

Reproductive Health & Abortion Rights

UCGHI Global Health Day 2024

Around the world:

200m wish to avoid pregnancy but can't access modern contraception

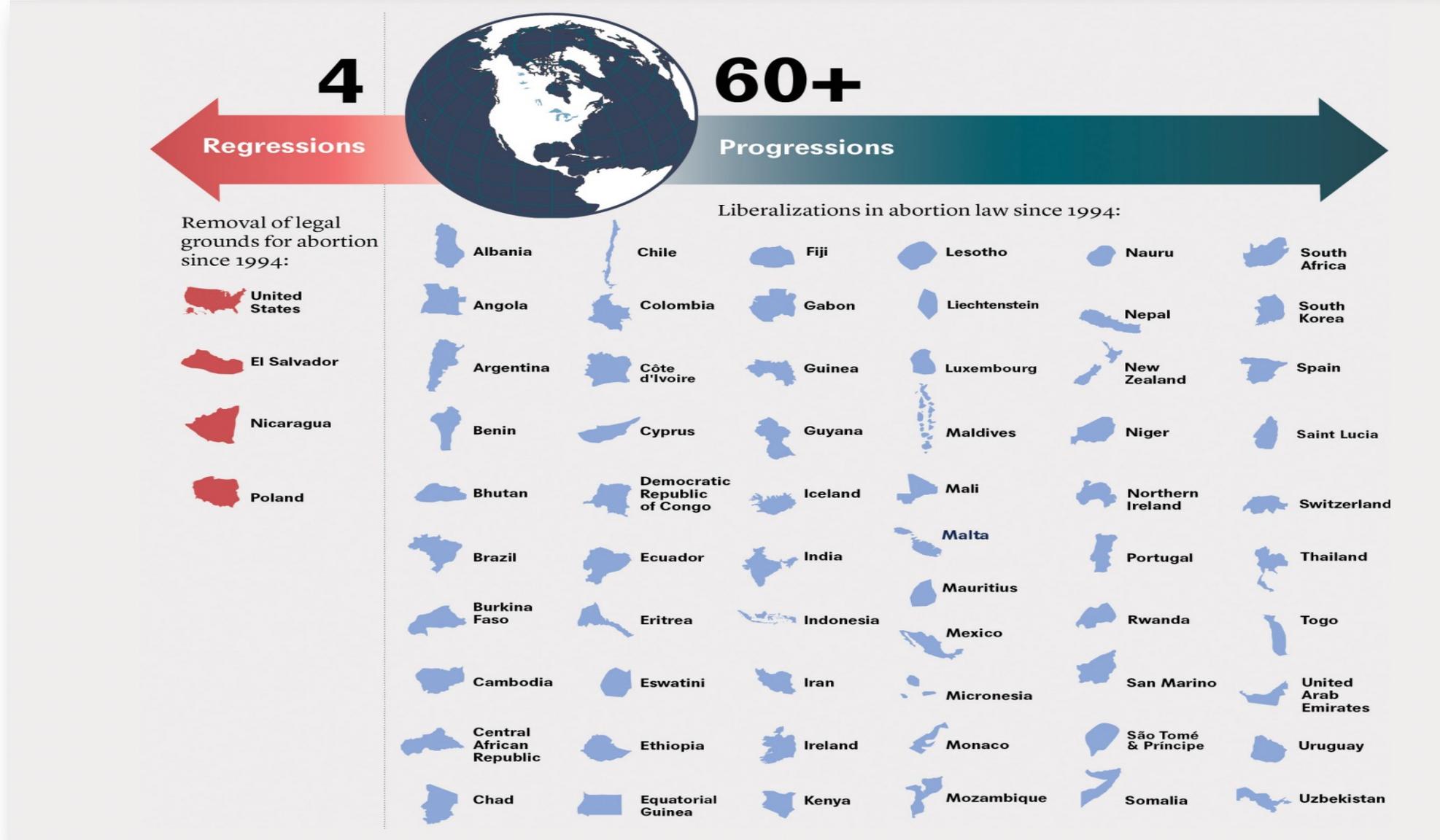
45m receive inadequate prenatal care, or none

30m deliver babies outside of a health facility

25m unsafe abortions take place



Liberalization of abortion laws around the world





Sexual and reproductive health & rights (SRHR) can be found:

