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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Resolution adopted by the Human Rights Council on 7 October 2025

60/18. Preventable maternal mortality and morbidity and human rights

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Recognizing that preventing maternal mortality and morbidity should be among the human rights priorities of all States, and reaffirming that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing,

Reaffirming the Universal Declaration of Human Rights, and recalling relevant international instruments, including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the International Convention on the Elimination of All Forms of Racial Discrimination and the Convention on the Rights of Persons with Disabilities,

Reaffirming also the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development, and their review conferences and outcome documents, and reaffirming further the resolutions and agreed conclusions of the Commission on the Status of Women and the resolutions of the Commission on Population and Development,

Recalling previous Human Rights Council resolutions on preventable maternal mortality and morbidity and human rights,

Recalling also that the need to eliminate preventable maternal mortality is recognized in the 2030 Agenda for Sustainable Development and the commitment contained in Sustainable Development Goal 3 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, and deeply concerned that the ratio in 2023 was still nearly three times higher than that target, that progress in reducing maternal mortality has stalled since 2016 and that preventable maternal mortality remains a leading cause of death for women, young women and girls, especially for those between 15 and 19 years of age,

Welcoming the efforts of the World Health Organization, the United Nations Population Fund and other United Nations agencies, funds and programmes, within their respective mandates, to prevent maternal mortality and to prevent and treat maternal morbidity,

Recognizing the importance of strengthening coordination among States, all relevant United Nations agencies in accordance with their respective mandates and civil society organizations, and recognizing also that States have the obligation to respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, to reduce preventable mortality and morbidity and to accelerate progress to improve maternal health,

Noting that the World Health Organization has identified haemorrhage, hypertensive disorders, sepsis, pre-eclampsia and eclampsia, complications from delivery and unsafe abortion as accounting for 75 per cent of all maternal deaths[1] and that treaty bodies have highlighted the connection between lack of emergency obstetric services and high rates of unsafe abortion and maternal mortality and morbidity,

Recognizing that preventable maternal mortality and morbidity are major human rights concerns, that large disparities exist in maternal mortality and morbidity rates between and within countries and that preventable deaths and grievous injuries sustained by women and girls during pregnancy, childbirth and the prenatal and postnatal periods are not inevitable events, but rather a result of, inter alia, discriminatory laws and practices, harmful gender norms and practices, a lack of functioning health systems and services, information and education, shortages of skilled health workers, a lack of access to healthcare services and necessary medicines and medical equipment, in particular in rural and remote areas and islands and the poorest urban areas, and a lack of accountability,

Recognizing also that preventable maternal mortality and morbidity are major public health and development concerns, and recognizing further the disproportionate impact of poverty, including the feminization of poverty, global economic crises, underdevelopment, austerity measures, unemployment, malnutrition, climate change, biodiversity loss, pollution, environmental degradation, conflict, occupation, natural hazards and health emergencies on women's and girls' enjoyment of human rights, including the right to the highest attainable standard of physical and mental health, including sexual and reproductive health and well-being, which may exacerbate existing structural inequalities and which contributes to maternal mortality and morbidity,

Recognizing further that the key social, economic and environmental determinants of health, such as equitable access to affordable and safe drinking water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, social protection floors, equitable sharing of care, support and domestic work, equitable rights to land, agricultural input and property and access to health-related education and information, including evidence-based comprehensive sexuality education, and quality and inclusive essential health services, are essential to ensuring the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and to eliminating preventable maternal mortality and morbidity,

Stressing the interlinkages between poverty, including the feminization of poverty, malnutrition, lack of, inadequate or inaccessible health services, early and late childbearing, the absence of or lack of access to family planning services, barriers arising from the historical and sociocultural context in which people live, marginalization, illiteracy, gender inequality and sexual and gender-based violence, including harmful practices such as child, early and forced marriage and female genital mutilation, as root causes of maternal mortality and morbidity,

