

## **Appendix Details of the proposed new convention based on accepted evidence-based clinical guidelines asserting the rights of pregnant women and girls and their newborn infants**

### ***Article 1***

1. For the purposes of this proposed draft convention, a woman or girl who is pregnant represents a person who has conceived a pregnancy.
2. A girl is a female child under 18 years of age.
3. A newborn infant is defined as a person between birth and one month of age.
4. The word “Convention” throughout refers to a clinical human rights convention relevant to facility-based, outreach and family-community healthcare.

### ***Article 2***

1. Countries shall respect and ensure the rights set forth in this proposed Convention of each pregnant woman or girl within their jurisdiction without discrimination of any kind, irrespective of the woman or girl’s race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. Countries shall take all appropriate measures to ensure that the pregnant woman or girl is protected against all forms of discrimination, punishment or neglect on the basis of the status, activities, expressed opinions, or beliefs of the woman or girl’s husband, partner or parents, legal guardians, or family members.
3. In all actions concerning women or girls who are pregnant, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best

interests of the pregnant woman or girl as well as her newborn infant or infants shall be the primary consideration.

4. Countries shall ensure the woman or girl who is pregnant receives protection and care as is necessary for her well-being, taking into account the duties of her husband, partner, parents, legal guardians, or other individuals legally responsible for her, and, to this end, shall take all appropriate legislative and administrative measures.

5. Countries shall ensure that the institutions, services and facilities responsible for the care or protection of pregnant women or girls and their newborn infants shall conform to the standards established by competent authorities, particularly in the areas of safety, quality of healthcare undertaken, and in the number and suitability of their healthcare staff.

### **Article 3**

1. Countries shall ensure that all community-family based, outreach and facility based health care provided for pregnant women or girls is implemented in such a way that the financial resources of the family, or lack of them, do not affect the quality of care provided.
2. Ideally antenatal care and the supplements and treatments provided to ensure good pregnancy and neonatal outcomes should be free of charge to all, especially in poorly resourced countries.

### **Article 4**

1. Countries shall ensure through legal means that all births (including stillbirths) and all maternal and neonatal deaths are officially registered.

### **Article 5**

1. Well-resourced countries must do all they can to support poorly-resourced, and thereby disadvantaged, countries in providing the actions outlined in the articles of this Convention.

#### **Article 6**

1. Countries must recognize that every pregnant woman or girl has the inherent right to life.
2. Countries shall ensure to the maximum extent possible within their resources, that every pregnant woman or girl survives pregnancy, childbirth and the postpartum period. Systems should be in place to prevent complications and to provide with minimal delays the highest quality treatment for any complications of pregnancy, childbirth and the post partum period.

#### **Article 7**

1. Countries shall educate their communities in understanding the complications and dangers to the mother, developing fetus-unborn child, and newborn infant of becoming pregnant in childhood as distinct from after 18 years of age. This is particularly important for pregnancies occurring before 16 years of age.
2. Countries shall ensure that marriages of children under 18 years of age are subject to careful examination by those legally undertaking such events, ensuring that the girl involved is freely consenting to the marriage and is aware of the potential dangers to her and her unborn children of pregnancies occurring before 16 years of age.
3. Countries shall educate their communities in understanding the progressively occurring complications and dangers to both pregnant women and their newborn infants of completing more than four pregnancies and of becoming pregnant at ages exceeding 35 years.

4. Countries shall ensure that at all opportunities, including immediately after giving birth, women are counselled on the Healthy Timing and Spacing of Pregnancies (HTSP) to help them ensure that pregnancies occur at the healthiest times of their lives (see Article 8 section 2 below). They shall be offered confidential family planning advice and a range of safe, affordable or free of charge and readily available family planning measures that can allow her, if she wishes, to regulate when she might become pregnant in the future.
  
5. Countries shall educate communities on fertility awareness methods, that is, methods not dependent upon the supply of contraceptive commodities.

### ***Article 8***

1. Countries shall ensure that any woman or girl who has been pregnant, or may become pregnant in the future, is provided with comprehensive education in sexual and reproductive health.
  
2. Countries shall educate their communities in understanding the importance of the Healthy Timing and Spacing of Pregnancy as it relates to the progressively occurring complications and dangers to both pregnant women or girls and their newborn infants of entering pregnancy too close to a preceding pregnancy, whether this has resulted in the birth of a child or a miscarriage or abortion. Ideally there should be a delay of 24 months after a live birth and 6 months after a miscarriage or abortion.
  