- UDHR, 1948. Health & well being, equality between men & women
- Cairo, 1994. Population control gives way to women's rights
- UNAIDS, 1994. Joint UN program, HR-based approach to HIV
- Beijing Women's Conference, 1995. Repro rights, VAW
- ICESCR General Comment on the Right to Health, 2000
- Yogyakarta Principles, 2007. Documents human rights based on sexual orientation and gender identity
- Sustainable Development Goals, 2015. "[S]exual and reproductive health and [] reproductive rights"
- WHO's Abortion Care Guidelines, 2022



Maputo Protocol

African Charter on Human and Peoples' Rights on the Rights of Women in Africa

- First legally binding international instrument to explicitly guarantee the right to abortion:
 - Rape, incest
 - Life, physical/mental health
 - Fetal diagnosis
- 44/55 states have ratified
- 12 states offer greater protection

Sexual and Reproductive Health and Rights Include:

Bodily integrity, privacy, and personal **autonomy**

Freely define one's **sexuality**, including SO and gender identity/expression

Decide **whether and when** to be sexually active

Choose sexual **partners**; safe and **pleasurable** sexual experiences

Decide whether, when, and whom to **marry**

Determine number and spacing of **children**

Access to info/services to achieve these, **without discrimination, coercion, exploitation, violence**



Essential sexual and reproductive health services:

Accurate info, comprehensive **sexuality education**

Counselling & care related to **sexual function and satisfaction**

Choice of safe & effective **contraceptive methods**

Prevention & treatment of:

- **infertility**
- **STIs, including HIV**
- **reproductive cancers**
- **sexual and gender-based violence**

Safe & effective prenatal, childbirth, and postnatal care

Safe & effective abortion



SisterSong's definition of reproductive justice:

“The human right to
maintain personal bodily
autonomy, have children, not
have children, and parent the
children we have in safe and
sustainable communities.”





Panelists

Luseshelo Simwinga

Registered Nurse Midwife, Global Action in Nursing (GAIN), UCSF

Monika Langarica

Senior Staff Attorney, Center for Immigration Law and Policy (CILP), UCLA Law

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The Nursing and Midwifery Workforce Globally and in Malawi

