Campaign on Social Security and Coverage for All [26]. The ILO Global Social Trust [27] is mobilizing resources to finance social protection benefits in poor countries. Related ILO action contributing to MDG 5 includes –

- promotion of universal access to essential health services for women workers, particularly pre- and post-natal services, reproductive health services and safe childbirth;
- involvement of women in statutory and community-based social security schemes;
- provision of health education for mothers;
- protection of women workers from HIV/AIDS through workplace-based programmes [29].

Maternal health interventions are also beneficial to infants' health. One million children are left motherless each year. They are ten times more likely to die than children with surviving mothers.

The ILO supports the "Health-For-All" strategy of the World Health Organization (WHO) [61].

Other relevant international labour standards [8]

- The Social Security (Minimum Standards) Convention, 1952 (No. 102) –
 - sets minimum requirements for the provision of health care during pregnancy and confinement, and cash maternity benefits replacing lost income;
 - sets minimum standards for access to preventive and curative health care services in general;
- The Medical Care and Sickness Benefits Convention, 1969 (No. 130) sets minimum standards for access to preventive and curative medical care;
- The Nursing Personnel Convention (No. 149) and Recommendation (No. 157), 1977.

Investment in infrastructure, human resources and education

The right mix of investment, basic health policies and human resources policy can provide skilled health and birth attendants for safe delivery. Training, earnings and the working environment affect skilled attendants' ability to provide appropriate care. The ILO supports safer pregnancy by –

- facilitating women's access to health services through the promotion of infrastructure construction using labour-intensive approaches [24];
- promoting freedom of association and collective bargaining for health workers;
- capacity building in workers' organizations to obtain better working conditions and quality health services through collective bargaining;
- developing training systems for skilled health workers.

Improved services and access to them will not alone suffice to bring significant improvements in maternal health. Educating women and girls enables them to understand issues and seek health services when needed. With its elements of employment, rights, social protection and social dialogue, the ILO Decent Work Agenda supports improved maternal health.

ILO publications relevant to Goal 5

- *Healthy beginnings: Guidance on safe maternity at work*. ILO, 2004.
- *Social dialogue in the health services: A tool for practical guidance*. ILO, 2004.
- *Maternity protection at work*. Report IV(2A and 2B). ILO, International Labour Conference, 2000.
- *Public service reforms and their impact on health sector personnel; Critical questions: a tool for action*. ILO, WHO, EIP, DSE, Geneva, 2000.

Blue text and numbers in brackets [..] are linked to websites. See attached list of reference materials.

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