3. Countries undertake to ensure that any woman who has completed the number of pregnancies that she wishes to embark upon is provided with access to sterilisation, free of charge, if that is how she wishes to prevent further pregnancies.

4. Countries shall not seek to limit the number of pregnancies that any woman or girl might wish to undergo.

#### ***Article 9***

1. Countries shall ensure that all girls attend primary school (ideally secondary school as well) where, in addition to a standard education, they are taught “life skills” relevant to pregnancy and newborn care.

#### ***Article 10***

1. Countries shall try to ensure that all women or girls who enter pregnancy should receive in advance of conception adequate micronutrients such as iodine and folic acid which, in deficit, can lead to abnormal development of the fetus-unborn child.

2. Countries shall try to ensure that all women and girls who may become pregnant are immunised against rubella infection which may cause severe harm to the developing fetus-unborn child if acquired during pregnancy.

#### ***Article 11***

1. Countries shall try to ensure that all pregnant women or girls receive adequate nutrition and, in the case of the poorest families, supplemental foods are provided to ensure this.

#### ***Article 12***

1. Countries shall try to ensure that all pregnant women or girls receive a programme of ‘free of charge’ antenatal care as defined by the World Health Organisation (WHO). This antenatal care

should include, where appropriate for that country, immunisation against tetanus, measures to prevent and treat malaria, maternal antihelminthic treatment, screening for and treatment of pre-eclampsia and urinary tract infection, and regular assessments of the progress of the pregnancy .

2. All pregnant women and girls should be screened for anaemia and, if present, treated for this ‘free of charge’.

3. All pregnant women and girls should receive “free of charge” supplements to prevent or treat anaemia throughout pregnancy.

4. All pregnant women or girls should be offered anti-retroviral treatment if they are HIV-positive.  
(see Article 13).

5. All pregnant women and girls should be given appropriate treatment if they have sexually transmitted infections.

### ***Article 13***

1. Countries shall ensure through community education that all girls and women who may become pregnant know how they can reduce the risk of acquiring infection by the Human Immunodeficiency Virus (HIV).

2. Countries undertake to ensure that every pregnant girl or woman has access during her pregnancy to confidential counselling with regard to possible HIV infection and be able if she wishes to undergo confidential testing for this infection.

3. If HIV infection is identified, every pregnant woman or girl must be offered free of charge appropriate anti-retroviral drug treatment and such treatment must include measures taken around the time of childbirth to avoid the passage of the HIV infection to the newborn infant.
4. Countries undertake to provide up to date and appropriate advice and support to HIV positive mothers on whether and how, in their individual situation, they should breastfeed their infant.
5. All pregnant women or girls should be screened for syphilis and treated if this infection is identified.
6. Towards the end of pregnancy the position and presentation of the fetus and placenta should be ascertained, ideally with the help of ultrasound scanning. Abnormalities identified by this screening, for examples a transverse lie, breech presentation or placenta praevia, can allow for the birth to be planned in a safe health facility.

***Article 14***

1. Countries shall try to ensure that all pregnant women or girls are protected from having to undertake occupations, which may be harmful to them or their fetus-unborn child during pregnancy.
2. Countries undertake to establish laws which prevent mothers who become pregnant from being dismissed from their work on the grounds of their pregnancy.
3. Countries undertake to enact measures, which provide maternity leave from work before and after birth the timing of which depends on the medical needs of the pregnant mother.

4. . Countries recognize the right of the woman or girl who is pregnant to be protected from economic, including sexual, exploitation and from performing any work that is likely to be hazardous or to interfere with her health or the health of her fetus-unborn child.

#### ***Article 15***

1. Countries shall ensure that in preparation for birth, women and girls who are pregnant and their families should receive advice from community health workers on financial issues, birth registration and emergency care plans (including safe transport to a facility).
2. Community mobilisation initiatives to build awareness of the health care needs of pregnant girls and women during pregnancy, delivery and after birth, as well as the requirements of newborn infants.

#### ***Article 16***

1. Countries shall ensure to the maximum extent possible within their resources that there is appropriate monitoring of the state of health of the fetus-unborn child during pregnancy and childbirth (including the safe position of the baby and placenta within the womb), with defined interventions when these are required.