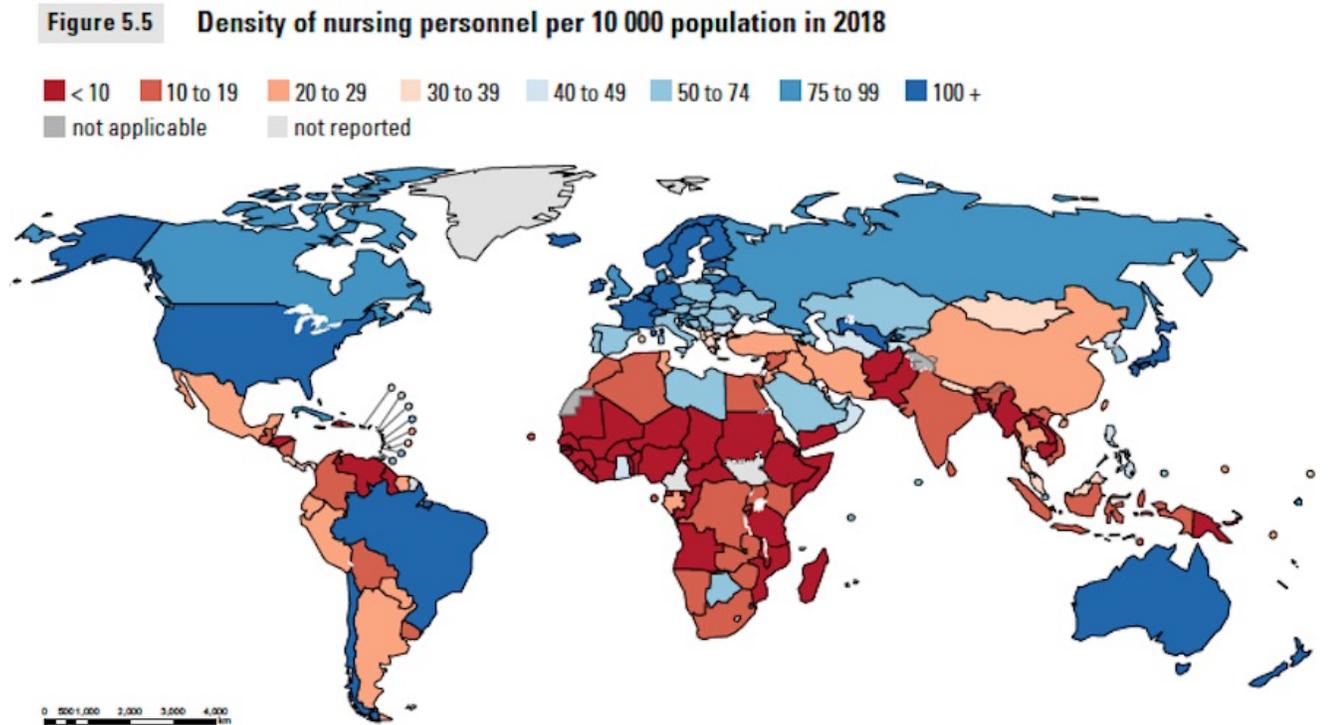
Luseshelo Simwinga

February 2024

The Dire State of the Health Care Workforce

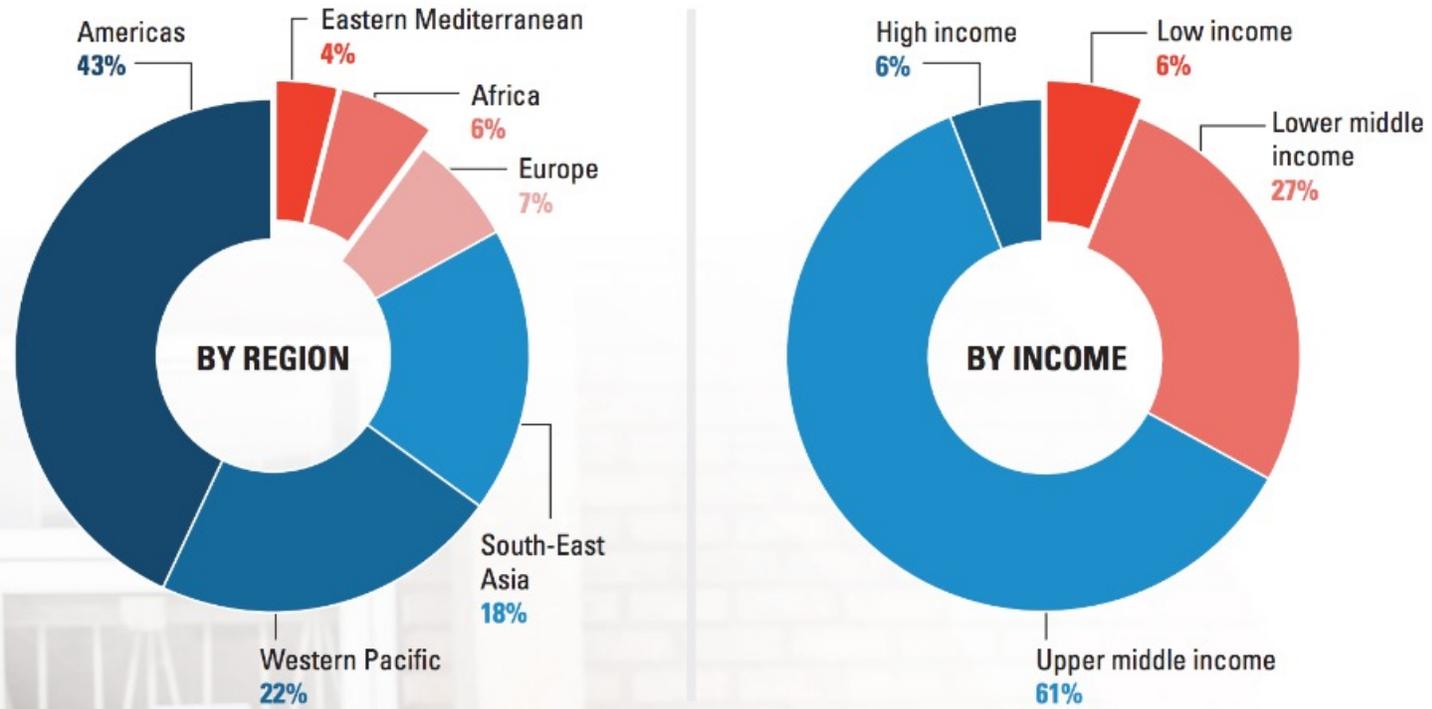
The WHO estimates a shortage of 10 million health workers by 2030, particularly in LMICs

