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# NEW LIFE AROUND THE WORLD – MATERNAL AND CHILD HEALTH

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## INTRODUCTION

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*A mother holds her baby.*

*ProPublica*

Every year, more than 140 million people are born around the world. Unfortunately, several complications impact maternal health and infant mortality, leading to preventable deaths.

**Maternal health** is focused on the well-being of women during pregnancy, gestation, and post-childbirth. This includes adequate nutrition, access to healthcare professionals, postnatal support, and more. Though the quality and focus of maternal health varies between countries, the World Health Organization estimates that every two minutes there is one maternal death globally, or 800 women a day (WHO, 2023).

**Child health** encompasses a large range of topics relating to the welfare of children, primarily children under the age of 5. This includes access to proper nutrition, immunizations, stable shelter, and more. Within child health, **infant mortality** refers to the deaths of babies within the first year of life and it is calculated by the amount of death per 1,000 live births during the first year of life. Infant mortality is impacted by access to healthcare, socioeconomic status, birth complications, and many other factors. A further subcategory of child health is child mortality which is the rate of death of children from birth to the first five years of their life (UNICEF, 2019). As we gain new advancements in medicine, it should be our mission to better the lives of children and their mothers around the world.

## EXPLANATION OF THE ISSUE

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### *Historical Development*

Maternal and child health is an area of medicine that has been getting increasing attention from doctors, nurses, health advocates, and policymakers. In past years, the world has experienced numerous medical and social advancements that undoubtedly had positive effects on maternal and child health. Among the most notable was the creation of the World Health Organization (WHO) in 1948. As a child organization of the United Nations, WHO was able to dedicate resources to address global health concerns, like maternal and child health (WHO). Other developments such as the evolution of antibiotics have had colossal impacts on maternal health as a single dose greatly reduces the rate of infections due to childbirth (National Institutes of Health, 2023).

Despite this progress, women and children are still dying at unnecessary rates. These rates are even higher for certain demographics. For example, Black women have disproportionately higher rates of maternal death and risk compared to non-Black women in similar positions (CDC, 2023). Issues of maternal and child health reflect larger disparities that are present around the world concerning factors like race, socioeconomic status, and access to healthcare. In response, there is a great societal push to alleviate the risk of death or complications when bringing new life into the world. This can take many forms such as raising awareness, community organizing, healthcare training, and policy action.

### *Scope of the Problem*

Across the world, every 11 seconds either a mother or baby dies from childbirth. Though birth is generally celebrated globally, maternal and child health complications plague our world (UNICEF, 2019). Global maternal and child health mirror inequalities of the world as low-income countries have higher risks of complications surrounding childbirth than more affluent countries. Health is wealth, and for those who are in countries that are not wealthy or are not wealthy themselves, there are greater constraints on access to proper healthcare for safe childbirths. These inequalities can be symptoms of gender inequality and are also racialized, as women of color are placed at higher risk. Women and girls throughout the world are victims of cultures that do not promote their autonomy. This can lead to forced marriages and pregnancies that are in opposition to the well-being of women and girls.

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## Access to Healthcare

The biggest determinant in discussing maternal and child health is access to healthcare. This challenge presents itself differently around the world and requires different approaches. Firstly, there are financial barriers that limit access to health care. The cost of services such as doctors appointments, prenatal care, immunizations for babies, and more can be too much for low-income mothers which means low-income pregnant women are forced to forgo necessary services. Another financial barrier is the cost of transportation and opportunity costs, like having to take pay cuts or miss work to receive these necessary services. In some countries, it is extremely difficult to reach a healthcare facility due to scarcity, living in rural areas, and more. Therefore, the journey to a doctor's appointment might cost too much in terms of fuel, or transportation fees. Likewise, some women might feel their time is best served going to work rather than suffering a loss of wages that can make an already tough situation even more precarious (WHO, 2023).

Secondly, health infrastructure and geographical obstacles impact access to health care, especially in remote areas of the world. Many women who seek health care might not have many options for adequate healthcare facilities in their region. This can lead to preventable complications that are outside of the scope of an individual's control. Similarly, geographical barriers such as a lack of safe roads and living in regions that are isolated from major cities may lead to a lack of emergency health care access (WHO, 2023).

