



مركز شؤون المرأة - غزة
Women's Affairs Center - Gaza



**Research Paper on:
Reality of Pregnant and Postpartum Women
During the War on Gaza (2023-2024)
“Difficulties, Challenges, and Development Needs”**



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2024

Contents:

Executive Summary	3
Introduction	3
Paper Objectives	4
Methodology	4
Background	4
Challenges Pregnant and Postpartum Women Have Faced during the War	7
Development Needs for the Improvement of Maternal Healthcare	12
Recommendations	14
Sources	15

Reality of Pregnant and Postpartum Women During the War on Gaza (2023-2024)

Executive Summary:

The paper addresses the conditions of pregnant and postpartum women in the Gaza Strip during the ongoing war, highlighting the major challenges and difficulties they encounter. Utilizing a participatory approach, it indicates that the majority of these women in Gaza have faced a range of challenges, the most critical of which include:

The closure of primary care centers has resulted in a shortage of essential medical care and health services. Maternity wards have been relocated from high-capacity government hospitals to private and NGO-affiliated facilities, creating a significant gap in the availability of health services and care. High levels of malnutrition and food shortages are adversely impacting the health of both mothers and their children, leading to serious health complications before, during, and after childbirth, including anemia, severe hemorrhaging, miscarriages, low birth weight, and emaciation. Additionally, the repeated displacement has facilitated the transmission of infectious diseases, such as hepatitis A, further exacerbating the health crisis faced by this vulnerable population. The paper emphasized the urgent need to bridge the gaps in medical services provided to pregnant women. This can be achieved by reopening closed government primary care centers, increasing the number of medical points and mobile health clinics, and ensuring the consistent

availability of essential medications, vitamins, and medical supplies at primary care centers, shelters, and medical points.

Introduction:

The 2023-2024 Israeli war has profoundly impacted the lives of the entire population of the Gaza Strip in general, and women in particular, as they are among the most vulnerable groups in the society. Those who have survived

thus far are compelled to endure unembellished hardships, striving to keep their families together and to provide basic necessities such as food, clothing, and shelter amid acute shortages of resources and services. The suffering of women during this ongoing genocidal war in the Gaza Strip is a continuation of the systemic challenges Palestinian women have endured since the Nakba of 1948. They continue to face perplexing political, economic, and social adversities.

During the war in the Gaza Strip, women have encountered various challenges and hardships, with specific groups, like pregnant and postpartum women, being disproportionately affected. These women have experienced severe living and health services due to the critical shortage of healthcare and medical services. With many hospitals and clinics out of operation, maternal healthcare services for women have become limited to a small number of centers and clinics that operate below the minimum acceptable healthcare standards, further exacerbating their vulnerability.

Paper Objectives:

This paper aims to shed light on the conditions of pregnant and postpartum women during the war on the Gaza Strip through:

- 1- Identifying the main challenges and difficulties pregnant and postpartum women face during the war and assessing the current status of services provided to them.
- 2- Pinpointing the key development needs to advance the quality of maternal services.
- 3- Concluding a set of suggestions and recommendations to improve the well-being of pregnant and postpartum women.

Methodology:

The researcher utilized a qualitative descriptive-analytical approach to assess these women's conditions and examine the impact of the war on Gaza on them and their diverse needs, using the following research tools:

- 1- In-depth Individual Interviews: Conducting (15) in-depth individual interviews to obtain objective insights about the reality of pregnant and postpartum women during the war. These include (4) interviews with representatives from civil society organizations working in the health sector, (5) interviews with doctors working in maternity wards at Al-Awda Hospital in Al-Nuseirat, Shuhada Al-Aqsa Hospital in Deir Al-Balah, and Women's Health Center associated with the Culture and Free Thought

Association, as well as (7) interviews with pregnant and postpartum women to identify the key issues and challenges they have encountered during and after pregnancy and childbirth.

- 2- Focused Group Discussions: Conducting (4) FGDs with pregnant and postpartum women in shelters and displacement camps, in collaboration with several women's and non-governmental organizations, to gain insights into their conditions, the challenges they undergo, and their suggestions for improving their circumstances.