#### ***Article 17***

1. Countries undertake to ensure that every pregnant woman or girl is provided with a skilled birth attendant during and immediately after the birth. Where this is not possible because of the lack of trained staff in a country or area of a country, every effort must be made to ensure that those attending the birth have skills to identify, without delay, the danger signs reflecting emergencies



or potential emergencies that demand skilled care and be able to summon emergency assistance to stabilise and transfer with minimal delay the mother to a well equipped and safe health facility where definitive care can be given.

2. Countries shall ensure that all births in the community or health facility are undertaken in a clean environment with clean basic maternity kits including equipment to ensure safe cutting of the umbilical cord and its care after birth.
3. Countries shall ensure that health providers monitor closely all women, girls and newborn infants after birth, especially during the 48 hours after the birth when the largest proportion of maternal and neonatal mortality occurs.
4. The public health facilities providing care for pregnant women or girls and their newborn infants should not be harmfully exploited by other countries or organisations wishing to enhance their healthcare workforce or wanting to undertake humanitarian aid or medical research either locally or in another country through the employment of locally trained doctors, nurses or other healthcare professionals where there is a shortage of these in that country.

### ***Article 18***

1. Countries undertake to ensure that the pregnant woman or girl is provided with a health facility in which safe childbirth can occur and where any complications of the birth can be safely addressed. This includes the availability of basic emergency obstetric and neonatal care (EmONC) with an ability when urgent obstetric surgery is needed to transfer the woman or girl without delay to a facility where comprehensive EmONC, including Caesarean Section, can be undertaken.
2. The facility should observe the highest standards of cleanliness and safety.

3. The facility should be staffed by sufficient numbers of well trained healthcare professionals (skilled birth attendants) who can safely supervise births and manage any emergencies that might affect the pregnant woman or girl or the newborn infant. "Task shifting" to achieve sufficient numbers of effective and essential staff (for example non-physician clinicians and nurse anaesthetists) may be needed, especially in the rural areas of poorly resourced countries.
4. Staff providing care for pregnant women and girls and their newborn infants should be provided with adequate accommodation, working facilities, continuing professional development and attend regularly held clinical audit meetings which can enhance their skills.
5. During labour and childbirth, each facility should ensure continuous monitoring of the well-being of both the pregnant woman or girl and the fetus-unborn child. The sophistication of this monitoring will depend on the resources available in each particular country but, as a minimum, this monitoring should include the partograph of the World Health Organisation (WHO).
6. Countries shall ensure that essential emergency drugs (as defined within WHO publications) are available at all times for all health facilities treating the woman or girl who is pregnant. These include additional inspired oxygen, antibiotic drugs, antihypertensive drugs, anti-convulsant drugs, drugs to induce contraction of the uterus, and powerful analgesic drugs of the opiate group.
7. Countries shall ensure that transport systems to provide rapid and safe access to health facilities for pregnant women or girls experiencing emergencies in the community as well as for transfer between facilities offering different levels of care are in place.
8. Ideally there should be facilities available for mothers nearing the end of their pregnancies (especially where high risk factors exist) to wait close to health facilities to give birth.

9. Countries shall emphasise to healthcare staff the importance of treating pregnant women or girls during pregnancy and childbirth as individuals and with respect and dignity.

10. During childbirth, pregnant women or girls should be supported in adopting whatever positions they find best for them to give birth to their babies and to be mobile during labour if medically appropriate.

11. During childbirth, a familiar person should be encouraged to be with and support the pregnant woman or girl.

12. Health facilities should be designed so that, if they wish, fathers can be with and support their partners during childbirth.

13. In countries where female genital mutilation is still practiced, Countries shall ensure that health facilities understand the extra medical risks that these procedures may create during childbirth and have measures available which can minimise their harmful effects.

#### ***Article 19***

1. Countries shall ensure that a system for safely collecting and administering a compatible and infection-free blood transfusion is in place at all health facilities managing pregnancy or childbirth.

2. Countries shall support and educate their communities in understanding the need to donate blood and establish facilities in which this process can be facilitated, as well as the laboratory support needed to screen donors for life-threatening infections such as hepatitis B and C, HIV infection, malaria and syphilis, group and cross match blood and store it safely in every facility outlined in Section 1 of article 17.