Thirdly, the lack of medical professionals in certain regions can impact the quality-of-care mothers and children are receiving. According to WHO, globally, around 78% of births were attended by a skilled health professional. In low-income countries, that drops to roughly 53% (WHO, 2020). Many countries have a low healthcare labor force as many professionals often migrate to more developed countries, a problem colloquially known as brain drain. This presents a grave challenge for pregnant women and children who arrive at healthcare facilities but cannot have their needs met because of a lack of expertise. This is particularly detrimental to at-risk mothers who need specialized care.

Lastly, cultural stigmas and beliefs about childbirth and medical care can influence whether pregnant women and mothers feel comfortable seeking healthcare. In some areas, there might be long-held traditions about reproduction that contradict medical advice and treatment. Beliefs about medical discrimination might also discourage people from seeking help. These factors add up to make healthcare access around the world severely unequal.

## Gender Inequality

Gender inequality around the world plays a large role in maternal and child health. For example, gender-based violence can have severe consequences on maternal health. Both domestic violence and sexual violence can have adverse effects on a woman's psychological and physical health, which is further exacerbated in the case of pregnancy. Gender-based violence can also look like women and girls who are forced into circumstances that negatively impact their health. For example, girls who are forced to marry early and conceive early might not be psychologically and physically prepared for pregnancy which increases the risks of mortality and other complications. Stress is a great detriment to a healthy pregnancy and young girls who are forced into marriage and/or pregnancy or who experience gender-based violence can have disastrous levels of stress and trauma that will affect their pregnancy (Chirowa, Frank, et al., 2013).

Similarly, gender inequality breeds a lack of education. When young girls and women are not given access to education to make informed decisions and choices, their well-being isn't being prioritized. Pregnancy information such as important periods, prenatal nutrition, and navigating the healthcare system are all essential to maternal health, yet many women are not privy to what they need to know. Lack of education can also manifest as language barriers which can have adverse effects on the quality of healthcare a mother receives. Women will be less likely to advocate for their needs if they don't know what they need.



*A medical profession examines a woman in a healthcare facility.*

*Niskanen Center*

Another example is the limited autonomy that comes with gender inequality. Women around the world are often unable to make decisions regarding their reproductive rights without legal or cultural resistance. This can take the form of being forced to carry a baby to term, not having a choice in medications you can take, and unknowingly having unnecessary snitches for male pleasure done after childbirth. In many places, a woman's body is not seen as her own and therefore, she alone cannot advocate for her wellbeing.

## Racial Inequality

Systemic racism and discrimination affect the general health of Black individuals throughout the world, and it also prevails in maternal and child health. In many high-income countries like France and the United States, Black women have higher maternal mortality rates than white women. This can be attributed to several structural reasons such as lack of proper nutrition due to systematic food deserts, the presence of harmful toxins from environmental racism, implicit biases, socioeconomic disparities, etc. Many factors

outside of one's control typically create determinants in the maternal health of Black women (CDC, 2023).

Black women face a unique set of challenges when discussing maternal mortality because the previously mentioned barriers and difficulties are experienced more by racial minorities and post-colonized countries.

### *WHO Action*

There have been several actions from WHO over the last century regarding poor maternal and child health. In 1973, WHO launched the Safe Motherhood Initiative in response to the high global rates of maternal mortality. The Safe Motherhood Initiative was a joint effort between WHO, UNICEF, and other organizations to promote emergency obstetric care, access to family planning, skilled professionals during pregnancy and birth, and community education (AbouZahr, 1998).

Another example is the Integrated Management of Childhood Illness strategy developed by the WHO and UNICEF. This plan sought to create a comprehensive standard for the management of common childhood illness by empowering caregivers and improving healthcare systems (WHO).

Similarly, the Baby Friendly Hospital Initiative of 1991 aimed to create supportive environments in healthcare facilities for breastfeeding. It is based on the Ten Steps to Successful Breastfeeding, and it has influenced several countries around the world (Baby, 2023).

Global Strategy for Women's, Children's, and Adolescent's Health was launched in 2015 to improve the health of the groups in the name. It promotes addressing root issues about health, equity, access to healthcare services, and bolstering health systems around the world (WHO).

In addition, WHO also supports and advocates for maternal mortality surveillance and response systems and immunization programs for preventable diseases across the globe (WHO, 2023).