- 3- Literature Review: Reviewing reports issued by the United Nations, international organizations, and the Palestinian Central Bureau of Statistics.

Background:

Women in the Gaza Strip are facing a tragic situation as the war, launched in October 2023, continues to escalate day by day. This war has imposed significant challenges on the entire Palestinian society, especially women who have been disproportionately impacted on multiple levels: security, economic, health, social, and psychological. UN reports indicate that two women are killed every hour in the Gaza Strip during the war, and nearly one million women and girls have been forcibly displaced. The scale of destruction in Gaza and its effects on civilians, especially women and children, who account for 70% of the casualties, are deeply alarming.¹ Over 80% of women rely on food assistance as their primary source of food, while 83.5% confirm that the aid they receive is insufficient to meet their families' needs.²

1. Gender Alter: The Gendered Impact of the Crisis in Gaza, UN Women, 2024, available at: <https://m-r.pw/LwjW>

2. How the War in Gaza Affected Women-led Organizations in the Palestinian Territories, CNN Arabic, Dubai - June 11, 2024, available at: <https://arabic.cnn.com/middle-east/article/2024/06/11/un-women-lead>

A report from the Palestinian Central Bureau of Statistics (PCBS), published on International Women's Day, underscores the critical circumstances pregnant women are undergoing in the Gaza Strip during the war. The report estimates that approximately (60,000) pregnant women are currently in the Strip, with an average of (180) births per day. Notably, around 15% of these women experience complications related to pregnancy and childbirth that are difficult to manage due to insufficient medical care, sometimes leading to unsafe deliveries.³ In the aftermath of the Israeli attacks on healthcare facilities and personnel, resources available for caring for pregnant women and their newborns have significantly diminished, forcing some women to give birth in tents and unsanitary locations. Moreover, there has been an observed rise in premature births, miscarriages, and infant mortality rates⁴. Tens of thousands of pregnant women are suffering from extreme hunger and malnutrition, severely hindering their ability to breastfeed their newborns, as they urgently need preventive measures, medical care, and nutritional support to survive⁵. Malnutrition among lactating mothers leads to reduced milk production, while the scarcity and high cost of infant formula complicate their ability to feed their infants adequately., making it difficult to provide for their infants.

Consequently, many mothers are compelled to rely on inadequate or potentially unsafe feeding alternatives for their children.⁶

Access to clean water is crucial, particularly for lactating and pregnant women who require higher daily water and calorie intake than others. It is also vital for enabling women and girls to safely manage their menstrual hygiene. UN Women estimates that (10) million disposable or (4) million reusable sanitary pads are required monthly to meet the needs of (690,000) women and girls in the Gaza Strip.⁷

The United Nations Population Fund (UNFPA) reports that (840) out of (5,500) women who gave birth at the onset of the war experienced health complications, as hospital services were disrupted due to fuel shortages and power outages⁸. According to Care International, the rate of premature births has risen by nearly one-third owing to stress and trauma, with some women experiencing miscarriages due to fear, leading to a 300% surge in miscarriage cases⁹.

Recent reports from the Government Media Office indicate that (33) hospitals and (64) health centers have been forced out of service owing to the war, with (160) health facilities targeted by the occupation. The report further highlights that (60,000) pregnant women are at risk because of lack of adequate healthcare.¹⁰

3. Ola Awad on Conditions of Palestinian Women on International Women's Day Eve, Ramallah, Palestine - March 8, 2024, available at: <https://2u.pw/pQinwllG>

4. Palestinian Women on Their Day: When Slogans Fail Their Advocates – Palestinian News and Info Agency WAFA - March 7, 2024. Available at: <https://wafa.ps/Pages/Details/91515>

5. 'I suffered a lot during pregnancy... due to [the] lack of food': Gaza's pregnant women go hungry amid severe food shortages and humanitarian crisis, ActionAid - July 4, 2024, available at: <https://2u.pw/UKyAhrPn>

