

# THE RAVAGES OF WAR: IMPACT ON MOTHERS & NEWBORNS IN GAZA

Report 1 | November 11

Many only think of war as bombings and bombardments but forget to see it for what it truly is: a war on humanity in all its aspects. Israel's recent war on Gaza has not only taken the lives of more than 11,000 people, but has endangered and traumatized everyone else left alive.

According to Ministry of Health data, as of November 10, 3,027 women and 4,506 children have been killed in the Gaza strip, representing around 67% of all casualties, while thousands more have been injured. This means that 420 children have been killed or injured every day since October 7, some of them only a few months or even days old [1].

The relentless bombardment has struck residential areas, hospitals, UNRWA shelters, schools, universities, mosques, and churches—places which have become shelters for more than the 70% of the population in Gaza who have lost their homes.

In the midst of this war, pregnant women, children and newborns are among the most vulnerable. There are over 55,000 pregnant women in Gaza right now. Of those, 5,500 are expected to give birth some time in the next month—around 180 births every day [2]. It is estimated that 30% of these women are likely to experience pregnancy or birth-related complications and will need additional medical care [3].

With an overburdened healthcare system, bombings overhead, and scarcity of food, water, and essential services, these women's pregnancies might as well just become death sentences for them and their babies.

“ I was under the rubble... I couldn't move... I was nine months pregnant. I had ten days left to give birth. They scanned the fetus; they found the pulse was weak and they had to do an emergency cesarean section.

— 35 year old Islam Hussein, via UNFPA

As a pregnant woman, I fear for [my unborn child], as I am in my [final] month [of pregnancy]. There is not enough food or water for me and the baby.

— Salma, via ActionAid UK

# Attacks on Gaza

## By the Numbers

Latest Figures | November 10

### Overall Situation

**11,000+**

deaths

4,506 children &  
3,027 women

**27,000+**

injuries

at least 60%  
children & women

**1.5 million**

displaced persons

717,000+ in  
UNRWA schools

**1**

child

killed in Gaza  
every 10 minutes

### Healthcare Situation

**102**

attacks on  
healthcare

**39**

health facilities  
damaged

**18**

hospitals completely  
shut down

**51**

primary care  
clinics shut down

### Maternal & Newborn Situation

**55,000**

pregnant women  
in Gaza

**130**

premature babies  
depend on incubators

\* latest figure from October 23



**180+**

unsafe births  
every day

**30%**

of births expected to  
have complications

**25-30%**

increase in premature  
births

**4,600**

displaced pregnant women &  
**380** newborns living in  
UNRWA shelters

\* according to initial assessments by UNRWA

## Pregnancy, Birth, Miscarriage, and Postpartum Do Not Stop in War

What we have been witnessing for the past month in Gaza is one of the worst humanitarian crises in the history of the region. As the situation continues deteriorating, pregnant women and their babies are forced to face unimaginable health and safety challenges including displacement, lack of resources, malnutrition, inadequate hygiene, and lack of access to basic health services, as doctors fear they are becoming **the overlooked victims of this war**.

### **Collapse of the Healthcare System**

As a result of the continuous attacks on Gaza, 18 of 35 hospitals and 51 of 72 primary health care facilities are currently out of service, either due to directly being bombed, or due to the electricity blackout and depletion of medical supplies [4,5]. With the remainder of hospitals and primary health care centers on the brink of collapse, women are having to give birth in shelters, in their homes, in the streets amid rubble, and, if lucky, in overcrowded hospitals or medical centers, with poor sanitation and hygiene, and infections spreading rapidly.

Prior to October 7, the healthcare system in Gaza had already been facing significant challenges due to the 16-year Israeli blockade, which severely restricted the entry of essential goods and fuel into the region. Over the years, this blockade has led to a prevalence of high-risk pregnancies and maternal and infant mortality due to limited access to quality healthcare services [6]. Since October 7, it is expected that maternal and infant morbidity and mortality rates have significantly increased, mainly due to an overwhelmed healthcare system and the lack of essential emergency services, safe childbirth environments, and proper nutrition for both mothers and infants. The psychological impact of the war has also directly affected reproductive health, resulting in increased occurrences of stress-induced miscarriages, stillbirths, and premature births. According to Dr. Abed Abu Hasira from the Obstetrics and Gynecology Department at Al-Shifa Hospital, miscarriages, premature births, and fetal deaths have increased up to threefold in the hospital since the start of the war [7].