Recognizing the detrimental impact of psychological stress and trauma on maternal health outcomes and the need for States to undertake efforts at all levels to establish and strengthen social protection measures and programmes, including national safety nets, for pregnant women and mothers who are living in vulnerable situations and those facing discrimination, and in this regard underscoring the importance of increasing investment, capacity-building and systems development,

Recognizing also that women and girls may be subject to multiple, intersecting and systemic forms of discrimination throughout their lives based on, inter alia, gender, age, race,

[1] World Health Organization, "Maternal mortality", 7 April 2025.

ethnicity, Indigenous origin or identity, religion or belief, physical and mental health, disability, civil status, socioeconomic background and migration status, in private and public spaces, both online and offline, and that substantive equality requires the elimination of the root causes of structural discrimination against them, including deep-rooted patriarchal and gender stereotypes, negative social norms, sociopolitical and economic inequalities and systemic racism, as well as violations of bodily integrity and autonomy, denial of informed choice and informed consent in healthcare services, the erosion of agency with respect to pregnancy, childbirth and family planning and preconceptions of gender roles that perpetuate unequal power relations, unequal access to education and decent paid employment, discriminatory attitudes, behaviours, norms, perceptions and customs, harmful practices, such as female genital mutilation and child, early and forced marriage, and mistreatment in pregnancy and childbirth, which have a negative impact on rates of maternal mortality and morbidity,

Recognizing further that a human rights-based approach to the elimination of preventable maternal mortality and morbidity is underpinned by the principles of, inter alia, equality, accountability, engagement, participation, accessibility, transparency, empowerment, sustainability, non-discrimination and international and regional cooperation and requires the provision of available, accessible (including affordable), acceptable and quality sexual and reproductive health information and services, including maternal health information and services,

Recognizing that respectful maternal care ensures that care during pregnancy, childbirth and the postnatal period is provided with dignity, compassion and respect, free from coercion, discrimination and violence, and also ensures privacy, confidentiality and informed choice throughout pregnancy and childbirth,

Recognizing also that violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and reproductive rights, and those involving inadequate or unsafe emergency obstetric services, including a lack of access to skilled health workers, obstetric violence, including, inter alia, physical and verbal abuse, disrespect and non-consensual procedures, and unsafe abortion, cause high levels of maternal morbidity, including obstetric fistula, uterine prolapse, post-partum depression and infertility, leading to ill health and death among women and girls of childbearing age in many regions of the world,

Recognizing further that disrespect or abusive practices during pregnancy, childbirth and the postnatal period, including inadequate or unnecessary gynaecological or obstetric interventions and the failure to obtain fully informed, ongoing and voluntary consent, free from coercion, discrimination and violence, can constitute a violation of the rights related to equality and non-discrimination, life, health, privacy, autonomy, freedom from violence and freedom from torture and other cruel, inhuman and degrading treatment,

Recognizing that sexual and reproductive health and rights are integral to the realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and that comprehensive sexual and reproductive health information and services must have the interrelated and essential elements of availability, accessibility, including affordability, acceptability and quality, on the basis of non-discrimination and formal and substantive equality, including by addressing multiple and intersecting forms of discrimination,

Recognizing also that respectful maternal care is not possible without the respect, protection, fulfilment and promotion of the human rights of health workers, and recognizing further that health and care workers in situations of fragility, conflict and occupation are critical to realize and protect the right to the enjoyment of the highest attainable standard of physical and mental health and display courage and commitment to ensure that individuals in the most vulnerable situations continue to access healthcare services, doing so at great personal risk,

Recognizing further that the work of health workers, including those working in the field of sexual and reproductive health, including maternal health, is undermined by various factors, including systemic social inequities, health system hierarchy, inadequate resources, poor working conditions, attacks, threats, harassment and violence against them for the work

they do and persistent inequities, which affect the enjoyment of their own rights and their ability to provide quality and effective care for others, and recognizing the need to guarantee just and favourable conditions of work for health workers, as well as guidance, training and protection from violence and harassment to support them in delivering quality care and exercising their rights,