6. Ola Awad on Conditions of Palestinian Women on International Women's Day Eve, Ramallah, Palestine - March 8, 2024, available at: <https://2u.pw/pQinwllG>

7. UN Women Report - June 16, 2024, available at: <https://m-r.pw/zTxm>

8. Report: They Endure Immense Suffering... Learn about the hardships Gazan women face during the war in numbers, Al Jazeera Net, Doha - March 8, 2024, available at: <https://aja.ws/xnaa4y>

9. Report issued by Alhaq organization for Human Rights: "Five Months Long and the Aggression on Gaza Continues: On Women and Motherhood in Light of the Absence of Healthcare", available at: <https://www.alhaq.org/ar/advocacy/22656.html>

10. Report by Al-Ghad TV entitled: In numbers Outcomes of 283 Days of Genocide in Gaza, available at: <https://alryan.co.il/?p=19362>

Furthermore, maternity wards in both government and private hospitals have been forced to shut down. This includes the maternity wards at Al-Shifa Hospital, Al-Awda Health Center in Jabalia, and Al-Helou International Hospital in the Gaza and Northern Governorates, and the maternity wards at Al-Aqsa Hospital and Al-Awda Health Center in the Middle Area. As for the maternity ward at Nasser Hospital, it is currently being operated by Doctors Without Borders.

In Rafah Governorate, Al-Helal Al-Emarati Maternity Hospital and Kuwait Specialty Hospital were also forced out of service immediately after Israeli forces entered the area.

It is worth noting that the maternity wards at the American Field Hospital operated by the International Medical Corps (IMC), the UK-Med Field Hospital, and the International Committee of the Red Cross (ICRC) Hospital remain operational in the Middle Area, Khan Yunis, and Rafah Governorates.

These field hospitals have made significant efforts to offer various services to pregnant women, including comprehensive healthcare, enhance their overall health, and provide medical supplies, essential health items, and nutritional supplements¹¹.



11. In-depth interview with Dr. Mohammad Abu Aisha, American Field Hospital (International Medical Corps - IMC), Deir Al-Balah, Palestine - July 7, 2024

Challenges Pregnant and Postpartum Women Have Faced during the War:

The challenges encountered by pregnant women during the war have been numerous. From the moment they learn of their pregnancy, they struggle to access care at health centers due to constant bombardment, insecurity, and the shortage of medical facilities, healthcare personnel, and essential medical supplies. Frequent displacement posed substantial challenges for pregnant and postpartum women. Many pregnant women experience health complications owing to repeated displacement and walking long distances, sometimes resulting in premature births and severe bleeding.

Displacement sites, particularly tent camps, and government or UNRWA shelters that house large numbers of displaced persons, present an additional challenge owing to the lack of privacy and suitable conditions for pregnant and postpartum women. In these shelters, pregnant women experience various health and psychological challenges as a result of inadequate living conditions, poor sanitation, and the proliferation of mosquitoes and insects, which lead to skin diseases¹². The situation is even more dire for postpartum women, as the extreme summer heat and winter cold are worsened by the effect of the tents; moreover, the inability to maintain personal and sanitary hygiene poses constant threats to the health of both mothers and newborns.

Frequent displacement and lack of proper transportation significantly impact pregnant women, who often have to travel on carts or high trucks during their displacement, leading to severe health consequences for both the mother and fetus. These mothers suffer from health and psychological complications such as hemorrhaging, fainting, extreme fatigue, and miscarriages, with some enduring the pain of premature labor.

