Charter of Maternal Rights

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SECTION 1 - PREAMBLE: THE NEED FOR A CHARTER FOR MOTHERS

Mothers and their babies are among the poorest of the poor and are the most vulnerable physically. Hundreds of thousands of mothers die in developing countries giving birth to new life. They suffer the most in times of economic crisis. In rich countries mothers suffer spiritually, physically, emotionally and see no other solution than to destroy their unborn babies.

1.A THE HUMAN RIGHTS OF MOTHERS

1.1 The Human Being,

"Being created in the image and likeness of God, is not just something, but someone",(1) who is "one in body and spirit" (2) *"one in body and soul* (3) "with an immortal soul whereby" he/she "exists as a whole", (4), who *"exists as a unique and unrepeatable being, … as an 'I', capable of self-understanding, self-possession and self-determination …",* (5), *"and of freely giving himself and entering into communion with other persons. And he is called by grace to a covenant with his Creator, to offer him a response of faith and love that no other creature can give."* (6) *"However, it is not intellect, consciousness and freedom that define the person; rather, it is the person who is the basis of the acts of intellect, consciousness and freedom. These acts can even be absent, for even without them he does not cease to be a person"* (7)

A basic principle is that each human life is therefore sacred and is the starting point for a moral vision for society. Human beings are meant to live together freely giving of themselves and entering into communion with other persons. Thus an emphasis must be placed on the fundamental rights of every person; the right to life, to marry

and found a family, to religious liberty, to work and to associate; all necessary for human flourishing. These imply access to food, clean water, shelter, health care, and education.

John Paul II wrote (8)

" Above all, the common outcry, which is justly made on behalf of the human rights – for example, the right to health, to home, to work, to family, to culture – is false and illusory if the right to life, the most basic and fundamental right and the condition for all other personal rights, is not defended with maximum determination".

1.2 The Dignity of Motherhood

Motherhood has special significance in every culture as the most complete expression of the special vocation of women. In some developing countries motherhood is taken very seriously and mothers are revered and considered to be a central part of the family. In *Mulieris dignitatem*, John Paul II says that women make a *'sincere gift of self'* (9) to others, which is so obvious in the case of motherhood. The woman as mother is entrusted with the responsibility of bearing and bringing to birth human beings. The woman has her own way of existing for others, of making a gift of self to others, and she is obliged to resist domination by men; she does not lose her original femininity in doing that. But she too can neglect and impair 'the sincere gift of self'. Motherhood implies a special openness to the new person. *She is entrusted with human beings and has received love in order to give love* (n. 30) *; It is her characteristic dignity. "Parenthood" is realised much more fully in the woman; pregnancy absorbs all her energies body and soul* (n. 18). *Women are more capable than men of paying attention to another person, and motherhood develops this predisposition in them even more* (n. 18). *But motherhood, in Christian tradition,*

since Mary's faithful Fiat, became a part of God's new covenant with humanity (n. 19). Motherhood is therefore the gift to humanity of such fundamental importance that it must be cherished and served in special ways appreciating its dignity as the key to healthy families and societies.

1.B MATERNAL HEALTH CARE: SITUATIONS OF URGENT NEED

1.3 Mortality and Morbidity

It is estimated that 200 million women conceive world-wide each year and the UN estimates the number of pregnancies artificially aborted annually to be 30 – 50 million. The number of women's deaths occurring due to complications during pregnancy, labour and delivery and 6 weeks following (maternal mortality), are reliably estimated to be 330,000, (Lancet 2009), mostly in developing countries. The difference in the risk of dying during pregnancy and childbirth, between rich and poor countries is stark e.g. in Canada it is 1: 7,300, whereas in sub-Saharan African countries the risk is 1: 7. No other development indicators show such disparity between rich and poor countries and the gap is not closing. Of the United Nation's Millennium Development Goals, No 5 (to reduce maternal mortality by 75% by 2015) is the most neglected. This neglect is not due to lack of funding but rather its wrong allocation, which is to reduce the number of children mothers' bear, rather than making pregnancy and childbirth safer.

The causes of maternal deaths are well known, are readily preventable and can be successfully treated at comparable low cost. Proper measures, availability of skilled personnel at the time of birth and prompt emergency obstetrical care if things go wrong, may save

the lives of 90 per cent of the mothers. The prevalence of maternal deaths is larger in rural areas, small villages, during the last trimester of pregnancy, during childbirth and, most of all, in the first week following delivery. Mothers die from hæmorrhage (25%), infection (12 %), or obstructed labour (8%), from hypertension (12%), malaria, HIV, severe anaemia (12%) and complications of abortion, both spontaneous and induced (13%). Not only are the lives of these women abruptly ended but also those of their newborn babies, and the chance of survival of their young children decreases dramatically. Every year about one million children are left motherless and vulnerable because of maternal deaths.