Noting that midwifery can draw upon diverse knowledge systems, including, where applicable, Indigenous and traditional knowledge, medicine and practices, and recognizing that midwifery was added to the United Nations Educational, Scientific and Cultural Organization Representative List of the Intangible Cultural Heritage of Humanity in 2023,

Recognizing the vital role of the midwifery workforce in preventing maternal mortality and morbidity, and noting that universal midwifery coverage could avert 67 per cent of maternal deaths, 64 per cent of newborn deaths and 65 per cent of stillbirths, with the potential to save an estimated 4.3 million lives annually,[2]

Deeply concerned that women and girls living in vulnerable or marginalized situations, including Indigenous and Afrodescendent women and girls, those from national, ethnic, religious or linguistic minorities, those with disabilities, those residing in remote and rural areas and islands and those living in in humanitarian and conflict settings and under occupation, are disproportionately exposed to poverty, underdevelopment and all types of malnutrition and are at a high risk of human rights violations and abuses, including through sexual and gender-based violence, trafficking in persons, systematic rape, sexual slavery, forced sterilization, forced pregnancy, forced abortion, harmful practices, such as child, early and forced marriage and female genital mutilation, and a lack of available, accessible (including affordable), acceptable and quality sexual and reproductive health information, education and services, including evidence-based comprehensive sexuality education, and a lack of access to perinatal care, including skilled birth attendance, midwifery models of care and emergency obstetric care, resulting in heightened risks of unintended and unwanted pregnancy, unsafe abortion and maternal mortality and morbidity,

Reaffirming that human rights include the right to have control over and to decide freely and responsibly on matters relating to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, and that equal relationships in matters of sexual relations and reproduction, including full respect for dignity, integrity and bodily autonomy rights, require mutual respect, consent and shared responsibility,

Recognizing that the stigma, shame and isolation associated with specific forms of maternal morbidity can lead to harassment, discrimination, ostracism and violence against women and girls and can prevent them from seeking care, thereby resulting in physical, psychological, economic and social harm to or suffering for women and girls, compounding existing forms of discrimination and inequality,

Noting with concern that the risk of maternal mortality is higher for adolescents and highest for girls under 15 years of age and that complications in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls in low- and middle-income countries, acknowledging that the issue also persists in high-income countries, exacerbated by, inter alia, systemic racism and socioeconomic status, and recognizing the need to address all social, economic and environmental determinants of health in order to reduce the aforementioned disparities,

Convinced that greater commitment, international cooperation, investment in resilient health systems and technical assistance at all levels, and the need to avoid obstacles that are inconsistent with international law, are urgently required to reduce the unacceptably high global rate of preventable maternal mortality and morbidity and that the integration of a human rights-based approach to the provision of sexual and reproductive health information and services can contribute positively to the common goal of reducing that rate,

Deeply concerned that insufficient political will is reflected in the inadequate resources allocated, nationally and internationally, for eliminating preventable maternal

[2] World Health Organization, *Transitioning to Midwifery Models of Care: Global Position Paper* (Geneva, 2024), p. 15.

mortality and morbidity in many countries, which is compounded by declining levels of development assistance for sexual and reproductive health, including maternal, newborn, child and adolescent health strategies, and exacerbated by the significant disruption of health systems following major and sudden suspensions of and reductions in official development assistance for health,

Deeply concerned also that maternal morbidity has an intergenerational impact, by reducing girls' opportunities to complete their education, to gain comprehensive knowledge, to participate in the community or to develop employable skills, is likely to have a long-term adverse impact on their physical and mental health and well-being, their employment opportunities, their quality of life and that of their children, contributes to the feminization of poverty and violates the full enjoyment of their rights,

Deeply concerned further that the systemic failure to prevent maternal mortality and morbidity is one of the most significant barriers to the empowerment of women and girls in all aspects of life, to the full enjoyment of their human rights, to their ability to reach their full potential and to sustainable development in general,