- This shortage is especially acute for nursing and midwifery providers
- Nearly 50% of the global health workforce is comprised of nurses and midwives who also represent more than 50% of the world's current health worker shortage



International Council of Nurses State of the World's Nursing Report 2020

Figure 3 Projected increase (to 2030) of nursing stock, by WHO region and by country income group

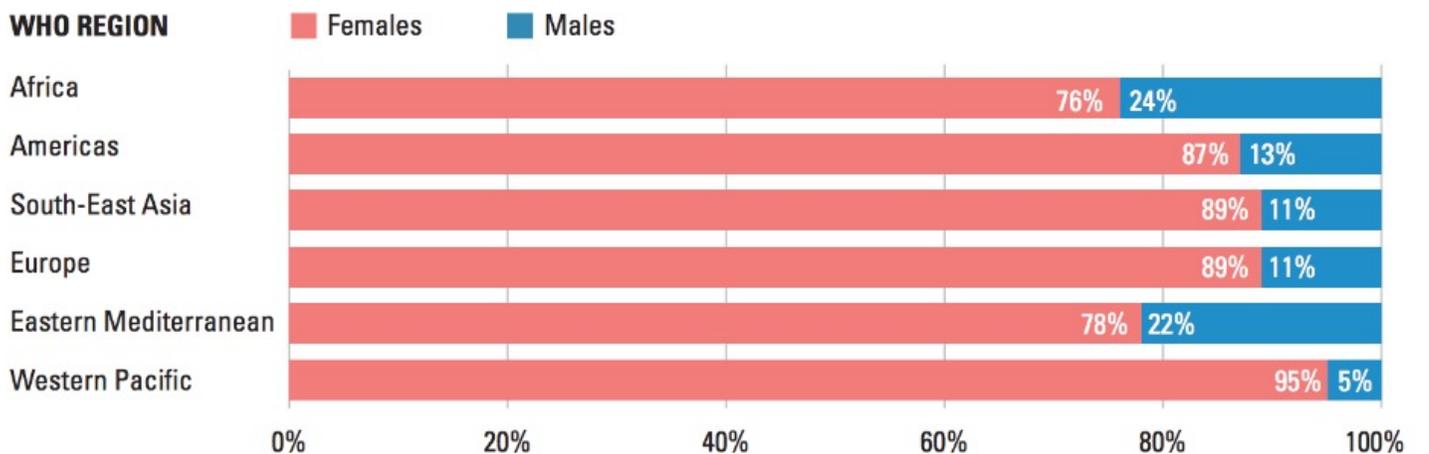


**Includes nursing professionals and nursing associate professionals.*

The Dire State of the Health Care Workforce

- Nurses and midwives are the primary providers of obstetric and neonatal care, and may be the only provider someone sees during the entirety of their pregnancy
- Approximately 90% of the world's midwives are women who experience considerable gender disparities in pay, career pathways and decision making-power

Figure 6 Percentage of female and male nursing personnel, by WHO region



Source: National Health Workforce Accounts, World Health Organization 2019. Latest available data reported between 2013 and 2018.

Nursing and Midwifery Workforce: Globally

- For all countries to reach Sustainable Development Goal 3, the world will need an additional 9 million nurses and midwives by the year 2030
 - Global shortage of 900,000 midwives, and the need is particularly acute in sub-Saharan Africa and other LMICs
- Midwives save lives and money
 - Midwifery-led interventions and increasing the number of midwives would save a projected 4.3 million per year by 2035
 - Even a **moderate increase** in the **number of midwifery providers globally** could **reduce maternal and neonatal deaths by 22% and 23%**, respectively
- The shortage of midwives can be attributed to:
 - Inadequate resources for training, poor working conditions, understaffing, and low pay
 - These factors also make the professional less desirable to pursue

Maternal Mortality

Location	Year	Maternal mortality ratio
Globally ¹	2020	223/100,000 live births
United States ²	2021	32.9/100,000 live births
Malawi ³	2020	381/100,000 live births

¹ <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

² <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>

³ <https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2022/improving-the-quality-of-health-care-services-to-advance-maternal-newborn-and-child-health-outcomes-in-malawi#:~:text=Malawi's%20overall%20maternal%20mortality%20ratio,50%25%20between%202017%20and%202022.>

Neonatal Mortality

Location	Year	Neonatal mortality rate
Globally ¹	2021	18/1,000 live births
United States ²	2022	3.58/1,000 live births
Malawi ³	2021	19.3/1,000 live births