### *Other Policy Action*

One policy action that many countries have taken that has helped improve maternal and child health is universal healthcare coverage. For example, Canada, France, Germany, and Japan are among the handful of countries that have a sort of healthcare program that strives to ensure citizens have access to healthcare at favorable rates. Universal healthcare allows mothers and children to have access to quality healthcare, promotes continuous healthcare

treatments, and removes unnecessary financial strain from low-income families (Department of Health, 2022).

Another implementation is maternity leave and work-life balance policies. Countries such as Sweden, Norway, Canada, and Germany have been known for their beneficial policies that make the lives of mothers and budding families easier. For example, Norway offers 49 weeks of covered maternity leave (European Commission).

## IDEOLOGICAL VIEWPOINTS

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*A pregnant woman seeks healthcare.*

*BMJ*

### *Against Government Programs*

Opponents of government programs to improve maternal and child health often believe that healthcare should be a private-sector matter and shouldn't involve the government. They believe that the government shouldn't infiltrate personal matters and come to the rescue of all citizens. They are of the mind that government should be concerned with matters outside of the control of citizens and not the little details of life. Some also believe government programs can breed inefficiency and dependency on government intervention. Individuals will not be swayed to take personal responsibility but will instead rely on the government for basic things they can acquire themselves.

Others believe that government programs for welfare are a financial burden and a waste of taxpayer dollars. They believe that the taxpayers shouldn't pay for the healthcare programs for all, especially those who do not contribute to it. Another argument against government programs is that universal programs might set regulations about health care coverage being required and other rules that can encroach on an individual's right to choose what they feel is best for themselves. Lastly, many believe that government intervention would diminish the benefits of a free-market healthcare system by decreasing incentives for quality of care, efficiency, and innovation.

### *For Government Programs*

Proponents of government programs to improve maternal and child health cite the overall life and well-being of these groups as the main reason for governments to invest in these programs. If governments ensure access to healthcare for all mothers and children many of the challenges to a safe pregnancy and postnatal life come from limited



**Universal healthcare** – all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

or no access to healthcare. By combatting this barrier, the quality of life for these groups are enhanced globally. Another argument in favor of government programs is that they have long-term benefits to society because healthy mothers and children contribute to the harmony and economic growth to a society because they will eventually contribute to the labor force.

Some also believe that government programs aimed at mothers and children can also help with disease prevention and public health because it promotes vaccinations and health screens, which reduces rates of transmission within a society. Many find that government programs can also encourage health equity and address inequalities that lead to health disparities. This can lead to great improvements in the overall health of vulnerable groups (Pew Research Center, 2017).

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## AREAS OF DEBATE

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### *Implementation of Universal Healthcare*

Universal **healthcare** might improve maternal and child health in several ways. Firstly, it would ensure all mothers and children have access to necessary health care services without financial hardship. This is critical for low-income women and children, as economic limitations lead to essential treatment of preventable problems. Universal healthcare means that all women and children would be able to have prenatal and postnatal care, family planning services, vaccinations, skilled professionals at both, and more. Many of these outcomes are chief areas of concern in the current maternal and child health global problem.

Secondly, universal health care can provide all women and children early detection and prevention healthcare. This is critical for improving maternal and child health as most complications surrounding birth often are the result of lack of detection and treatment of an earlier complication. Access to this type of care equates to a better chance of survival because birth will not be as much of a guessing game and mothers and doctors can prepare to avoid adverse outcomes. Similarly, access to preventative care would help reduce occurrences of complications to quality of life for mothers and children that stem from avoidable issues such as malnutrition or lack of vaccinations.

Thirdly, free healthcare access promotes continuity of care for mothers and children throughout their life which would only

reinforce any care that was received. Lastly, healthcare access for all encourages health inequality which trickles down to a more equitable world for marginalized people.

Those for this solution argue that because it will benefit mothers and children, it will benefit society as a whole. Free access to healthcare would make it a higher quality of life the standard for countries because it would now be attainable for all. Healthier women and children lead to societies that are more productive and economically advantageous because they will be able to contribute to society. Universal healthcare also expands health care education which promotes individual actions regarding health. This is valuable because citizens will know how to take better care of themselves, which will lead to a more stable society.

Those against this solution argue that it will harm the economy and diminish quality of care as well as personal responsibility. Many argue that there is too much of a burden on taxpayers for universal healthcare and its implementation would most likely bring an increase in taxes or government cutbacks. They assert that quality of health care will diminish because government systems are very bureaucratic and slow paced, and that government involvement will disincentivize private healthcare providers from providing top quality healthcare.