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**We have a shortage of everything, and we are dealing with very complex surgeries.**

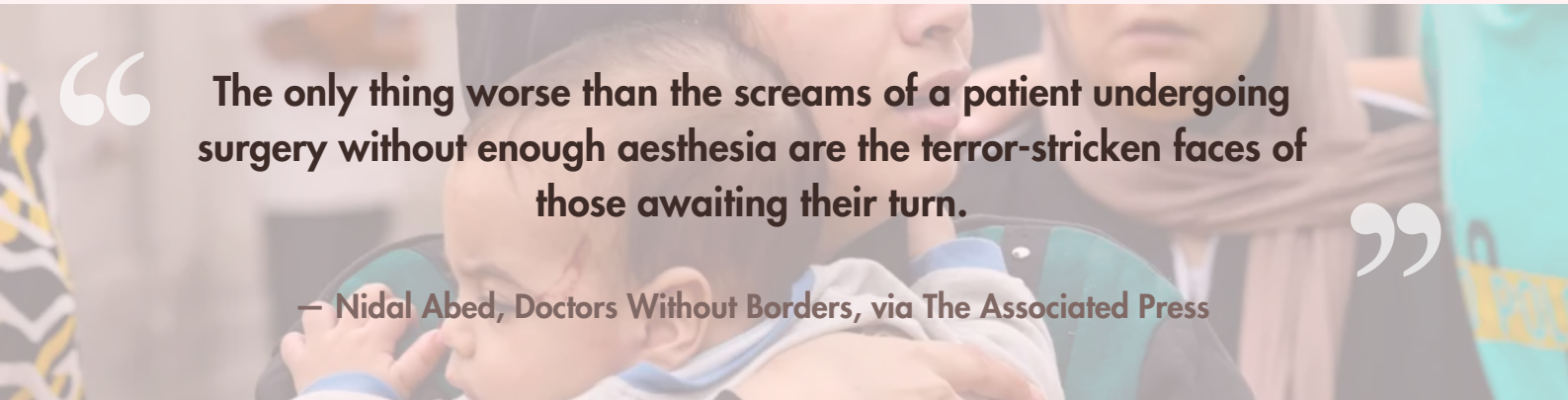
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— Nidal Abed, Doctors Without Borders, via The Associated Press

There are currently no neonatal intensive care units (NICU) functioning in the North of the Gaza Strip and only a few functional maternity departments and NICUs in the South. All around the strip, pregnant women have limited access to prenatal care, limited screening for complications, and little to no access to skilled birth attendants. This is especially true for Gaza city and the North of Gaza, where bombings are the most intense and the situation is the most dire, and many international organizations and health personnel have had to evacuate. There are also no additional services offered for women with high-risk pregnancies, and most women who are able to give birth in hospitals are discharged only a few hours later to make room for new patients [8]. In the South of Gaza, women are only able to go to hospitals during the day, when bombings are less intense, meaning most or all deliveries that occur at night take place within the community [3].

According to Dr. Nabil AlBarqouni, Chair of Gaza Neonatal Network, women with pre-eclampsia and other complications are not getting admitted to hospitals, as there is no capacity at any of the healthcare facilities [3]. In a telephone conversation between Juzoor and its network of doctors in the northern part of Gaza, Dr. Adnan Radi from Al-Awda Hospital reported that hospitals, particularly those in the North, have also noted a significant increase in cases of placenta abruption among pregnant women, especially those that were subjected to direct bombings—approximately two to three times higher than the usual rate [3]. Placenta abruption is a serious condition that occurs during childbirth and could be life-threatening for both the mother and the baby.

Healthcare facilities and pharmacies are running out of medications including pain killers, antibiotics, and life-saving drugs such as surfactants (to treat newborns or premature babies) and anticonvulsants like phenobarbital [3]. Pregnant women are prone to endometritis and mastitis, both easily treatable with appropriate antibiotics. However, with lack of access to these antibiotics, these women will die of very preventable deaths. Hospitals have also run out anesthetic, forcing pregnant women to undergo emergency c-sections without anesthesia, as well as blood supplies, forcing doctors to perform hysterectomies to improve the chances of saving the lives of women facing postpartum bleeding, who might otherwise have been saved [9,10]. Due to the dire health situation, maternal and infant morbidity and mortality will likely keep increasing in Gaza.



**“ The only thing worse than the screams of a patient undergoing surgery without enough anesthesia are the terror-stricken faces of those awaiting their turn. ”**

— Nidal Abed, Doctors Without Borders, via The Associated Press

## **Electricity Blackout & Fuel Shortage**

Since October 11, the Gaza Strip has been under a full electricity blackout, forcing hospitals to rely on back-up generators to function [11]. However, due to shortage of fuel, hospitals have either had to halt operations or close down entire units except for emergency departments and intensive care units. The continuous use of these generators without breaks has also led to occasional power outages, forcing doctors to conduct surgery under phone lights as Israel continues to block the entry of fuel into the strip [12].

Many hospitals will run out of fuel in the next days, if not hours, putting any and all patients who rely on life-saving equipment in danger. This is especially true for new born babies who require incubators, breathing machines, and infusion pumps for recovery, all of which depend on electricity. As of October 23, there were at least 130 premature newborns in incubators whose lives were at stake [13]. This number is likely higher now, as doctors have resorted to putting more than one baby in a single incubator. According to Dr. Nabil, there has been a 25-30% overall increase in premature births this past month in Gaza. “Without any of these essential equipment and supplies needed, premature babies have no chance of surviving,” he stated. Echoing his words, Dr. Adnan added that “low-weight babies simply have no chance of survival” [3].