* "I started to bleed from having to walk long distances and crossing the Israeli checkpoint at Netzarim, which triggered early labor contractions. I felt like I might give birth right there in the street. I delivered my baby on 25/12/2023 amidst heavy bombardment in Al-Nuseirat. During the delivery, I suffered from postpartum hemorrhaging owing to anxiety and fear from the bombings. After giving birth, I struggled with malnutrition, skin diseases, and lack of necessary vaccinations for my children."¹³

* "I was pregnant with triplets and suffered greatly during my pregnancy due to the Israeli airstrikes and displacement. Unfortunately, while fleeing Gaza City, I almost had a miscarriage because of the overcrowded vehicle that was transporting us to the south."¹⁴

12. In-depth interview with Dr. Yasser Shabaan, Medical Director of Al-Awda Hospital, and Dr. Raed Alsaudi, Head of Obstetrics and Gynecology Department at Al-Awda Hospital, Al-Nusierat, 25-06-2024

13. In-depth Interview with Aya Abu Ziada, a Palestinian woman from Gaza City displaced to Al-Nuseirat, Gaza Strip, Palestine - June 22, 2024

14. In-depth Interview with Esraa Abu Alamreen, a Palestinian woman from Gaza who gave birth to triplets during the war, Gaza Strip, Palestine - June 23, 2024

* "Because of the lack of available transportation and the delayed arrival of the ambulance, I gave birth on the road and reached the hospital only after my baby was born, endangering both our lives."¹⁵

Pregnant women encounter significant difficulties reaching hospitals and medical centers because of the ongoing bombardment, lack of security, and disruptions in communication networks. Consequently, many women are denied regular check-ups or necessary tests to monitor fetal health and access to crucial supplements and health education.

Moreover, pregnant women suffer in consequence of a shortage of medical personnel, especially obstetricians and gynecologists in the northern governorates of the Gaza Strip. This scarcity arose as many healthcare workers were killed, detained, or compelled to leave the Strip.

* "Moving around in Beit Hanoun at night was daunting due to the ongoing airstrikes and military operations. We went to several health centers and hospitals amid the bombings, and eventually ended up at Al-Helou International Hospital after being transferred from multiple centers."¹⁶

Malnutrition poses a significant hurdle for most pregnant women during the war as the available food primarily consisted of canned goods, which lacked essential nutrients. This coupled with the scarcity and high prices of fruits and vegetables and the shortage of medications and vitamins adds another dimension to these women's suffering. Each month of pregnancy requires specific vitamins and nutritional supplements for the expecting mother. However, due to high unemployment, poverty, and poor economic conditions in the Gaza Strip, most women are unable to obtain these essential nutrients, as they are often unavailable or unaffordable.

Combined with the shortage of medical and sanitary supplies, this has led to numerous health complications, affecting both the mother and the fetus. Consequently, issues such as hemorrhaging, miscarriages, and premature births have become more common.¹⁷

Malnutrition impacts pregnant women during both pregnancy and delivery, resulting in low birth weight for mothers and their babies. It also contributes to various health and psychological complications, including anemia, dizziness, loss of consciousness, severe hemorrhaging, and infections, as well as increases the risk of epidemics like hepatitis.¹⁸

15. In-depth Interview with Baraa Alaydi, a Palestinian woman who gave birth on the road, Deir Al-Balah, Palestine - July 5, 2024

16. Conditions of Pregnancy and Childbirth in Gaza: Worse than Hell, Al Jazeera Net - June 3, 2024, available at: <https://m-r.pw/VJti>

17. In-depth interview with Dr. Yasser Shabaan and Dr. Raed Alsaudi (previous source)

18. FGD No. (1) - Al-Nuseirat Boys Preparatory School Shelter, Gaza Strip, Palestine - June 23, 2024

* "I suffered from malnutrition and did not receive the four-month progesterone injection to stabilize the pregnancy. I also experienced severe bleeding due to anxiety and fear caused by the relentless Israeli bombings. My daughter, who was born during the war, now suffers from Failure to Thrive and malnutrition, as infant formula and nutritional supplements for children are not available."¹⁹

* "Since I was pregnant with triplets, I was supposed to take plenty of vitamins, but I could not because they were too expensive and my husband was unemployed. As a result, I experienced symptoms of malnutrition, like emaciation, lack of sleep, and constant high temperature."²⁰

Malnutrition and the lack of necessary vitamins and medical supplies for pregnant women contributed to diminishing their ability for natural childbirth and heightened their anxiety and psychological stress levels, causing bleeding during and after delivery. In addition, the war, bombings, and scenes of destruction increased the feelings of anxiety, depression, and fear among pregnant and postpartum women.²¹