1. *Urges* all States to eliminate preventable maternal mortality and morbidity, to respect, protect and fulfil sexual and reproductive health and reproductive rights and the right to bodily autonomy, free from discrimination, coercion and violence, including sexual and gender-based violence, including by addressing social, economic and environmental determinants of health, through the removal of legal barriers and the development and enforcement of policies, best practices and legal frameworks that respect bodily autonomy and safeguard informed choice and informed consent for all procedures throughout pregnancy and childbirth, and to ensure universal health coverage throughout the life course, including access to available, accessible (including affordable), acceptable and quality sexual and reproductive health services, including maternal health and maternal mental health services, methods of prevention and treatment of sexually transmitted diseases and infections, such as HIV, evidence-based comprehensive sexuality education, a choice of safe and effective methods of modern contraception, emergency contraception, skilled birth attendance, midwifery models of care, emergency obstetric care, safe abortion, when not against national law, and post-abortion services and care;

2. *Urges* States to strengthen health systems, to ensure the integration of sexual and reproductive health services into national health policies, strategies and systems and to guarantee that sexual and reproductive health facilities, goods and services are available, accessible (including affordable), acceptable and of quality, including by allocating the necessary gender-responsive budgetary resources needed to ensure that sexual and reproductive health needs are met for pregnancy, childbirth, gynaecological examinations, fertility treatments, miscarriage, safe abortion, when not against national law, post-abortion care and contraception and in other health contexts, facilitating access to telemedicine or telecommunications to support sexual and reproductive healthcare services, including for obstetric emergencies, as well as the distribution of information about contraceptives and family planning, through toll-free services, combating misinformation and disinformation, both online and offline, and putting in place creative arrangements to support victims and survivors of gender-based violence, for example, hotlines and online services;

3. *Also urges* States to redouble their efforts to eliminate discrimination and disparities in health systems, in particular racial and ethnic disparities, to integrate an intersectional approach into policies and programmes aimed at improving women's access to healthcare, including comprehensive sexual and reproductive health services and education, and at reducing the high rates of maternal mortality and morbidity and to take steps to remove restrictive and discriminatory legal and practical barriers to midwifery care, including those affecting midwives in communities of Afrodescendent persons, Indigenous Peoples and other individuals facing intersectional discrimination;

4. *Calls upon* States to address key social, economic and environmental determinants of health that render certain women and girls, including adolescents, and especially those facing intersectional discrimination, more vulnerable to maternal morbidity, such as obstetric fistula, uterine prolapse, perinatal distress, post-partum depression and infertility;

5. *Calls upon* all States and relevant international organizations to take comprehensive measures and support programmes that are aimed at combating undernutrition in mothers, in particular during pregnancy and breastfeeding;

6. *Calls upon* States to implement human rights-based approaches to maternal healthcare services, including community-based and midwifery models of care, by ensuring adequate resourcing, training and integration into health systems of providers and creating frameworks that enable trained, competent, licensed and regulated midwives to autonomously provide continuous and person-centred care across their full scope of practice throughout pregnancy, childbirth and the postpartum period, in order to ensure equitable access to respectful and high-quality maternal care for all women and girls, including those from marginalized communities and those in vulnerable situations;

7. *Also calls upon* States to take all necessary legislative, policy and programmatic measures, in particular by strengthening legal and regulatory frameworks, that enable midwifery models of care by integrating midwives into health systems, supporting interprofessional collaboration across all levels of the health system, supporting appropriate licensing and training and enabling care to be provided in various settings, including homes and communities, and recognizes that midwifery models of care uphold the principles of dignity, partnership, informed consent, choice and respect, thereby fostering respectful, empowering and individualized care as a cornerstone of quality sexual, reproductive, maternal, newborn and adolescent healthcare services;

8. *Encourages* States to respect and promote, in a manner consistent with the United Nations Declaration on the Rights of Indigenous Peoples, the right of Indigenous Peoples to the enjoyment of the highest attainable standard of physical and mental health and to maintain their distinct health practices, including by recognizing Indigenous midwifery and by establishing respectful collaboration with Indigenous midwives within national health systems;