¹ <https://data.unicef.org/topic/child-survival/neonatal-mortality/>

² <https://blogs.cdc.gov/nchs/2023/11/01/7479/>

³ https://data.unicef.org/resources/data_explorer/unicef_f/?ag=UNICEF&df=GLOBAL_DATAFLOW&ver=1.0&dq=MWI.CME_MRM0.&startPeriod=1970&endPeriod=2024

Maternal Health in Malawi

- The leading causes of maternal mortality in Malawi are hemorrhage, sepsis, and eclampsia
- Maternal mortality decreased from **439 per 100,000** live births in **2017** to **381 per 100,000** live births in **2020**
 - Increase in skilled birth attendance (96% attendance in 2020)
 - Increase in facility birth (91% facility-based birth in 2016)
 - Removing user fees for maternity care
- Ongoing causes of poor outcomes include:
 - Staffing shortages at facilities
 - Quality of Care partly due to the shortage of drugs and supplies and lack of ongoing training

Nursing and Midwifery Workforce: Malawi

- Malawi nursing ratio is **one third** of the WHO's recommended 10 nurses for every 10,000 people
 - As of 2020, 3.4 nurses and midwives for every 10,000 people
 - Nurses and midwives attend 65% of all births without physician involvement
- 65% vacancy rate of nurses and nurse-midwives
- Only 70% of trained nurses and midwives are absorbed—there are currently thousands of qualified nurses without jobs in Malawi

Specific Issues to Build Workforce in Malawi

- Nursing and midwifery school can take up to seven years—time and financial barriers
- Strict measures by the International Monetary Fund (IMF) have limited the ability to employ nurses and midwives in the public sector leaving new graduates unemployed
 - Current providers overworked = less desirable profession
- There are few professional development opportunities
- Understaffing = little to no time for mentorship or learning and increases provider burnout

Repairing the Gap

Global Action in Nursing (GAIN) is a nurse-led project to strengthen the nurse-midwifery workforce through short intensive trainings and longitudinal bedside mentorship

- Scholarships for those testing to get into nursing school
- Scholarships for nurse training
- Payment for short trainings
- Collaborative leadership to build capacity
- Mentorship model replaces supervision models to improve morale, decrease burnout, and create a positive learning environment
- Equipping all nurses and midwives with quality improvement (QI) knowledge and skills to create structural change in their clinical environments



Policies to address these issues in Malawi

- Advocating for the treatment of nurses and midwives as essential members of the workforce with leadership capacity and QI abilities
- Advocate for training with subsequent mentorship to reinforce skills and support providers to provide high quality care
- Lifting the voices of nurses and midwives
- Lobbying to the IMF that their austerity measures hurt both providers and patients



The Fight for Reproductive Justice for Immigrants in Confinement

Monika Y. Langarica

Figure 1. Images of the Mother and Newborn Held Overnight at the Chula Vista Station



Source: Chula Vista station video footage



April 08, 2020

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February 2020: Client forced to give birth under dangerous conditions at Chula Vista Border Patrol station & to spend a night of postpartum detention with newborn US Citizen baby

April 2020: Complaint to Inspector General about Client's experience with policy recs to limit detention of pregnant people; echoed by Senators & MOC



July 2021: Inspector General publishes investigation findings (identifies deficiencies in BP practices, but clears agents of wrongdoing in Client's case)

July 2021: ICE issues directive re generally not detaining pregnant/postpartum/nursing people

November 2021: 11 Senators write to DHS echoing our policy demands & need for CBP policy that's analogous to new ICE policy

November 2021: CBP issues directive re treatment of pregnant/postpartum/nursing people

February 2022: follow-up letter from senators echoing demands + reality that new guidance is not enough

October 2022 & April 2023: sign-on letters from orgs & medical professionals illustrating new evidence of mistreatment & continuing to call for policy changes

November 23, 2021

**U.S. Customs and Border Protection
Policy Statement and Required Actions Regarding
Pregnant, Postpartum, Nursing Individuals, and Infants in Custody**

A. Policy Statement

Persons who are pregnant, postpartum, or nursing may have humanitarian or public health needs that should be considered and appropriately addressed while they are in CBP custody. Similarly, infant children, whether born in CBP custody or encountered by CBP as infants, have unique medical and other care in custody needs that must be accounted for. This overarching policy addresses the needs of these vulnerable populations and supplements the following policies and directives related to persons in CBP custody.