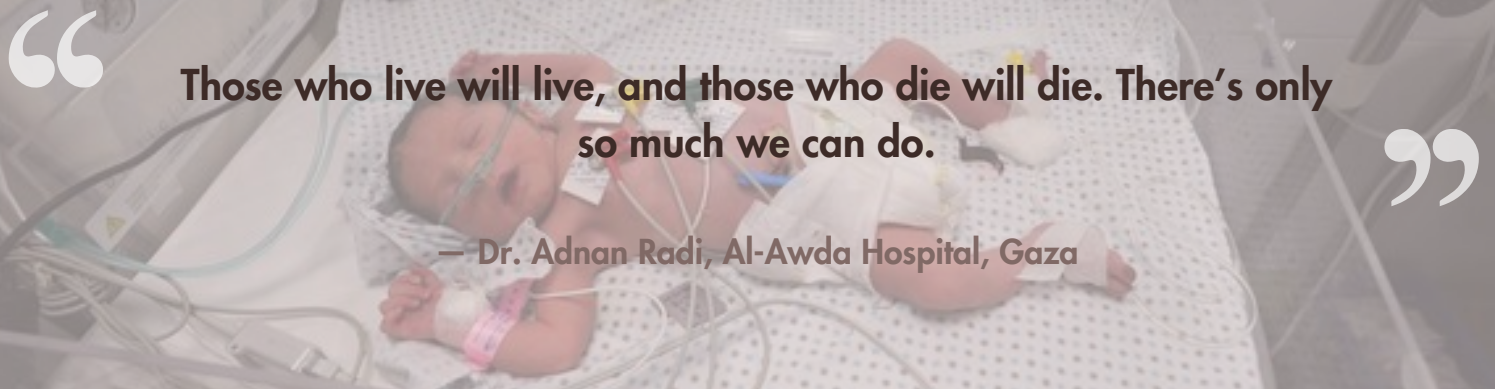


## Lack of Food & Water

The lack of clean water, along with the scarcity of food due to the full siege subjected to Gaza, has a detrimental effect on the health of mothers and infants, increasing their chances of dehydration, malnutrition, disease, and even death. After Israel's halt of all water and sewage systems in the beginning of this war, drinking water has become extremely scarce, pushing people to resort to drinking sea and contaminated water for survival [14]. Recent news has broken out of babies feeding on contaminated baby formula and of mothers drinking sewage water to survive [15]. Pregnant and postpartum women and their babies therefore face a heightened risk of contracting waterborne diseases. There is also no clean water for washing and cleaning before, during, and after birth, increasing the risk of infection among women and newborns that are immunocompromised and vulnerable to infections [16].

The United Nations World Food Programme estimates that nearly 1.8 million people are now food insecure in Gaza, a drastic increase from prior to the war. People have to stand in line for bread for hours, only to get a few pieces to share with the entire family, and some have even resorted to eating leftover food they find in bombed houses and residential buildings [17].

Additionally, some women have stated that dehydration and stress has prevented them from producing enough breast milk, which puts infants at risk of stunted growth and health complications [18]. Amal, one of the many women who have had to shelter in UNRWA schools with their families, describes the situation with her 40-day old baby, whom she has not been able to breastfeed. She says that while she does have a can of baby formula, the feeding bottle she has is dirty and there is no way of washing it because her family—including her other children—shares just a half-liter of water a day, which they need for drinking and staying clean [3].



**Those who live will live, and those who die will die. There's only so much we can do.**

— Dr. Adnan Radi, Al-Awda Hospital, Gaza

The stress and nutritional deficiencies associated with food and water scarcity can also increase the risk of premature birth and stillbirths, which can ultimately increase maternal and infant morbidity and mortality, making this a multifaceted crisis that will have devastating outcomes.

## Displacement & Overcrowded Shelters

According to initial reports by UNRWA, at least 4,600 displaced pregnant women and 380 newborns living in shelters require medical assistance. These shelters, now hosting thousands of displaced people beyond their capacities, are reporting hazardous living situations due to the lack of water and sewage systems and the accumulation of waste.

Juzoor has taken charge of 13 UNRWA schools in the North of Gaza that shelter around 35,000 individuals. Our team on the ground and in these shelters report that there has been at least one case of neonatal death in each shelter, and that outbreaks of diarrhea, scabies, and lice are present in all, especially among children [3]. Diarrhea can cause severe dehydration and can result in infant/child mortality. Pregnant and postpartum women and their newborns are among those at most risk of contracting such disease. With temperatures dropping, the overcrowded living spaces have also raised concerns about the potential spread of respiratory diseases [19].

## Long-term Developmental & Health Effects

Children born during conflicts are likely to face long-term developmental issues due to the adverse conditions their mothers faced during pregnancy. Lack of proper feeding for infants and young children, and healthcare during critical developmental stages can lead to long-term health implications, including cognitive, emotional, and physical development challenges.

Efforts by humanitarian organizations and aid groups often focus on providing essential healthcare services, nutrition support, psychological aid, and creating safe environments for pregnant women in conflict zones. However, the extent of support varies, and the challenges presented by the war can severely impact the health and well-being of both the mother and the child, with lasting effects that might extend beyond the period of conflict.

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OCHA, WHO, PCRF, Ministry of Health in Gaza, The United Nations World Food Programme, UNRWA, UNFPA