Human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity

1. What steps has your government or organization taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian settings? How has the technical guidance assisted your Government or organization in designing, implementing revising and/or evaluating such policies and programmes?

* The Swedish health care legislation is permeated by a human right- perspective. The main section of the Swedish Health and Medical Services Act states that health care should be given with respect for the equal value of all people and for the dignity of the individual. Anyone with the greatest need for health care should be given priority. The objective of Swedish health care is good health and care on equal terms for the entire population.

In accordance with the Swedish Discrimination Act, discrimination is prohibited regarding health, medical care and other medical services. The purpose of the act is to combat discrimination and in other ways promote equal rights and opportunities regardless of sex, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age.

The Swedish government has not used the technical guidance when revising or evaluating health policies or programmes nationally.

1. Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area?

* Please see answer to question number 1.

1. What challenges does your government or organization face in implementing a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

* In Sweden, women report poorer health than men. As a feminist government, a central ambition for the Swedish government is to improve conditions for equal health in the population and increased gender equality in society.

Swedish maternity care maintains a very high medical quality in international comparisons. Reports from the National Board of Health and Welfare also show that several important indicators for Swedish maternity- and obstetrics care have developed positively over the past decade. Both the number of stillborn as well as the neonatal mortality rate has decreased. However, a problem that is still widespread are women suffering from childbirth injuries.

Therefore, the government 2015 started an initiative to improve the maternity care and strengthening the health of women in general. The goal for the initative is to improve knowledge, skills and treatment in the health care sector and within maternal care.

1. Please provide information om the main areas of concern specifically in relation to maternal morbidities in your country and/or context. Please elaborate in the main causes leading to maternal morbidities in your country and/or context.

* During the last decades, there has been increased focus on discussions regarding high blood pressure, pregnancy diabetes, mental illness and fear of birth (FOB), in addition to preeclampsia which was previously identified as a priority area. A comparison of studies performed in the late 1990’s with studies from 2014 indicate that the prevalence of FOB has increased to around 11 percent in Sweden. Post-partum depression affects 8-15 percent of women up to one year after birth.

1. Is there particular group of women and girls who are more at risk of maternal morbidities? (For instance, adolescents, women living with HIV, indigenous women, women of African descent, women from rural areas)

* A report about the impact of socioeconomic factors on delivery outcomes (published 2016, National Board of Health and Welfare), show that women from sub-Saharan Africa have worse health outcomes than other groups in several different pregnancy complications, such as acute caesarean section, perinatal death, low APGAR-score and perineal injures including anal sphincter tear. Furthermore, for this group, a lower educational level has more negative impact than economic income when it comes to pregnancy complications (diabetes and preeclampsia), prematurity, caesarean section, injures affecting the anal sphincter and post-partum haemorrhage.

Another report from the National Board of Health and Welfare, published in 2019, focuses on obesity among pregnant women. Obesity and high BMI among pregnant women has risen in recent decades in Sweden to 37 percent in 2016. The report shows that it was more common with preeclampsia, high blood pressure and pregnancy diabetes among women with a high BMI (> 25) compared to women with normal weight.

A National Board of Health and Welfare report on complications after birth, published in 2018, states that the risk for anal sphincter rupture increases in relation to the age of the mother. Another recently published report on treating eating disorders, states that more than one in ten mothers may be suffering from pre- and post-partum eating disorders. The number of women suffering from an eating disorder during pregnancy more than doubled six to eight months after delivery.

1. What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human-rights approach informed such measures?

* Please see answer to question number 1 and 3.

1. What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?

* Please see answer to question number 3.

1. Does your Government or organization regularly collect and analyse disaggregated data information on material morbidities? Please elaborate on good practices and challenges in this regard.

* The Swedish Medical Birth Register was founded in 1973 and includes data on practically all deliveries in Sweden. It is compulsory for every health care provider to report to the register and the information available is collected from medical records from the prenatal, delivery and neonatal care. The Medical Birth Register includes, for example:
* Information from the prenatal care
* Data on the mother (e.g. personal identification number, age)
* Smoking and snuffing habits (before and during pregnancy)
* Cohabitation status (if the mother is living with the father or not)
* Information on previous pregnancies
* Maternal medical drug use during pregnancy
* Diagnoses before pregnancy
* Information from the delivery care
* Maternal diagnosis
* Mode of delivery
* Foetal presentation
* Analgesia and anaesthesia