Maternal morbidity following delivery is extensive and under recognized. It is estimated that for every maternal death, 30 more mothers suffer long-term damage to their health, severe and long – lasting illnesses or disabilities caused by complications during pregnancy or childbirth, e.g. infertility, chronic infections, uterine prolapse or obstetric fistulae. Fistula occurs most frequently to young mothers as a consequence of neglected, obstructed labour (lack of caesarean section) resulting in injury to the bladder and rectum, and consequently incontinence of urine and/or faeces. World-wide estimates are that 2 million young and forgotten mothers are living with this problem, mostly in sub-Saharan Africa, suffering also from depression and social rejection. These injuries are readily preventable by ensuring access to essential obstetrical care. Fistulae are treatable with specialised surgery and nursing care.

1.4 Violence against mothers and their unborn children

By *Commission* e.g. procured abortion, genital mutilation, sexual assault, by trafficking or domestic abuse, all of which have received

considerable attention by civil authorities and from society in general. Many other mothers are equally victims of serious harm caused by *Omission* as in the case of neglect during pregnancy and childbirth.

1.5 Option for the poor and vulnerable

The poor, of whom mothers and their babies are among the most vulnerable, have a claim upon our consciences and upon the resources and services of national governments and of the world generally. This option for the poor does not mean that they have rights which no-one else enjoys, but implies that the urgency and gravity of their need demand that attention be given to them as a matter of priority, before turning to other less urgent needs (cf. John Paul II,) (14) . On this basis civil governments, as well as other public and private institutions, should consider their policies and their efforts, or the lack of these, to meet the health-care needs of these very marginalized persons.

1.6 Maternal Health Care as a Human Right

Article 25 of the Universal Declaration of Human Rights states;

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance."

The former Director General of World Health Organisation, Dr. Halfdan Mahler, commented in Nairobi in 1987;

"We know enough to act now, it could be done; it ought to be done; and in the name of social justice and human solidarity, it must be done".

Present policies of governments and of other public and private institutions to meet these needs of the most marginalised are inadequate. While problems of women's health and the need for improved care have been discussed for many years, practical and effective action has been often lacking. It has been recognised by the United Nations and by the international community generally that, of the 8 Millennium Development Goals, the 5th, pertaining to maternal health, has been the most neglected. This failure has been due both to a lack of political will to attend to these matters as such and to the diversion of resources into abortion and birth control under the aegis of maternity health programmes, including those of the United Nations, which has been at the expense of essential obstetrical care.

The Catholic Church has a long history of providing maternity care, but its continuation in that ministry is threatened by elements of internal dissent and by governments and health and population agencies which are dismissive of its teaching on human life, procreation and motherhood. Discriminatory policies, including funding, by governments and other agencies, violate the right of Catholic and other health professionals to practice in accordance with their consciences and undermine Catholic hospitals and non-governmental organisations in their provision of faith-based and morally upright maternity services.

In the light of the consideration both of the implications of human rights for mothers and of the pressing need to resolve the contradictions and the systematic deficiencies in maternal health-care

noted above, the formulation of a 'Charter of Rights of Mothers' is long overdue, a Charter whose effective implementation will serve both to improve the lives and the health of mothers and of babies and to enhance their dignity.

SECTION 2 - THE RIGHTS OF MOTHERS

Article 1

Every mother must be allowed and enabled to welcome the gift of her child. Every child must be valued as a gift and must not be reduced to being considered as the object of someone else's alleged right.

Article 2

Every mother has a right to respect for her dignity, religious, moral, social, and cultural values, and the right to be free from every form of unjust discrimination or coercion, during pregnancy, childbirth and afterwards.

Article 3

Every mother and every child has the right to the treatment and care needed to try to ensure the survival of each of them during pregnancy and childbirth; nothing must ever be done deliberately and directly which causes or which is intended to cause the death of either of them, nor must anything morally upright be deliberately omitted in order to provoke the death of either; essential obstetrical care must always be provided during pregnancy, in childbirth and afterwards.

Article 4

Every mother has the right to comprehensive prenatal care, including effective health education in preparation for safe delivery.

Article 5
Every mother has the right to refuse prenatal diagnosis which is not intended and directed to ensuring the survival and well-being of the child she is carrying in her womb at the time and she has the right, in all circumstances to reject coercion and other pressure to procure an abortion.

Article 6
Every mother has the right to safe, clean, adequately equipped facilities in which to deliver her child.

Article 7
Every mother has the right to skilled midwifery care during delivery.

Article 8
Every mother has the right to specialist obstetrical care when complications occur.

Article 9
Every mother has the right to post-partum care, including counseling and support for breast feeding, morally upright, natural family planning information and advice.

Article 10
Every mother has the right to retain her fertility and not to be subjected to coercion to be medically or surgically sterilised.

SECTION 3 - THE SPECIAL OBLIGATIONS OF CATHOLIC OBSTETRICIANS AND MIDWIVES.

To appreciate the importance of motherhood in our contemporary world those in whose professional expertise this responsibility lies must envisage four complementary approaches.

3.1 Firstly, Catholic obstetricians and midwives must be obstetrically **COMPETENT**, in all the skills associated in caring for mothers. Legal and social aspects are a fundamental part of the doctor's and midwife's remit. This is what the law, society and the Church rightly expect of them.

