

PRESS RELEASE

Proposal to help manage high-risk pregnant women living in Gaza who have inadequate access to emergency hospital care.

Thirty percent of pregnant women with high-risk medical conditions and their unborn babies could die in Gaza because of a lack of hospital-based emergency healthcare.

We, at Maternal and Child Health Advocacy International (MCAI), have 8 years of experience working in Liberia. This is an extremely poor country where malnutrition, lack of medical staff, operating facilities, and essential drugs has led to an obstetric outreach program where experienced obstetric clinicians visit difficult-to-reach clinics to assess whether pregnant women need hospital delivery if they are to survive. A figure of 30% of pregnant women during the last 12 weeks of pregnancy in Liberia need hospital care if they and their unborn babies are to survive. Given the continuing armed conflict in Gaza, and the subsequent malnutrition and health system collapse, we consider that the need for evacuation of pregnant women in Gaza to Israel is close to 30% now and will increase every week as conditions worsen. We also consider that without Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) most, if not all, of these high-risk pregnant women and their babies are likely to die. Many pregnant women, who may survive despite lack of hospital care, will also be at high risk of permanent infertility due to damage to their reproductive systems.

The International Court of Justice (ICJ) [1] has delivered provisional measures [2] against the State of Israel under a claim by South Africa that Israel could have been conducting a genocide against the Palestinian people under their care and protection in the absence of a two-state solution to a long-standing source of conflict. One of the provisional measures indicated by the International Court of Justice (by 15 votes to 2) [2] was as follows:

The State of Israel shall, in accordance with its obligations under the Convention on the Prevention and Punishment of the Crime of Genocide, in relation to Palestinians in Gaza, take all measures within its power to prevent the commission of all acts within the scope of Article II of this Convention, in particular:

- (a) killing members of the group;*
- (b) causing serious bodily or mental harm to members of the group;*
- (c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; and*
- (d) imposing measures intended to prevent births within the group***

According to United Nations agencies there are at least 50,000 pregnant women currently trying to survive in Gaza [3]. We propose that for the reasons given below, high-risk pregnant women need to be transferred as a matter of urgency to Israel where appropriate hospital care for pregnant women and their unborn and newborn babies can be provided when needed.

Palestinian territory is presently under Israel's occupation and control; the Gaza Strip constitutes an integral part of the occupied Palestinian territory. Action by the State of Israel to ensure provisional (measure **(d)** above) must be undertaken to avoid them being found guilty of Genocide, an action we consider would be detrimental and tragic for the future of Israel given its experience of the Holocaust during the second world war.

According to The United Nations and other humanitarian agencies, the conditions of life in Gaza continue to deteriorate rapidly with catastrophic levels of hunger, a serious shortage of safe water, electrical power and other essential utilities, a collapsing medical and health system, and a looming outbreak of contagious diseases. Women and children are most at risk [3].

Although the majority of pregnant women can undergo childbirth with basic support, such as the Reproductive Health Kits currently being provided by UNFPA and non-governmental agencies, the remaining 15% (according to WHO) will need adequate hospital care including emergency surgery during the last 3 months of pregnancy if they, and their unborn babies, are to avoid major damage or even survive. The figure of 15% given by WHO to the recent International Court of Justice (ICJ) was reported as follows: *The World Health Organization has estimated that 15% of the women giving birth in the Gaza Strip are likely to experience complications and indicates that maternal and newborn death rates are expected to increase due to the lack of medical care.*

Health workers, especially those with special obstetric and neonatal skills, are being injured and killed with huge implications for hospital maternity care.

Here are the conditions we consider will identify those pregnant women most at-risk of needing care in Israeli maternity hospitals:

1. Severe maternal malnutrition. Severe because most civilians now in Gaza are malnourished.
2. Maternal diabetes.
3. Placental problems such as placenta praevia (where the placenta is blocking the passage of the baby out of the uterus during labour and where torrential bleeding will follow the onset of labour.) Patients with placental abruption (where the placenta separates partially or completely from the uterus) are also at high risk of heavy bleeding as well as blood coagulation problems after delivery making fatal postpartum haemorrhage a major risk.
4. Severe anaemia which makes, without access to blood transfusion, safe delivery extremely dangerous
5. Severe pre-eclampsia: high blood pressure with high risk of stroke or a major convulsion needing emergency care including life-saving Caesarean section.
6. A previous history of postpartum haemorrhage following an earlier pregnancy.
7. Chorioamnionitis (major infection within the uterus) which can occur because of fetal death or because of malnutrition, lack of safe water and existing high risk of infections created by lack of suitable living conditions. In addition to emergency care involving intravenous antibiotics, sometimes an emergency Caesarean section or instrumental delivery will be needed to remove an infected dead baby and treat maternal sepsis.