9. *Urges* States and encourages other relevant stakeholders, including national human rights institutions and non-governmental organizations, to take action at all levels, utilizing a human rights-based approach, to address the interlinked causes of maternal mortality and morbidity, such as lack of available, accessible (including affordable), acceptable and quality health services for all, lack of information and education, including evidence-based comprehensive sexuality education, shortages of health providers, lack of access to medicines, medical equipment, perinatal facilities and specialized healthcare services, all types of malnutrition, poverty, stigma, lack of confidentiality of medical patient records, lack of access to safe drinking water and sanitation, poverty, underdevelopment, climate change, air pollution, exposure to toxic and hazardous substances and wastes, shortages in human and material resources facing health systems, shortages in humanitarian assistance and funding shortages affecting hospitals, technical assistance, capacity-building and training needs, harmful practices, including child, early and forced marriage and female genital mutilation, early childbearing and inequalities, including gender inequality and discrimination, and to take concrete measures to eliminate all forms of discrimination and violence against all women and girls;

10. *Calls upon* States to promote human rights-based, age- and gender-responsive and disability-inclusive multisectoral and cross-disciplinary coordination of policies, programmes, budgets and services designed to prevent and treat maternal mortality and morbidity, with the active participation of all relevant stakeholders, including civil society, and especially the full, equal, meaningful and inclusive participation of all women and girls, at the national, local and community levels, and to promote social accountability mechanisms to monitor such policies, programmes, budgets and services in order to accelerate the elimination of maternal mortality and morbidity and the achievement of universal access to sexual and reproductive health without discrimination or undue financial burden;

11. *Emphasizes* that effective and financially sustainable implementation of universal health coverage through a primary healthcare approach, including sexual and reproductive healthcare services, is necessary for achieving gender equality and human rights, and that this should be delivered through a resilient and responsive health system that provides comprehensive primary healthcare services with extensive geographical coverage,

including for those living in remote and rural areas and islands, in humanitarian and conflict settings and under occupation, and with a special emphasis on access to populations most in need;

12. *Urges* States to strengthen the capacity and resourcing of health systems and the health workforce, to provide the essential services needed to prevent and treat maternal mortality and morbidity, including through sufficient budget allocations for health, including sexual and reproductive healthcare services and community-based and midwifery models of care, and the deployment and training of midwives, nurses, obstetricians, gynaecologists, doctors, surgeons and anaesthesiologists, including with comprehensive training on respectful maternity care grounded in anti-racism and anti-discrimination, upholding bodily integrity and autonomy and ensuring informed choice and informed consent in all aspects of care and services, in accordance with international medical standards, and to ensure holistic social integration services, including counselling, education, family planning, socioeconomic empowerment, social protection and psychosocial services, so that women and girls living with maternal morbidity can overcome stigma, discrimination, ostracism and economic and social exclusion;

13. *Also urges* States to strengthen their research, data collection and monitoring and evaluation systems to promote reliable, transparent, collaborative and disaggregated data collection on the availability, accessibility, including affordability, acceptability and quality of sexual and reproductive health services for all women and girls, including data collection on violations and abuses of human rights in pregnancy, childbirth and the postpartum period, as well as the sexual and reproductive health needs of all women and girls throughout their life cycles, and to conduct up-to-date needs assessments on emergency obstetric care and routine reviews of maternal deaths and near-miss cases as part of a national maternal death monitoring and response system, integrated within national health information systems in order to support more comprehensive policies to prevent and address maternal mortality and morbidity;

14. *Calls upon* States to build recognition, at the national, regional and international levels, that preventable maternal mortality and morbidity are human rights issues, including through more targeted research in this area, the allocation of sufficient resources and dedicated efforts to ensure the availability, in particular for women and girls, of information on the overlapping causes of specific maternal mortalities and morbidities and their prevention;