- CBP Directive No. 3340-030B, *Secure Detention, Transport, and Escort Procedures at Ports of Entry*, dated August 8, 2008.
- CBP Directive No. 2210-004, *Enhanced Medical Care for Pregnant, Postpartum, Nursing, and Infant Individuals in Custody*, dated November 11, 2010.
- CBP Directive No. 3340-025F, *Reporting Serious Border Protection WATCH*, dated November 11, 2010.
- CBP Directive No. 3340-026, *Significant Events*, dated November 11, 2010.
- CBP Policy Document, *National Standards* dated October 2015.

ACLU

NEWS & COMMENTARY

New Guidance Fails to Stop Mistreatment of Pregnant People and Their Children in Detention

Basinets and snacks don't make the detention of pregnant, postpartum, nursing people, and their newborns any less inhumane.



ACLU About Issues Our work News Take action Shop Give

PRESS RELEASES

New Evidence of Horrific Treatment of Pregnant People in CBP Custody Reignites Demands For Change

180 Organizations and Medical Professionals Demand End to Inhumane Treatment of Pregnant, Postpartum, Nursing, and Infant Individuals in CBP Custody

April 25, 2023 11:00 am

CBP subjects migrants to grave reproductive injustices

Recent complaints from advocacy organizations shed light on the inhumane treatment of migrants who are pregnant, postpartum, or nursing.

By The Newsroom April 25, 2023

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Review of the February 16, 2020 Childbirth at the Chula Vista Border Patrol Station



OFFICE OF INSPECTOR GENERAL
Department of Homeland Security

served release paperwork to detainees. ICE served releases at the Brown Field station once-a-day at noon, and Border Patrol had to complete processing and include detainees on a morning list for release that day.

Border Patrol Held the February 16, 2020 Newborn at the Chula Vista Station Overnight

Shortly after the detainee delivered her baby at the station on February 16, 2020, an ambulance took her and her newborn to a hospital where they received medical attention until their discharge on February 18, 2020. Once the woman and her newborn were medically cleared from Sharp Chula Vista Medical Center, Border Patrol transported the detainee and her newborn back to the Chula Vista station where they stayed overnight. Video footage of the cell where Border Patrol held the detainee and newborn showed that the newborn slept on a bench next to her mother without a sleep space such as a crib or bassinet, as shown in Figure 1. The next morning, Border Patrol station in transported

Figure 1. Images of the Mother and Newborn Held Overnight at the Chula Vista Station



Source: Chula Vista station video footage



U.S. Immigration and Customs Enforcement

Directive: Identification and Monitoring of Pregnant, Postpartum, or Nursing Individuals

Frequently Asked Questions (FAQs)

1. Purpose/Background. This Directive sets forth policy and procedures to ensure individuals known to be pregnant, postpartum, or nursing in U.S. Immigration and Customs Enforcement (ICE) custody are effectively identified, monitored, tracked, and housed in an appropriate facility to manage their care. This Directive builds upon existing ICE policy and procedures and complements ICE's national detention standards, family residential standards, and ICE Health Service Corps (IHSC) policies.

2. Policy. Generally, ICE should not detain, arrest, or take into custody for an administrative violation of the immigration laws individuals known to be pregnant, postpartum, or nursing unless release is prohibited by law or exceptional circumstances exist.¹ ICE officers and agents should carefully weigh the decision to issue a detainer, arrest, or take into custody for an administrative violation of the immigration laws an individual



November 23, 2021

**U.S. Customs and Border Protection
Policy Statement and Required Actions Regarding
Pregnant, Postpartum, Nursing Individuals, and Infants in Custody**

F. Care in Custody

- Covered individuals are required to be given welfare checks at least once every 15 minutes.
 - CBP personnel must accurately document all welfare checks in the appropriate electronic system(s) of record.
 - Supervisors must validate that documentation is occurring in a timely and complete manner during each shift.
- Covered individuals must be made aware that they have regular access to snacks, water, milk, and juice.
- Covered individuals should be placed in the least restrictive setting possible, given facility and operational constraints.
- Every effort should be made to ensure that all covered individuals are not required to stand for long periods of time and are provided appropriate space to sit/rest/sleep.
- In cases where a covered individual has given birth in a medical facility and is returned to CBP custody, all medical discharge instructions should be followed by medical personnel to the greatest extent operationally feasible.

