





COP27 Talking Points: Maternal and Newborn Health and the Climate Crisis

The climate crisis is worsening already unacceptably high levels of maternal and newborn mortality. Climate change-related impacts are driving inequities in health outcomes between and within countries. Health adaptation planning and responses to the climate crisis is grossly inadequate, but even within this context maternal and newborn health has been especially marginalized.

The Intergovernmental Panel on Climate Change <u>report</u> "Climate Change 2022, Impacts, Adaptation and Vulnerability" made more than 30 references to pregnancy health highlighting, with high confidence, how pregnant women and children are particularly impacted.

Pregnant women and newborns have specific biological vulnerabilities making them especially vulnerable to the climate crisis. The evidence on the health impact is compelling. The evidence on the feasible and sustainable adaptation strategies required is less well-developed and the examples of ongoing implementation remain limited.

National policy makers are urged to include and prioritize pregnant mothers and newborns in their climate change policies. Global evidence on adaptation activities should be reviewed, gaps recognized, and innovative approaches identified, generated, and tested. This must happen with urgency. Pregnant women, their newborns, their families and their communities cannot afford to wait.

- The impact of heat and air pollution on maternal and neonatal health is <u>increasingly</u> <u>established</u> and includes higher rates of miscarriage, preterm birth, and stillbirth. Pregnant women are also vulnerable to heat-related illness and death. Newborns are especially heat-sensitive even compared to other children. *Metanalysis shows that the odds of preterm birth rises 1.05-fold for every 1°C increase in temperature and rises 1.16-fold during heatwaves*.
- Wildfire smoke exposure is associated with preterm birth and low birth weight. Air
 pollution studies also link particles in wildfire smoke with serious maternal health
 conditions like hypertensive disorders in pregnancy, such as pre-eclampsia and
 eclampsia.

- Warmer temperatures increase the risk of vector-borne diseases, such as malaria, dengue, and Zika. These diseases present increased risks for pregnant women and can be harmful to the fetus. Malaria infection in pregnancy, for example, is associated with miscarriage, premature delivery, stillbirth, and low birth weight. Malaria is also a direct cause of maternal death, as well as indirect, in that it also causes anemia, which increases the risk of dying from postpartum hemorrhage, the number one cause of maternal mortality.
- Pregnant and lactating women face greater risks from food insecurity related to climate change (flooding, droughts) in combination with the nutritional needs associated with pregnancy or breastfeeding.

In many areas, women's health is already impacted by poor social and environmental determinants of health, which will be further exacerbated by climate change impacts. Women broadly are poorer than men and face higher economic burdens from the climate crisis. Pregnant women, and far more so for those marginalized by poverty, racism, poor healthcare, or other factors, can have specific <u>additional social disadvantages</u>. Pre-existing health conditions, poor housing and working conditions for women and girls all deepen exposure, driving injustices and inequities in maternal health and birth outcomes.

COP26 marked one of the first occasions that the impact of climate change on maternal and newborn health was raised during COPs, particularly during the 'Heat, Overlooked Populations, and Maternal and Newborn Health' side event.

At COP27 opportunities to further raise attention to this issue should be taken:

- Highlight the lack of attention and focus regarding the specific vulnerabilities of pregnant women and newborns in policies and activities related to climate change. Examples include Vulnerability and Adaptation Assessments, development of Nationally Determined Contributions, National Adaptation Plans, Health National Adaptation Plans, disaster risk reduction strategies, early warning systems, and emergency response plans. Adaptation plans often do not include pregnant women and newborns as an at-risk group that should be prioritized because of their vulnerability. Pregnant women and those that work with them, for example midwives, should be included in efforts to address climate intersections with poverty, housing, and the right to safe and dignified work.
- Emphasize how little research has been conducted on best ways to tailor
 adaptation approaches to account for the needs of pregnant women and newborns.
 While the impact of heat on pregnancy and the newborn period is well established,
 there is lack of research into strategies for heat adaptation with a focus on pregnant
 women and newborns.
- Stress that there are actions that governments, practitioners, and their partners should start to implement immediately to help pregnant women and newborns

adapt to the worst health impacts of climate change. For example, national mandates and maternal and newborn health guidelines be updated to take account of these health risks and increase awareness. Initial steps should be taken to raise awareness among healthcare workers of the increased health risk and encourage simple adaptation actions.

Any special financial vehicles in support of climate mitigation and adaptation, such as the Green Climate Fund, should explicitly prioritize maternal and newborn health. The danger of forgetting pregnant women and newborn babies in climate strategies undermines all advancement towards the Sustainable Development Goals.

These talking points were written by colleagues from White Ribbon Alliance, Clinton Health Access Initiative and Human Rights Watch. These organizations are members of an international working group of civil servants, maternal and newborn health experts and activists, academics, donors, and others working together to investigate how the climate crisis is worsening maternal and newborn health and advocating for action to better protect pregnant women and newborns.

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