15. *Requests* States and other relevant actors to give renewed emphasis to maternal mortality and morbidity initiatives in their development partnerships and international assistance and cooperation arrangements, including by strengthening technical cooperation to address maternal mortality and morbidity, including through the transfer of expertise, technology and scientific data and by exchanging good practices with developing countries, while honouring existing commitments, and to integrate a human rights perspective into such initiatives, addressing the impact that discrimination against women and girls has on maternal mortality and morbidity;

16. *Urges* United Nations agencies and development partners to provide tailored technical, financial and logistical support to developing countries' health systems, at their request, in a predictable and sustained manner, including to least developed countries and small island developing States, taking into account their unique geographical, demographic and economic challenges, with a view to accelerating the elimination of preventable maternal mortality and morbidity and achieving the Sustainable Development Goals;

17. *Urges* States to ensure that laws, policies and practices respect bodily autonomy and privacy rights and the equal right to decide freely and responsibly in matters regarding one's own life and health, including during pregnancy and childbirth, through guaranteeing informed choice and informed consent in all medical interventions and by promoting midwifery models of care that are in line with human rights and centre respectful support before, during and after pregnancy, by bringing relevant laws and policies concerning sexual and reproductive health and reproductive rights, including international assistance policies, into line with international human rights law and repealing discriminatory laws relating to third-party authorization for health information and health services, the

criminalization of the provision of accurate and factual information on sexual and reproductive health and male guardianship laws and practices and by combating gender stereotypes, negative social norms and discriminatory behaviour;

18. *Also urges* States to ensure access to justice and accountability mechanisms and timely and effective remedies for the effective implementation and enforcement of laws and standards aimed at preventing violations of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and sexual and reproductive health and rights, especially those aimed at preventing maternal mortality and morbidity, including violations linked to obstetric violence and restrictions on autonomous decision-making in pregnancy and reproductive health services, such as by informing all women and girls of their rights under relevant normative frameworks, improving legal and health infrastructure, strengthening accountability and oversight mechanisms, including through licensing bodies and professional associations, and removing all barriers to access to legal counselling, assistance and remedies;

19. *Further urges* States to ensure gender equality, women's rights and children's rights, and other relevant stakeholders as appropriate to take action, through inclusive public awareness-raising and evidence-based initiatives, tailored to the age of their audience, including in schools, through the media and online, such as by incorporating curricula on all women's and girls' rights into teacher training courses, including the prevention of sexual and gender-based violence and discrimination, and ensuring universal access to evidence-based comprehensive sexuality education in and out of school settings;

20. *Calls upon* States to convene and support multi-stakeholder meetings and consultations involving health workers, including midwives, and marginalized women and girls at multiple levels to discuss the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity, to identify opportunities within national-level processes and to prioritize concrete areas and plans for action;

21. *Takes note with appreciation* of the report of the Office of the United Nations High Commissioner for Human Rights entitled "Update to the technical guidance on the application of a human rights-based approach to the elimination of preventable maternal mortality and morbidity",[3] and encourages all stakeholders to implement the recommendations contained therein;

22. *Requests* the Office of the High Commissioner to facilitate inclusive and participatory virtual consultations on the implementation of the update to the technical guidance and best practice approaches to that implementation and to compile and analyse examples of best practices emerging from those consultations into a report to be submitted to the Human Rights Council at its sixty-sixth session, including a plain language version targeted at national stakeholders;

23. *Also requests* the Office of the High Commissioner to conduct the aforementioned consultations and compilation of best practice approaches in coordination with relevant entities of the United Nations system, in particular the United Nations Population Fund, the World Health Organization, the United Nations Children's Fund and the United Nations Entity for Gender Equality and the Empowerment of Women, and in consultation with civil society organizations and other relevant stakeholders, such as health providers and women's human rights organizations;

24. *Decides* to remain seized of the matter.

43rd meeting
7 October 2025

[Adopted without a vote.]

[3] A/HRC/60/43.