8. Obstructed labour in those undertaking delivery of their first baby and where the mother has previously undergone Caesarean section for this complication of delivery. Caesarean section is usually essential here to prevent immense suffering and then death of both mother and baby.
9. The presence of a scar within the uterus resulting from a previous Caesarean section or other uterine surgery creates a high risk of rupture of the uterus during delivery; a condition that without immediate life-saving surgery is usually fatal.
10. Multiple pregnancy where malpresentations are commonly life threatening for the mother and babies.
11. Malpresentations in the last 4 weeks of pregnancy such as breech and transverse positions of the baby in the uterus.
12. Post-date pregnancy where there is a high risk of death for the fetus.

Our suggestion is that all pregnant women in the last 12 weeks of pregnancy in Gaza are urgently screened using clinical assessment, along with a portable ultrasound scanner if needed, to identify those who may need life-saving surgical intervention during pregnancy and delivery.

We would be willing to help undertake the screening component of the work needed to medically manage those at highest risk but would require major logistic, security and political support. We undertake such a maternity screening approach in our program in Liberia, West Africa and have much experience in this work. Or, if more appropriate, we would offer our expertise to help others do the screening and continue to advocate for the need for such a program.

Our proposed approach is to urgently establish a program in Gaza where pregnant women who fulfil certain criteria indicating a high risk of death during late pregnancy or delivery (see list above) be urgently medically evacuated to suitable hospitals outside Gaza but still in Israel. The evacuated mothers would have to be accompanied by their existing children, if needing the mother's care, and these children would need to be supported in Israel by local, (probably Palestinian) families. After treatment the families could then, if and when it is safe for them to do so, and if they wish to do so, return to Gaza. As clarified by the International Court of Justice documents, Palestinian territory is presently under Israel's occupation and control. The Gaza Strip constitutes an integral part of the occupied Palestinian territory and evacuation of high-risk pregnant women to Israel must **not** be taken to indicate that they are abandoning their current Palestinian homeland now occupied by Israel and its military.

We know exactly what equipment and pharmaceuticals are needed, which should be made available within clinics in Gaza (based close to exits from Gaza to Israel) and used to assess and manage Palestinian pregnant women during their clinical assessment.

A permanent ceasefire is the only option for adequate maternity and neonatal healthcare provision for the whole Palestinian population.

Logistic/political considerations for those pregnant women identified as high risk of death or permanent damage and possible long-term infertility.

All identified high-risk women must be accompanied by their children. Decisions on which children should be evacuated must relate to individual family circumstances. In general, we suggest that all pre-pubertal children, all injured, or ill children be offered the chance of evacuation.

We suggest that all women be accompanied by a close female relative such as a mother, aunt, or sister.

All families evacuated must receive safe accommodation close to a maternity hospital within which the mother must be registered for treatment. Healthcare must be provided free of charge. Accommodation could occur within Palestinian or Israeli family homes. Subsistence must be provided by international donors or The Israeli Government.

An alternative to evacuation to Israel or the West Bank, might be a refugee area containing a functioning hospital perhaps in Egypt close to the Rafah border.

All evacuated women and children must be given high quality identity papers/badges.

We at MCAI will do all we can to help.

References

1. International Court of Justice 2017-2024. Accessed 27 Jan 2024. <https://www.icj-cij.org/home>
2. Application of the convention on the prevention and punishment of the crime of genocide in the Gaza strip (South Africa v. Israel). 26 January 2024. Accessed 27 January 2024. <https://www.icj-cij.org/sites/default/files/case-related/192/192-20240126-ord-01-00-en.pdf>
3. A Child Rights Committee statement on children in Gaza from OHCHR providing recent and terrible evidence of what is currently happening to children during this continuing conflict. Ann Skelton. The United Nations Human Rights Office of the High Commissioner OHCHR. 8th February 2024. Accessed 10th February 2024. <https://www.ohchr.org/en/statements/2024/02/child-rights-committee-statement-children-gaza?s=08>