* "I suffered from extreme fatigue during labor and was unable to give birth naturally. The lack of proper nutrition made it difficult for me to endure the hardships of pregnancy and childbirth."²²

Most pregnant women encounter significant struggles during childbirth, including a lack of available beds, a shortage of medical staff, insufficient medical care, and unsanitary rooms. There is also a lack of proper attention to their condition during delivery, all while they endure fear and insecurity owing to the persistent Israeli attacks. These factors have led to a tragic increase in maternal fatalities, exacerbated by poor health conditions and the spread of diseases, particularly hepatitis.²³

"During childbirth, I endured severe pain because anesthetics were unavailable and only regional anesthesia was used. My blood pressure increased, and I experienced bleeding due to the lack of proper treatment and medications. As a result, my weight dropped significantly."²⁴

19. In-depth interview with Aya Abu Ziyada (previous source)

20. In-depth interview with Esraa Abu Alamareen (previous source)

21. In-depth Interviews with Dr. Yasser Shaaban and Dr. Raed Alsaudi (Previous Source)

22. In-depth interview with Haneen Hassaneen, a Palestinian mother who gave birth during the war, Al-Nuseirat, Gaza, 22-06-2024

23. In-depth interview with Dr. Yasser Shabaan and Dr. Raed Alsaudi (previous source)

24. In-depth interview with Esraa Abu Alamareen (previous source)

The shutdown of most hospitals contributed to the decline in medical and healthcare services, particularly given that private, charitable, and NGO-operated hospitals lack the capacity to handle the increase in demand, exacerbating the crisis and creating a significant gap between the quality of healthcare services provided before and during the war. The surge in the number of births and work pressure forced hospitals to change the medical protocols used for dealing with pregnant women during delivery. For instance, Al-Awda Health Hospital in Nuseirat camp had a capacity of around 37 beds, but, during the war, the hospital was overwhelmed by a much higher number of women in labor than it could handle.

* "The director of Al-Awda Hospital reported, "We used to handle (50) to (60) deliveries daily, totaling around (1,100) to (1,200) births each month. The surge in numbers forced us to scale back services and put additional strain on our medical staff, which, in turn, compelled us to make changes in our procedures. For example, we reduced the post-delivery waiting period from six hours to just two and switched from using full to partial anesthesia given that medical resources are limited and women have to wait a longer time for a bed or for the delivery room to become available."²⁵

Field hospitals tried to address the gap in services by offering a range of maternal services, including prenatal care as well as delivery and postpartum care. Their aim was to improve the health conditions of pregnant women and provide necessary medical supplies, hygiene products, and nutritional supplements. However, the capacities of these field hospitals remain limited²⁶.

* "My experience giving birth at the American field hospital was good. I delivered my baby at the hospital, which was set up in a tent with (12) beds on Deir Al-Balah beach. Most of the beds were occupied, and other women were waiting their turn outside. The healthcare services during childbirth were good, and the staff were attentive. However, I had to walk to the place because there was no available transportation or ambulances."²⁷



25. In-depth interview with Dr. Yasser Shaaban (previous source)

26. In-depth interview with Dr. Mohammed Abu Aisha (previous source)

27. In-depth interview with Fidaa Alqrinawi, a Palestinian woman who gave birth at the American Field Hospital - International Medical Corps (IMC), Gaza Strip, Palestine - June 25, 2024

Pregnant women face challenges in the immediate hours after delivery, as they are deprived of their right to stay in the hospital for the necessary duration to ensure their well-being before discharge. They can only stay for very short periods, often less than two hours after delivery, in clear violation of internationally recognized medical protocols and procedures, which poses a risk to their health. They and their newborns are deprived of essential medical care and services, including monitoring of blood pressure, heart rate, and blood sugar levels, as well as necessary vaccinations and medications, and care and incubation for newborns. They are also denied of receiving health education on home care and lactation and do not receive psychological support to help alleviate the anxiety and stress faced by new mothers. In many cases, mothers who have to undergo high-risk cesarean sections are compelled to leave the hospital with their newborns immediately after birth.