## **Article 20**

1. Countries, bearing in mind the risks to the mother, and sometimes the fetus-unborn child and newborn infant, of a Caesarean section, shall ensure that such procedures are undertaken only when medically indicated and not for the convenience or remuneration of the doctor undertaking the operation or for the convenience of the mother.

2. Adequate information and education should be provided for women and girls (and their partners) about the risks of unnecessary Caesarean section, including an increased risk of infection, an increased risk of placental abnormalities and the potential for rupture of the uterus during future pregnancies. Mothers should also be informed of the longer post operative recovery time, postnatal restrictions in movement and increased risk of deep vein thrombosis and life-threatening pulmonary embolus.

## **Article 21**

1. Countries shall take all appropriate legislative, administrative, social and educational measures to protect the pregnant woman or girl from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse and early teenage marriage.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to prevent such abuse, as well as systems for identification, reporting, referral, investigation, treatment and follow-up of instances of the maltreatment of pregnant women or girls described above, and, as appropriate, for judicial involvement.

3. Countries must educate men, and other influential persons, on the extremely harmful consequences of gender-based violence.

4. Countries must continue to do all they can to stop female genital mutilation.

## ***Article 22***

1. Countries shall do all they can to create an environment in which the termination of pregnancy, whether legal or illegal, is least likely to be sought by pregnant women or girls.

2. Countries shall ensure that if termination of pregnancy is agreed in accordance with National Laws and substantiated medical indications, that it is accessible and undertaken in a well equipped facility in which termination can occur without delay, safely and where any complications can be appropriately addressed. The facility should observe the highest standards of cleanliness to reduce the chances of infection, and should be staffed by well trained health workers who can safely manage any emergencies that might affect the women or girl who has undergone this procedure. It is recommended that WHO guidance on the care of women or girls undergoing termination of pregnancy be followed.

3. Where termination of pregnancy is undertaken against the National Laws of a Country, every effort must be made by the Country to ensure that if there are complications, these can be treated free of charge and free of legal redress for the woman or girl in a suitable health facility.

4. Countries must ensure through community education that all girls and women must know where they can obtain treatment for any medical or surgical complications that follow miscarriage or termination of pregnancy.

5. Where a facility undertakes treatment for the complications of a miscarriage or termination of pregnancy, the treatment must be undertaken in complete confidentiality and in the case of illegally performed termination, the women or girl in question must never have to fear legal action against her.
6. Countries undertake to permit safe termination of pregnancy where the girl's and woman's choice is supported by the consent of appropriate medical professionals wherein mental health implications as well as any dangerous medical condition are present. This could include an assessment that the risk of death of the pregnant woman or girl is greater if the pregnancy continues than if it is medically terminated.
7. Countries should pursue all possible means to discourage the practice of illegal abortions as they frequently result in high risks to the lives or health of the women or girls involved.
8. Countries shall ensure that women and girls undergoing termination of pregnancy are offered post- abortion care services that include the provision of family planning services.
9. Countries should do all they can to prevent healthcare workers from pursuing a policy involving termination of pregnancy to enable gender selection of the newborn infant.

### ***Article 23***

1. Countries must ensure that all girls and women who may become pregnant must be able, if there is an urgent need to undergo a surgical procedure to save the woman or girl's life, give consent to such a procedure without the need to have endorsement of that consent by her husband, partner or any other member of her family.

2. Any healthcare worker who undertakes a surgical procedure of the kind outlined in Section 1 of this Article in good faith to protect the woman or girl's life, must be protected from any subsequent claims against him or her made by her husband, partner or any other member of the family who did not or would not have endorsed the woman or girl's own consent.

#### ***Article 24***

In the case of girls who are pregnant, countries shall respect the responsibilities, rights and duties of her parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for her welfare, to provide, in a manner consistent with the evolving capacities and consent of this pregnant child, appropriate guidance and support.

#### ***Article 25***

1. Countries shall ensure through community education that it is known that every girl or woman who has recently undergone childbirth has the possibility of suffering from post-natal depressive illness or even psychosis as a direct complication of the pregnancy.

2. Countries should ensure that treatment facilities for this mental illness are available and include every effort to keep, when safe to do so, the infant with the mother throughout the treatment given.

