



**United Nations
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the Empowerment of Women**

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Ensuring Access to Prenatal Care

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Note by the Secretary-General

The Secretary-General has the honour to transmit to the members of the UNCSW the topic synopsis entitled “Ensuring Access to Prenatal Care.” (SP/CSW/SYN/IIF/00.3).



Ensuring Access to Prenatal Care

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Section I—Introduction

UN Women was founded by the UN General Assembly in July 2010 for the purpose of advocating female empowerment and establishing gender equality. UN Women labors on a socioeconomic and cultural scale, advancing the role of women through a multifaceted process. UN Women works with nations to reform laws, eradicate harmful social norms, and build the economic status of women worldwide. UN Women is currently focused on establishing gender equality across the globe by 2030.

Section II—Background Information

Prenatal care is the care that a woman receives during her pregnancy and for a short while thereafter. Through prenatal care, any problems or illnesses with the child can be detected and taken care of early by doctors, ensuring more safety for the child and mother. Prenatal care is one of the best ways to encourage a healthy birth for the mother and to protect the infant. Prenatal care can begin before a woman is pregnant; she is able to receive care when she is preparing to go through pregnancy. The recommended amount of prenatal care is a minimum of 4 appointments for the mother. During a typical prenatal appointment, the mother is asked basic health questions, some of which concern personal and reproductive health. In addition, other checkups are made concerning the baby's health, such as measuring its heart rate. Although the practice of proper prenatal care is not a modern one, its importance as a means of reducing infant mortality and preserving the health and wellbeing of the mother are more modern medical ideas. Research not only suggests that the use of prenatal care through labor and delivery services link to a decrease in maternal mortality, infant mortality, and less birth weight, but it is more crucial for women who have increased medical or social risk of poor birth outcomes. Unfortunately, not all women are fortunate enough to receive prenatal care. This is due to a number of reasons, including financial issues, personal or family beliefs, established cultural mores, and/or lack of knowledge. Although the practice of prenatal care has significantly increased over the past years, some women have yet to be able to receive it. In response, the United Nations has since been involved with maternal health through UNFPA (United Nations Fund for Population) and UNFPA-supported programs.

Section III—Possible Solutions

In areas where access to healthcare is limited, prenatal care is sometimes a luxury. A solution that would be incredibly beneficial for many women worldwide who cannot afford prenatal care would be to use UN-supported organizations, such as Water, Sanitation and Hygiene (WASH), to offer four appointments (which is the minimum recommended amount of prenatal care visits) free of cost to women in extremely impoverished areas, and offer any further care visits at a cost that has been tailor-made to accommodate their income.

Education of the family is a key step when it comes to providing women with prenatal care. In many rural areas, women are not given the proper care that they deserve during their pregnancy because they are believed to be inferior or dirty when menstruating or while being pregnant. An example of this is a rural community in Ethiopia, where women and girls are exiled during their pregnancy and menstruation cycles.

Section IV—Bloc Positions

African Bloc: The countries within this bloc contain some of the highest maternal mortality rates and total mortality rates for children. In addition, this bloc also has, in some areas, around a third of its women not receiving prenatal care. While the countries in this bloc see the importance of prenatal care, it is not prioritized in many areas.

Asian Bloc: Asia has made exceptional progress in improving maternal health and lowering child mortality. However, even so, many countries are expected to not accomplish the Millennium Development Goals due to the shortage of infrastructure and difficult access to crucial health services, high maternal and child death prevail in remote communities.

Latin American Bloc: The level of accessibility for prenatal care is around 90% in many Latin American countries. The number of women who are receiving prenatal care has been steadily increasing in the past years as well.

Middle Eastern Bloc: Prenatal care can vary wildly in this bloc due to a variety of factors—war, political and economic instability, as well as cultural and religious values. Generally speaking, the higher the economic average, the more likely the country is to provide prenatal care.

Western Bloc: The countries in the Western Bloc, especially those in Western Europe, experience good access to prenatal care. However, even in more developed nations, there are still some women who do not have access to prenatal care due to financial instability.

Section V—Questions That Should Be Taken Into Consideration

What is the status of women within the country?

What percentage of women are able to receive prenatal care within the country?

Can the average citizen within the country afford prenatal care?

What percentage of women suffer from diseases due to lack of prenatal care?

Section VI—Helpful Sites and Resources

Database—World Health Organization—Maternal Health (use menu on the right)

bit.ly/37UHuzT (Shortened URL from www.who.int)

Overview and Database—United Nations Population Fund—Maternal Health (click “read more”)

bit.ly/37TzajY (Shortened URL from unfpa.org)

Suggested Search Terms—Millennium Development Goal 5, prenatal care, maternal health, infant mortality, healthy pregnancy, medical accessibility, maternal mortality rates