The health situation of pregnant women has significantly deteriorated during the war, evidenced by a rise in cases of miscarriages, premature births, severe hemorrhaging, fetal demise, widespread malnutrition among pregnant and postpartum women, and low birth weights. These factors have significantly contributed to the deaths of several pregnant women as a result of health complications, as well as the deaths of fetuses both during pregnancy and after delivery.²⁸

* "Pregnancy during the war was profoundly challenging in light of the repeated displacement and the lack of healthcare services. Access to UNRWA or government clinics was often prolonged by the large crowds due to the availability of only one doctor, and the lack of essential medications and treatments. Consequently, medical check-ups were restricted primarily to urgent and emergency cases."²⁹

* "Because of the war and heightened stress level, I experienced false labor. I had symptoms resembling premature labor, which were triggered by repeated displacement during the final trimester of my pregnancy. I also suffered from severe hemorrhaging, which put me at risk of losing my fetus."

Postpartum women face a range of challenges in a consequence of the war, bombardment, and the feelings of anxiety and fear the war entails. These challenges include elevated blood pressure, severe fatigue, persistent dizziness, and a lack of essential vaccinations for their children, as well as insufficient follow-up care for monitoring the child's growth owing to a shortage of medical services. Additionally, they struggle due to their inability to obtain infant formula, diapers, and other baby supplies, often having to purchase these necessities at exorbitant prices.³⁰

28. In-depth interview with Dr. Mohammed Alothmani, Obstetrics and Gynecology Consultant at Al-Aqsa Government Hospital, Deir Al-Balah, Gaza Strip, Palestine - June 28, 2024

29. In-depth interview with Fidaa Alqrinawi (previous source)

30. In-depth interview with Fidaa Alqrinawi (previous source)

* "After giving birth, I could not find new clothes for my baby and had to buy some second-hand clothes, which was very hard on my psyche. I wanted to provide the best for my child, but the difficult circumstances we were going through made me unable to provide the necessary supplies, such as clothes, shampoo, and perfumes"³¹

On a psychological level, pregnant women experience a multitude of psychological challenges due to the ongoing Israeli bombardment and the policy of starvation. The persistent stress and anxiety during pregnancy stemming from the current circumstances and the continuation of the war and Israeli bombardment contribute to elevated heart rates, psychological distress, and increased nervousness among these women. This is further compounded by concerns about pregnancy outcomes, the babies' future, and the lack of clothes available for infants after birth. Traditionally, mothers would prepare their babies' clothes months in advance; however, the current circumstances have made it difficult to find new clothing, which adversely affects their morale and mental well-being.³²

Development Needs for the Improvement of Maternal Healthcare:

The 2023/2024 war on the Gaza Strip has resulted in catastrophic health and living conditions for Palestinian women, who are severely grappling with food insecurity and a critical shortage of essential health services, especially for pregnant women. The worsening situation for pregnant and postpartum women owing to the ongoing war has brought about several pressing needs that, if addressed, could enhance the quality of medical care and services offered to them.

These needs include:

- Improving Maternal Healthcare Services:

There is a need to enhance the medical care services for pregnant women in health centers by expanding the number of medical points, increasing the availability of hospital beds and healthcare staff, and ensuring the presence of qualified doctors, midwives, essential medications, and medical supplies. This also includes reducing waiting times for pregnant women prior to delivery, extending postpartum monitoring hours, and providing comprehensive healthcare and nursing services for both mothers and newborns. These measures aim to mitigate health and psychological risks before and after childbirth.