3. Also bearing in mind Section 1 of this article, countries shall ensure that the legislation in place reflects the danger of infanticide in this situation and that any legal processes put into place to address such an event understand that a mental illness may have been partially or completely responsible.

## **Article 26**

1. Countries shall ensure that every newborn infant is provided immediately after birth with an attendant who is skilled in recognising any emergency, who can initiate immediate and appropriate care and be part of a system of care which is able to transfer, if required, the newborn infant to an appropriate healthcare facility.
2. A significant proportion of newly born infants do not breathe at birth and require skilled resuscitation. Any delay in this resuscitation can lead to death or permanent brain damage and therefore all attendants at births must be able to resuscitate any newborn infant who fails to breathe at birth by lung inflation with air. Such attendants shall be provided by Countries with the necessary training and basic equipment to undertake this, whether it is in the home or in a health facility.
3. Countries should assist health facilities responsible for providing care for newborn infants to establish, in advance of birth, a decision-making process regarding how appropriate it is to institute invasive life-saving treatments for the newborn baby in a situation where there is extreme prematurity of birth or the presence of congenital abnormalities, which may not be compatible with survival.

## **Article 27**

1. Countries shall ensure that every newborn infant is managed according to the twelve steps of the United Nations Children's Fund (UNICEF) and World Health Organisation (WHO) Baby Friendly Initiative, which supports the vital role of exclusive breast feeding from immediately after birth.
2. Women, girls who have been pregnant, men and communities should be educated in the breastfeeding method of family planning, which is referred to as the Lactational Amenorrhea



Method (LAM), and LAM's three conditions (the mother must be exclusively breastfeeding, not more than 6 months has occurred since the birth and the menses have not appeared).

3. Countries shall implement legislation which protects infants from the unethical promotion of artificial rather than breast feeding.

### **Article 28**

1. Countries shall ensure that healthcare workers in the community are educated in how to recognise, provide initial basic treatment and refer infants with serious illnesses (in particular hypothermia, breathing difficulties, infections and fits) occurring in the first months of life to a suitable health facility .The Integrated Management of Neonatal and Childhood Illnesses (IMNCI) programme of WHO and UNICEF provides a good framework for the introduction of this system of care.
2. There should be systems in place to ensure that infants with serious illnesses are, without delay, transferred to an appropriate facility where treatment according to evidence based guidelines is available.

### **Article 29**

1. Countries shall ensure that health facilities responsible for providing care for newborn infants are equipped to a level appropriate to the resources available in that country. Such facilities should, to reduce the chances of infection, observe the highest standards of cleanliness and should be staffed by sufficient numbers of well-trained healthcare professionals, who can safely manage any emergencies that might affect the newborn infant.
2. All countries, as a minimum, shall provide in their facilities for newborn infants "kangaroo mother care", gastric feeding of expressed breast milk, intravenous fluids, oxygen, antibiotics and, appropriate to the level of their resources and clinical need, assistance to breathing.

3. All countries, as a minimum, shall provide in their facilities for treating newborn infants the essential drugs identified by the World Health Organisation.
4. Countries shall ensure that systems are in place effectively to manage infants born prematurely who are at greater risk of complications which can, if inadequately managed, result in death or permanent brain damage.
5. Countries shall ensure that drugs to help mature the lungs are available and given to any pregnant woman or girl who enters premature labour in order to help protect the newborn infant from respiratory failure due to lung disease of prematurity.
6. Policies to manage the premature rupture of membranes which can result in serious infection as well as premature birth should be in place in health facilities.
7. Policies involving vitamin K administration to newborn infants to prevent bleeding into the brain should be in place.
8. For areas where gonorrhoea is endemic, preventive eye care should be undertaken.

***Article 30***

1. Countries shall ensure that for all maternal deaths, stillbirths or neonatal deaths a review of the circumstances leading to the deaths are undertaken to identify avoidable factors which may help to prevent deaths in the future.

***Article 31***

1. Countries shall seek to ensure through community education that the deleterious effects of smoking, of ingesting certain drugs or alcohol on the development of the fetus-unborn child are recognised by women or girls who are or may become pregnant.

2. Countries shall make themselves aware of toxic substances present in the environment which are known to be noxious to the fetus-unborn child and endeavour to limit the exposure of pregnant women and girls and those who may become pregnant to these substances by public information and by environmental cleansing.