## Political Perspectives on this Solution

The issue of implementation of universal healthcare is very polarized and has been debated for decades, with conservatives often opposing the policy and liberals in favor of the policy for the reasons mentioned above (Medicina, 2020).

### *Empowering Women and Girls*

Empowering women and girls is essential for improving maternal and child health because it positively contributes to the well-being of mothers and children in various ways. For example, it promotes access to education which leads to women making more informed decisions about their health and the health of their children. Women who know more about their health, preventative measures, and other important information are better equipped to be healthier which is the overarching goal of healthcare.

Another important result of policies aimed at empowering women and girls is the reduction of gender-based violence. This directly helps maternal and child health as women who are victims of violence have psychological and physical traumas that have detrimental effects of pregnancy. Violence can also impact children in the home whose mothers fear seeking care for their children can result in more violence. Policies to empower women and

*Women who know more about their health, preventative measures, and other important information are better equipped to be healthier...*



girls can help women feel secure by establishing a standard that gender-based violence is not acceptable.

Likewise, these types of policies ensure more decision-making power for women and girls around the world regarding their health. Mothers around the world will have more control over their pregnancy which will consequently lead to healthier pregnancies because women will have more control over their bodies and their life. Decisions about if they want to bear children, when they to bear children and how many children they will have will be more in the hands of the women who will be pregnant.

Supporters of this policy often include Non-Governmental Organizations (NGOs) and other advocates who believe that empowering women and girls is the first step to improving a general quality of life, and in turn, maternal and child health. They believe that the establishment of rights and protections will positively impact every aspect of a woman's life including pregnancy. This would also help allow women to advocate for their needs, which is essential to maternal and child health as no one knows what you need more than you do. Generally, they argue that women will be able to make better decisions for themselves and have lives that they want to live.

Opponents of this type of policy argue that globally empowering women and girls can infringe on the cultural and/or religious practices of a region and it neglects familial and spousal engagement in pregnancy and family planning. They believe that promoting women's empowerment can conflict with cultural or religious values and lead to social conflict. Those in this camp often see widespread global policies such as these to be Western-centered and not thoughtful of different societies around the world. Many argue that matters of the family and pregnancy are private and shouldn't be influenced by global campaigns. Critics can also argue that too much focus on solely women's empowerment can lead to familial dynamics that don't leave space for other voices, particularly male voices. This can disrupt norms and traditions of different regions around the world.

### Political Perspectives on this Solution

Liberals, feminist groups, and human rights organizations often advocate for gender equality through policies such as education access, equal pay, prosecution of gender-based violence, and expansion of reproductive rights and autonomy. Conservatives have various stances about women's empowerment but generally support policies that support traditional gender roles of women as mothers and family-oriented figures.

## *Expand Family Planning Services*

Globally expanding family planning services is a crucial strategy for better maternal and child health because it promotes informed decisions about pregnancies. For example, family planning provides women with information and contraceptives to prevent unwanted pregnancies. This is vital for maternal and child health as unwanted pregnancies have a higher risk of complications because they are often associated with delayed prenatal care and general discomfort and stress on the mother. Family planning can help women have pregnancies that they want and allows control over timing and spacing of pregnancies, which is favorable to the overall quality of life for women who have children.

Family planning also directly impacts child health. For example, it allows a greater amount of choice when it comes to spacing of children, which can lead to healthier pregnancies and healthier babies. The bodies of mothers can be prioritized and those positive effects lead to a better physical space for future pregnancies. Also, when women have more control over when they become pregnant, there is a stronger likelihood that the children will be provided for and have a greater quality of health and development.

Proponents of this policy argue that globally expanding family planning services emphasizes women empowerment and autonomy, improves maternal and child health, and reduces poverty. They believe that women empowerment and autonomy is advanced through family planning because women oversee the way pregnancy fits into their lives. Supporters also assert that family planning helps women's physical bodies heal and reduces the rates of sexually transmitted diseases by contraceptives and anticipating when the best time is to get pregnant. Child health would also be improved because families are able to devote adequate care and resources to their child when they plan for that child. This has great implications on child health and development. Some argue that child planning reduces poverty because women are better able to choose if or when they want to take up the costly endeavor of having a baby.