- Reactivating Primary Health Clinics: It is crucial to fully reopen government and UNRWA primary health clinics, improve maternal healthcare services and ensure their access to medications and medical supplies.³³

31. In-depth interview with Hanan Jaber Abu Wahdan, a displaced mother from Beit Hanon, currently residing in Rural Women's Development Society shelter. Interview conducted on 30-06-2024, Gaza Strip

32. FGD No. (4) - Al-Bureij Women's Health Center, Culture and Free Thought Association, Gaza Strip, Palestine - July 3, 2024

33. In-depth interview with Dr. Mohammed Alothmani (previous source)

- **Expanding the Work of Medical Points:** There is a pressing need to expand the work and presence of medical points inside shelters and schools to deliver vital maternal healthcare services. These points should be adequately equipped with the essential medications and medical supplies, and staffed with qualified gynecologists and pediatricians to ensure the delivery of comprehensive care.³⁴

- **Providing Essential Birth Supplies:** There is an urgent need to provide essential items for mothers and babies upon delivery, such as baby clothes, infant formula, and maternal and neonatal health supplies. These should be provided to mothers in hospitals immediately after delivery through international and local organizations to help them care for their newborns, thereby improving their psychological well-being and overall health.³⁵

- **Enhancing Supervision and Hygiene:** There is a need to strengthen the monitoring and supervision of medical and nursing practices, as well as general hygiene standards, and to improve the quality of care provided to pregnant women.

- **Advancing Psychological and Social Support Services:** It is vital to improve psychological and social support services, particularly at shelters and displacement camps. These services should comprehensively address the health, psychological, and living needs of pregnant women.

- **Improving Institutional Coordination:** There is a need to strengthen networking and coordination between women's organizations, health organizations, and government institutions to ensure the availability of medications, medical supplies, and clothing for mothers and newborns.³⁶

- **Providing Financial Assistance:** It is important to provide sustainable cash assistance to pregnant women during pregnancy and the postpartum period. This support would enable them to afford vitamins, nutritional supplements, medical supplies, and clothing for newborns, particularly given that the majority of Palestinian families are currently facing extreme poverty.

- **Promoting the Spread of Mobile Clinics:** There is a need to promote the idea of mobile clinics to deliver healthcare services for pregnant women in schools and shelters. These clinics should provide both health and educational services, as well as essential medical supplies.³⁷

- **Providing Free Ambulance Services:** There is a need to provide free ambulance services for pregnant women to transport them to delivery centers, along with establishing a dedicated free contact number for accessing these services.³⁸

34. In-depth interviews with Dr. Yasser Shaaban and Dr. Raed Alsaudi (previous source)

35. FGD No. (3) - Rural Women's Development Society shelter, Al-Zawayda, Gaza Strip, Palestine - June 24, 2024

36. In-depth interview with Dr. Somaya Albasous, Director of the Health Department at Al-Bureij Women's Health Center, Culture and Free Thought Association, Gaza Strip, Palestine - July 3, 2024

37. FGD No. (2) - Ertiqaa Association for Community Development, Al-Nuseirat, Gaza Strip, Palestine - June 24, 2024

38. In-depth interviews with Dr. Yasser Shaaban and Dr. Raed Alsaudi (previous source)

- **Providing Required Equipment and Medications:** It is crucial to ensure the availability of essential medical equipment, medications, and treatments for pregnant and postpartum women in government, charitable, NGO-operated, and private healthcare facilities. This includes providing medical and health supplies for both mothers and infants.³⁹

- **Advancing Healthcare Providers' Performance:** There is a need to enhance the performance of medical staff working with pregnant women, especially during labor, in government, charitable, NGO-operated, and private hospitals, through targeted educational and awareness programs for nursing staff about the importance of addressing the psychological well-being of pregnant women, minimizing the use of regional anesthesia when appropriate, and ensuring the availability of suitable medical supplies for women.⁴⁰

- **Providing Postpartum Essentials:** There is an urgent need to provide vitamins, vaccinations, infant formula, diapers, and medical supplies for postpartum women in primary health centers, UNRWA clinics, and medical facilities. This would contribute to improving the overall health and mental well-being of pregnant and postpartum women, and help prevent complications during pregnancy, childbirth, and the postpartum period.⁴¹

- **Focusing on Psychological Well-being:** There is a need to prioritize the psychological well-being of pregnant and postpartum women by providing psychological support services in homes, shelters, and schools, given that the psychological trauma that can occur after childbirth may lead to significant mental health issues, including depression, anxiety, and breakdowns.⁴²