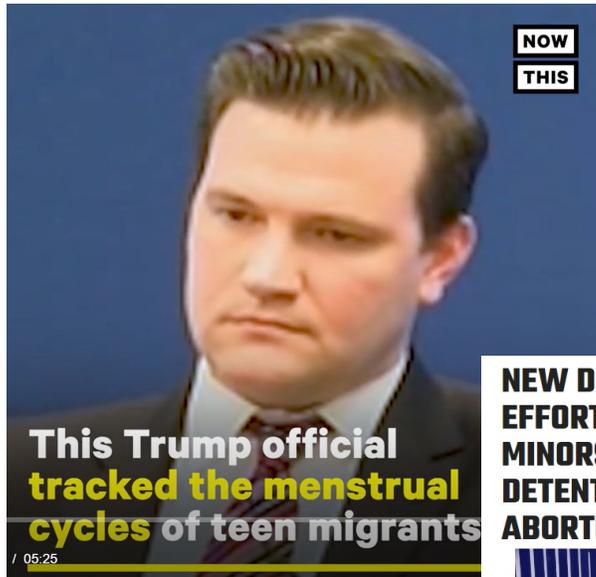
G. Care for Infants in CBP Custody

In addition to the requirements listed above in Section F, the following requirements apply to infants:

- Infants, whether born in CBP custody or prior to being taken into CBP custody, should be treated in accordance with all applicable legal requirements and CBP policies and procedures related to juveniles.

Trump officials end policy exempting pregnant immigrants from detention

Ice officers to make case-by-case decisions in reversal of Obama-era measure, prompting criticism from immigration activists



This Trump official tracked the menstrual cycles of teen migrants

NEW DETAILS ABOUT TRUMP-ERA EFFORTS TO BLOCK PREGNANT MINORS IN IMMIGRATION DETENTION FROM ACCESSING ABORTIONS



Jul 12, 2022 - Politics & Policy

Detained migrants can still access abortions, ICE says

Stef W. Kight



BY MORGAN LEE

Published 2:36 PM PST, November 10, 2022

Share

SANTA FE, N.M. (AP) — The U.S. government took steps Thursday to ensure that pregnant migrant youths who are in its custody but not accompanied by parents can access abortion services by assigning them to shelters in states that still allow the procedure.

Pregnant migrants under 18 who want an abortion should also be provided transportation, if necessary, from states such as Texas, where abortion is largely banned, to a state where it is legal, according to the written guidance from the Office of Refugee Resettlement.



The policy changes from the Biden administration arrive after the Supreme Court in June [overturned the nationwide right to abortion access](#). Advocates for abortion rights



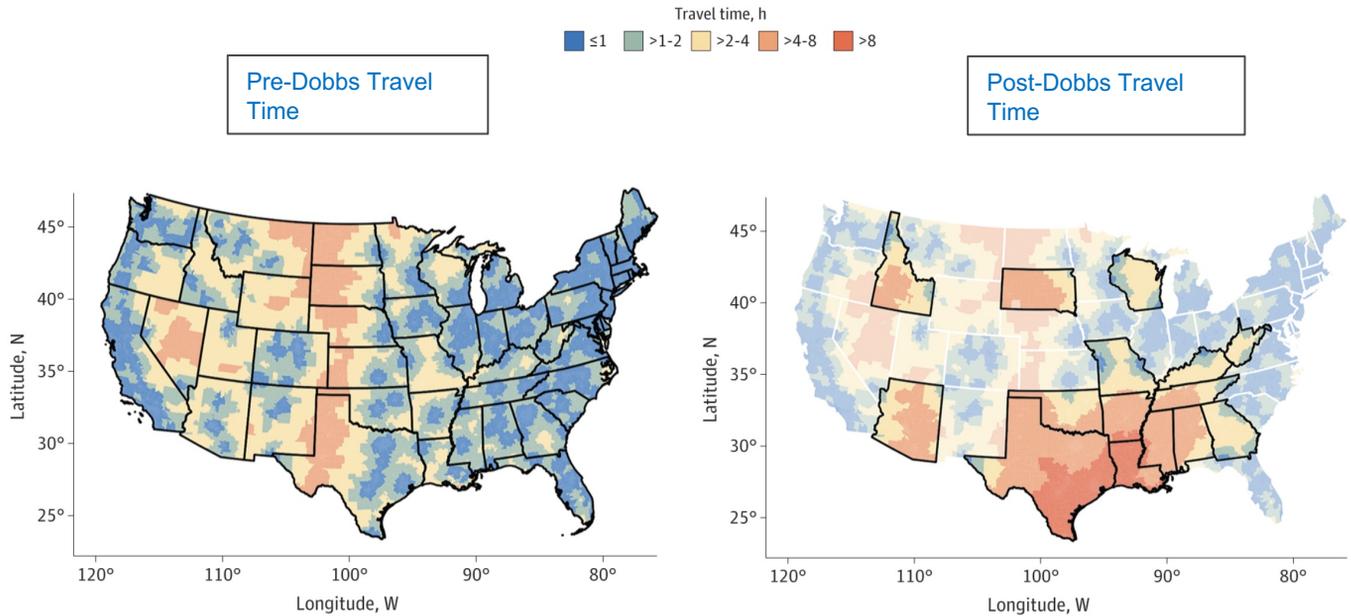
Inequities in Abortion Access in the U.S after the Dobbs decision