Opponents of this policy assert that there are moral and cultural concerns, and health risks involved in family planning. Firstly, some might argue that many family planning practices, such as contraceptives, contradict moral, cultural, and or religious beliefs. Many find abortion to be the biggest concern, however, contraceptives can be seen as interfering with the naturalness of bringing life into the world. Family planning practices can be seen as immoral in several areas around the world and a global push for these practices can be viewed as Western-centric with limited consideration to other cultures and societies. Another common argument is that contraceptives can bring health risks to women and

babies. Infertility is often a primary concern of opponents of family planning services. In many cultures, contraceptives are regarded as great health detriments.

## Political Perspectives on this Solution

Liberals tend to support expanding access to family planning services because it promotes reproductive rights, and women's autonomy, and reduces poverty. Conservatives tend to have a wider range of perspectives; however, some conservatives have traditional family values that may reject family planning services due to religious reasons.

## BUDGETARY CONSIDERATIONS

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Addressing the problem of low maternal and child health requires careful budgetary considerations. Fund must be dispersed to comprehensive initiatives that have a positive impact on global maternal and child well-being. Several key costs must be considered. For starters, healthcare access, facilities, supplies, and workforce need investments globally. Budgets need to consider costs for repairs, new constructions, training, etc. Secondly, prenatal, and postnatal care requires allocations towards classes, nutrition programs, education material, vaccinations, and more. Lastly, family planning services need financial investments for contraceptives, counseling, education, etc.

## CONCLUSION

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In conclusion, advancing maternal and child health is a great challenge that will yield high rewards around the globe. The factors surrounding this issue are most notably access to healthcare, and cultural attitudes towards gender and race. Initiatives to combat this globally issue will seek to address the different facets of maternal and child health problems. Delegates should use their time adequately to draft policies that consider the various stances presented in this brief.

## GUIDE TO FURTHER RESEARCH

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When formulating your policy positions, it's essential to understand your sources. While opinion articles may give you a better sense of your delegation's position, facts and statistics from research articles may be more persuasive in committee. To ensure that your source is credible also check for a ".org", ".com", or ".gov." This will once again inform how you use and present your research. Perhaps a ".org" website holds some form of bias as a policy or advocacy-based source while a ".gov" resource may provide a more objective perspective on precisely what is taking place in government. To ensure that your source is trustworthy, also make sure that you're able to find the information you would need for a citation – like a date, author, and publisher.

Additionally, make sure that you are presenting your research and policy positions with integrity. Are you being selective with the information you share? Are you framing the information in line with the author's intentions? Are you cutting a quote to help it fit your argument?

For additional resources, I would recommend World Health Organization and UNICEF reports, or published studies. Delegates should feel free to explore similar sources from inter-governmental organizations like the UN. Good luck!

## GLOSSARY

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**Child health** – encompasses a large range of topics relating to the welfare of children, primarily children under the age of 5, including access to proper nutrition, immunizations, stable shelter, and more

**Infant mortality** refers to the deaths of babies within the first year of life and it is calculated by the amount of death per 1,000 live births during the first year of life

**Maternal health** –the well-being of women during pregnancy, gestation, and post-childbirth; including adequate nutrition, access to healthcare professionals, postnatal support, and more

**Universal healthcare** – A system where all people have access to the full range of health services covered by government