Recommendations:

- **Providing protection to hospitals and medical facilities against Israeli targeting and reopening those that have been forced to shut down, including maternity wards.**

- **Increasing the distribution of medical points and mobile clinics in schools and shelters, reopening government and UNRWA primary care clinics, and enhancing health education for pregnant women through clinics and mobile medical teams.**

- **Providing essential medications, treatments, vaccines, vitamins, and other health supplies for mothers and children, which would contribute to improving the overall health of pregnant and postpartum women, and combating the spread of malnutrition among this vulnerable group.**

39. In-depth interviews with Dr. Yasser Shaaban and Dr. Raed Alsaadi (previous source)

40. FGD No. (1)

41. FGD No. (2)

42. In-depth interview with Dr. Mohammed Alothmani (previous source)

Sources:

First: In-depth interviews:

- Dr. Yasser Shaaban, Medical Director of Al-Awda Hospital, Al-Nuseirat, Palestine - June 25, 2024
- Dr. Raed Alsaudi, Head of the Obstetrics and Gynecology Department at Al-Awda Health Hospital, Al-Nuseirat, Palestine - June 25, 2024
- Dr. Mohammad Alothmani, Obstetrics and Gynecology Consultant at Al-Aqsa Government Hospital, Deir Al-Balah, Gaza Strip, Palestine - June 28, 2024
- Dr. Mohammad Abu Aisha, American Field Hospital (International Medical Corps - IMC), Deir Al-Balah, Palestine - July 7, 2024
- Dr. Somaya Abu Samra, Gynecologist, Women's Health Center, Culture and Free Thought Association, Gaza Strip, Palestine - 2024
- Somaya Albasous, Director of the Health Department at Al-Bureij Women's Health Center, Culture and Free Thought Association, Gaza Strip, Palestine - July 3, 2024
- Taghreed Jumaa, Chairperson of the Aisha Association for Women and Child Protection, Khan Younis, Palestine - June 23, 2024
- Haneen Ashour, Community and Women's Rights Activist, Deir Al-Balah, Gaza Strip, Palestine - June 25, 2024
- Maha Almasri, Coordinator of Gaza Office for Rural Women's Development Society, Al-Zawaida, Gaza Strip, Palestine - June 30, 2024
- Sahar Madi, Community and Women's Rights Activist, Gaza Strip, Palestine - July 10, 2024
- Esraa Abu Alamareen, a Palestinian woman from Gaza who gave birth to triplets during the war, Gaza Strip, Palestine - June 23, 2024
- Baraa Ibrahim Alaydi, a Palestinian woman who gave birth on the road, Deir Al-Balah, Palestine - July 5, 2024
- Hanan Jaber Abu Wahdan, a displaced woman from Beit Hanoun, currently residing in the Rural Women's Development Society shelter in Al-Zawaida, Gaza Strip, Palestine - June 30, 2024
- Nora Abu Samhadana, a Palestinian woman from Rafah displaced to Al-Maghazi Camp, Gaza Strip, Palestine - June 26, 2024
- Aya Abu Ziada, a Palestinian woman from Gaza City displaced to Al-Nuseirat, Gaza Strip, Palestine - June 22, 2024
- Fidaa Alqrinawi, a Palestinian woman who gave birth at the American Field Hospital, established by the International Medical Corps (IMC), Gaza Strip, Palestine - June 25, 2024

Second: Focus Group Discussions:

- FGD No. (1) - Al-Nuseirat Boys Preparatory School Shelter, Gaza Strip, Palestine - June 23, 2024
- FGD No. (2) - Ertiqaa Association for Community Development, Al-Nuseirat, Gaza Strip, Palestine - June 24, 2024
- FGD No. (3) - Rural Women's Development Society shelter, Al-Zawayda, Gaza Strip, Palestine - June 24, 2024
- FGD No. (4) - Al-Bureij Women's Health Center, Culture and Free Thought Association, Gaza Strip, Palestine - July 3, 2024

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