Ushma Upadhyay, PhD, MPH
Co-Director, UCGHI Center for Gender and Health Justice

June 2022 – Dobbs v. Jackson Supreme Court decision



Travel time analysis



Rader, B., Upadhyay, U. D., Sehgal, N. K., Reis, B. Y., Brownstein, J. S., & Hswen, Y. (2022). Estimated travel time and spatial access to abortion facilities in the US before and after the Dobbs v Jackson women's health decision. *JAMA*, 328(20), 2041-2047.



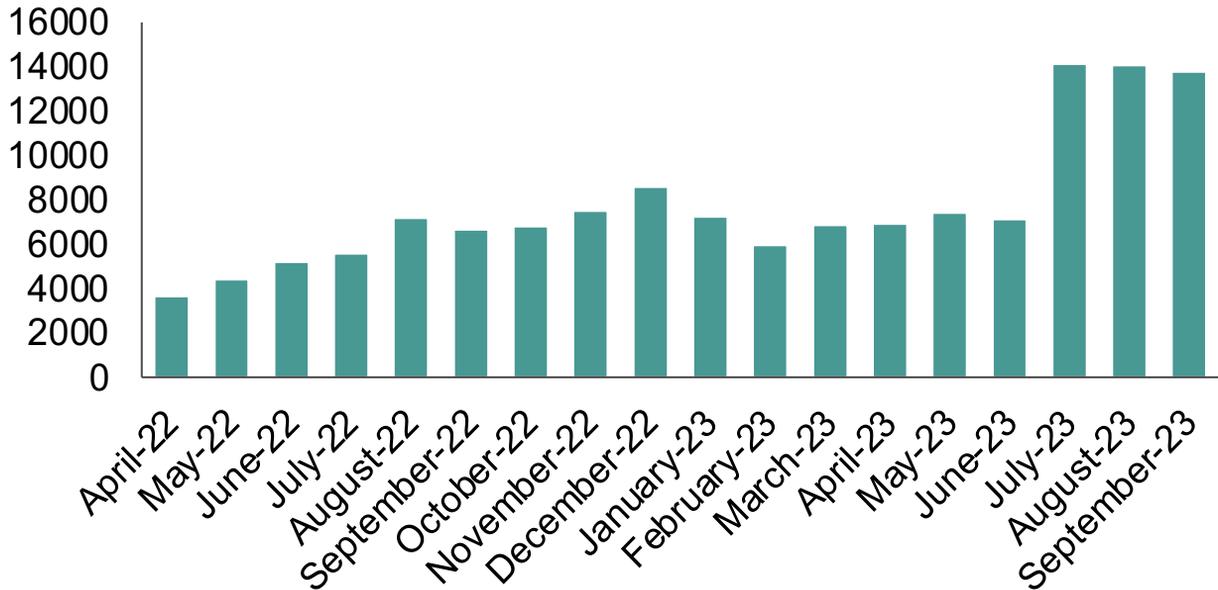
States with legal abortion created new protections



Shield laws in 6 states

Telehealth abortions now make up 16% of all abortions

Source: #WeCount, Society of Family Planning





- Supreme Court will hear arguments in the *Alliance for Hippocratic Medicine v. FDA* case on **March 26**
- Could eliminate access to telehealth across the country, based on safety concerns
- Research on medication finds that it is safe and effective

Thank you!

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HEALTH