### ***Article 32***

1. Countries shall support the United Nations Convention on the Rights of the Child with respect to newborn infants, in particular their registration at birth, their need to be with their mothers despite any difficult circumstances that may arise, the provision of support for parents in caring for their infant and safe and appropriate procedures regarding fostering and adoption.

### ***Article 33***

1. Countries shall take measures to combat the forcing of pregnancy on girls or women in an attempt to traffic newborn infants within or between national boundaries for gain.

### ***Article 34***

1. Countries recognize the important functions performed by community education and ensure that the woman or girl who is pregnant has access to information from a diversity of national and international sources, especially those aimed at the promotion of her health and the health of her fetus-unborn child during pregnancy.

### ***Article 35***

1. A pregnant woman or girl who has temporarily or permanently been deprived of her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the Country.
2. Such care could include foster placement, Kafalah of Islamic law, adoption, or if necessary placement in a suitable institution for the care of pregnant women or girls. When considering solutions, due regard shall be paid to the desirability of maintaining continuity in the women or girl's ethnic, religious, cultural and linguistic background.

### ***Article 36***

1. Countries shall take appropriate measures to ensure that a woman or girl who is pregnant and who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by her husband, partner, parents or by any other person, receive appropriate protection and humanitarian assistance paying particular attention to the fact that she is pregnant.

### ***Article 37***

1. Countries recognize, in accordance with the Convention on the Rights of Persons with Disabilities, the special needs of the disabled woman or girl who is pregnant.
2. Countries shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled women or girls who are pregnant.

### **Article 38**

1. Countries shall recognize for every woman or girl who is pregnant the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their National Laws.

### **Article 39**

1. Countries recognize the right of every woman or girl who is pregnant to a standard of living adequate for the best outcome of the pregnancy and health and development of her newborn infant or infants.

2. If a woman or girl who is pregnant, or has recently given birth, is not fully able to care adequately for herself and her infant, the husband, partner, parent(s) or others assisting with this have a primary responsibility to secure, within their abilities and financial capacities, the living conditions necessary for this pregnant woman or girl's best outcome in terms of the pregnancy and future of her newborn infant or infants. Countries shall take appropriate measures to assist all of those responsible for helping to implement this right and shall, in case of need, provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

3. Countries shall take all appropriate measures to secure the recovery of maintenance for the woman or girl who is pregnant from her husband, partner, parents or other persons having financial responsibility for her, both within the Country and from abroad. Where the person having financial responsibility lives in a different country, appropriate financial support should be pursued on behalf of the woman or girl who is pregnant.

### **Article 40**

1. Countries shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of, or traffic in, girls or women who are pregnant or may become pregnant for any purpose, such as the sale of infants to families with infertility problems in other countries.

#### ***Article 41***

1. Any lawful arrest, detention or imprisonment of a woman or girl who is pregnant shall be used only as a measure of last resort and for the shortest appropriate period of time.
2. Every pregnant woman or girl deprived of her liberty shall be treated in a manner which takes into account her special needs because she is pregnant.
3. Every pregnant girl who is deprived of her liberty shall be separated from adult prisoners unless it is considered in her best interest not to do so and shall have the right to maintain contact with her family through correspondence and visits, save in exceptional circumstances.
4. If a pregnant woman or girl is about to give birth in a situation of detention or imprisonment, she should be transferred to a suitable health facility as soon as labour begins. Subsequent to the birth, the mother should be allowed to keep her newborn infant with her for the duration of her imprisonment if this is consistent with the best interests of the infant as judged by a competent court of law. Every effort must be made by the relevant authorities to ensure adequate nutrition before and after the birth, to facilitate breast feeding and to support the mother in her care of her infant by appropriately qualified and experienced professionals. If her imprisonment extends beyond her child's infancy, then the child's future placement should be determined by the court having regard to the paramount nature of the child's best interests.

#### ***Article 42***

1. In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflict, Countries shall take all feasible measures to ensure protection and care of pregnant woman or girls affected.

2. Countries shall provide special care for the woman or girl who has become pregnant as a result of rape during situations of armed conflict.

**Article 43**

1. Countries shall take all appropriate measures to offer professional short and long term help for any woman or girl who has become pregnant as a result of rape.

**Article 44**

1. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the woman or girl who is pregnant and which may be contained in: (a) the law of the country or (b) International law in force for that country.