*A woman takes her baby for a checkup.  
Pennsylvania Catholic Conference*

## BIBLIOGRAPHY

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- AbouZahr, C.L. “Lessons on Safe Motherhood.” *World Health Organization*, 1998, [apps.who.int/iris/bitstream/handle/10665/55873/WHF\\_1998\\_19%283%29\\_p253-260.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/55873/WHF_1998_19%283%29_p253-260.pdf?sequence=1).
- Bialik, Kristen. “More Americans Say Government Should Ensure Health Care Coverage.” *Pew Research Center*, 13 Jan. 2017, [www.pewresearch.org/short-reads/2017/01/13/more-americans-say-government-should-ensure-health-care-coverage/](https://www.pewresearch.org/short-reads/2017/01/13/more-americans-say-government-should-ensure-health-care-coverage/).
- Chirowa, Frank, et al. Gender Inequality, Health Expenditure and Maternal Mortality in Sub-Saharan Africa: A Secondary Data Analysis.” *African Journal of Primary Health Care & Family Medicine*, 13 Aug. 2013, [www.ncbi.nlm.nih.gov/pmc/articles/PMC4709496/#:~:text=Countries%20with%20high%20gender%20inequality,than%20countries%20that%20spend%20more](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709496/#:~:text=Countries%20with%20high%20gender%20inequality,than%20countries%20that%20spend%20more).
- “Department of Health.” *Foreign Countries with Universal Health Care*, June 2022, [www.health.ny.gov/regulations/hcra/univ\\_hlth\\_care.htm](https://www.health.ny.gov/regulations/hcra/univ_hlth_care.htm).
- “Employment, Social Affairs & Inclusion.” *Norway - Employment, Social Affairs & Inclusion - European Commission*, [ec.europa.eu/social/main.jsp?catId=1123&intPageId=4704&langId=en#:~:text=The%20parental%20benefit%20period%20is,same%20way%20as%20sickness%20benefit](https://ec.europa.eu/social/main.jsp?catId=1123&intPageId=4704&langId=en#:~:text=The%20parental%20benefit%20period%20is,same%20way%20as%20sickness%20benefit). Accessed 1 June 2023.
- “Friendly USA - About.” *Baby*, 3 Feb. 2023, [www.babyfriendlyusa.org/about/](https://www.babyfriendlyusa.org/about/).
- “Global Strategy for Women’s, Children’s and Adolescents’ Health Data Portal.” *World Health Organization*, [platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data](https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data). Accessed 1 June 2023.
- “History of WHO.” *World Health Organization*, [www.who.int/about/history](https://www.who.int/about/history). Accessed 1 June 2023.
- “Integrated Management of Childhood Illness.” *World Health Organization*, [www.who.int/teams/maternal-newborn-child-](https://www.who.int/teams/maternal-newborn-child-)

adolescent-health-and-ageing/child-health/integrated-management-of-childhood-illness. Accessed 1 June 2023.

“Maternal Mortality.” *World Health Organization*, 22 Feb. 2023, [www.who.int/news-room/fact-sheets/detail/maternal-mortality](http://www.who.int/news-room/fact-sheets/detail/maternal-mortality).

“Policies for Reducing Maternal Morbidity and Mortality and Enhancing Equity in Maternal Health.” *Policies Reducing Maternal Morbidity Mortality Enhancing Equity | Commonwealth Fund*, 16 Nov. 2021, [www.commonwealthfund.org/publications/fund-reports/2021/nov/policies-reducing-maternal-morbidity-mortality-enhancing-equity](http://www.commonwealthfund.org/publications/fund-reports/2021/nov/policies-reducing-maternal-morbidity-mortality-enhancing-equity).

“Single-Dose Antibiotic Prevents Maternal Sepsis and Death.” *National Institutes of Health*, 9 Feb. 2023, [www.nih.gov/news-events/news-releases/single-dose-antibiotic-prevents-maternal-sepsis-death](http://www.nih.gov/news-events/news-releases/single-dose-antibiotic-prevents-maternal-sepsis-death).

Small, Maria J, et al. “Global Disparities in Maternal Morbidity and Mortality.” *Seminars in Perinatology*, Aug. 2017, [www.ncbi.nlm.nih.gov/pmc/articles/PMC5608036/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5608036/).

“Surviving Birth: Every 11 Seconds, a Pregnant Woman or Newborn Dies Somewhere around the World.” *UNICEF*, 19 Sept. 2019, [www.unicef.org/press-releases/surviving-birth-every-11-seconds-pregnant-woman-or-newborn-dies-somewhere-around](http://www.unicef.org/press-releases/surviving-birth-every-11-seconds-pregnant-woman-or-newborn-dies-somewhere-around).

“Trends in Maternal Mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: Executive Summary.” *World Health Organization*, Feb. 2020, [apps.who.int/iris/handle/10665/327596](https://apps.who.int/iris/handle/10665/327596).

“Working Together to Reduce Black Maternal Mortality.” *Centers for Disease Control and Prevention*, 3 Apr. 2023, [www.cdc.gov/healthequity/features/maternal-mortality/index.html](http://www.cdc.gov/healthequity/features/maternal-mortality/index.html).

Zieff, Gabriel, et al. “Universal Healthcare in the United States of America: A Healthy Debate.” *Medicina (Kaunas, Lithuania)*, 30 Oct. 2020, [www.ncbi.nlm.nih.gov/pmc/articles/PMC7692272/#:~:text=Beyond%20individual%20and%20federal%20costs,12%2C15%2C16%5D](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7692272/#:~:text=Beyond%20individual%20and%20federal%20costs,12%2C15%2C16%5D).