3.2 Secondly, they must have the **CONVICTION** that Catholic teaching on morals, magisterially guided, is not only true, but totally beneficial for the patients requiring medical assistance within the scope of his or her competency.

3**.3 Thirdly,** this involves their appreciation of the nature of society at large and of each particular local **COMMUNITY** within it. Motherhood is foundational for the flourishing of every society, and for every individual community, which is a constituent part of that society.

3.4 Fourthly, the Catholic obstetricians and midwives must appreciate that motherhood is so fundamental to human existence that profound **COMPASSION** is necessary. This involves compassion for all mothers and their families, believers or not, who suffer to beget and bring up their children.

SECTION 4 - THE CHARTER IN PRACTICE

To apply the Charter additional themes of Right to Life, Subsidiarity, Solidarity, and the Common Good must be addressed in order to make it a reality.

4.1 Right to Life, Subsidiarity, Solidarity and the Common Good

- **Right to Life**

"Bodily life is a fundamental good; here below it is the condition for all other goods' (15). The commandment *"You shall not kill"* has absolute value when it refers to the innocent person and all the more so in the case of weak and defenceless human beings. As far as the right to life is concerned, every human being is absolutely equal to all others ... Before the moral norm which prohibits the direct taking of the life of an innocent human being, *"there are no privileges or exceptions for anyone"*(16)

• Subsidiarity

" It is a fundamental principle of social philosophy, fixed and unchangeable, that one should not withdraw from individuals and commit to the community what they can accomplish by their own enterprise and industry" (17)

• Solidarity

" Is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all." (18)

• The Common Good

"Is the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfilment, today takes on an increasingly universal complexion and consequently involves rights and duties with respect to the whole human race. Every social group must take account of the needs and legitimate aspirations of other groups, and even of the general welfare of the entire human family"(19)

4.2 Maternal Rights in Practice

MaterCare International has developed a model of comprehensive rural obstetrical care especially for developing countries that takes maternal health services closer to village communities. The model addresses maternal rights by addressing especially the obstetrical causes of mortality and morbidity but also other circumstances, which contribute e.g. lack of; adequate facilities; trained health professionals; transportation, of communications, and poor roads. The model provides new initiatives of service, training research and advocacy and a way for communities, especially women, to become more closely involved in the delivery of maternity care. It is applicable to any country where similar circumstances prevail.

4.3 A "Marshall Plan" for Mothers

The Marshall Plan was developed in 1947 to respond to the devastation of Europe following the World War II and in response to the threat of domination by the tyranny Soviet communism. In our world of the 21st Century we find that maternal health care is in a disastrous state in much of the developing world where motherhood is under threat from a new tyranny, the culture of death.

There is a need for an innovative, proactive and courageous response, a sort of "Marshall Plan" for mothers to provide them with care to which they have a right. Such a plan would need funds, organisation and above all commitment. We call upon everyone, the Church and all people of good will, to make this Charter known and to collaborate together to ensure that its words are translated into practice in the service of mothers, their children and their families.

REFERENCES:

(1) The Catechism of the Catholic Church n. 357.
(2) Second Vatican Council, Gaudium et spes, n.14 John Paul II Veritatis splendor, n. 50
(3) John Paul II Redemptor hominis, n. 14.
(4) Pontifical Council for Justice and Peace, Compendium of the Social Doctrine of the Catholic Church, n. 127.
(5) Pontifical Council for Justice and Peace, Compendium of the Social Doctrine of the Catholic Church, n. 131.
(6) Catechism of the Catholic Church, n. 357.
(7) Compendium of the Social Doctrine of the Catholic Church, n. 131.
(8) John Paul II Christifideles laici n.38.
(9) John Paul II Mullieris dignitatem n. 18
(10) Ibid n. 20
(11) Ibid n.18
(12) Ibid n.18
(13) Ibid n.19
(14) John Paul II Sollicitudo rei socialis, n. 42.
(15) Congregation for the Doctrine of the Faith, De abortu procurato, n. 9.
(16) John Paul II Evangelium vitae, n. 57, ID., Veritatis splendor, n. 96.
(17) Pius XI, Quadragesimo anno.
(18) John Paul II, Sollicitudo rei socialis n. 38.
(19) Second Vatican Council Gaudium et Spes nn. 26, 74)

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MaterCare International (MCI) is an organization of Catholic obstetricians and gynaecologists dedicated to the care of mothers and babies, both born and unborn, through new initiatives of service, training, research, and advocacy, which are designed to reduce the tragically high rates of maternal mortality, morbidity, and abortion.

MCI's mission is to serve the Culture of Life where it is most at risk- in those crisis areas and 'hotspots' where mothers and their children, born and unborn, are neglected or abandoned outright.

MaterCare International is registered in Canada, the United States, Poland, and Australia
MaterCare International is the Obstetrical Division of the World Federation of Catholic Medical Associations (FIAMC)
MaterCare International is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC)

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