# Committee on the Rights of the Child General Comment on Children’s rights and the environment with a special focus on climate change

## **Submission from White Ribbon Alliance, European Foundation for the Care of Preterm Infants, International Stillbirth Alliance, and Children’s HeartLink**

We are a group of organizations working on reproductive, maternal, newborn, and stillbirth issues. White Ribbon Alliance is a global network of reproductive, maternal and newborn health advocates in over 40 countries in Africa, Asia, Europe, North and South America. The European Foundation for the Care of Preterm Infants is the first pan-European organization and network to represent the interests of preterm and newborn infants and their families. It includes more than 100 parent and patient organizations, more than 200 healthcare societies, and more than 30 research partners in over 60 countries. The International Stillbirth Alliance is a membership organization uniting bereaved parents and other family members, health professionals and researchers to drive global change for the prevention of stillbirth. Children’s HeartLink works to transform pediatric heart care in underserved communities around the world by supporting and advocating for local capacity for pediatric cardiac care.

Environmental pollution and climate change pose an existential threat to the growing fetus and the newborn baby. The current draft of the general comment does not adequately address this threat. Many children will not be born alive as a direct result of the changing climate. Many more will be born prematurely or too small or too sick to survive. Those who survive might have long-term health needs, including complex surgical needs as in the case with congenital heart defects. Those needs will be more pronounced in low-income countries where the disproportionate impact of climate change will be coupled with lack of well-resourced and supported healthcare systems. Improving child survival, especially the lives of newborns, is a key target for Sustainable Development Goal 3 and environmental factors can have significant detrimental effect on the lives of newborns and children under 5.

According to the latest IPCC report “[p]regnancy and maternal status heighten vulnerability to heat, infectious diseases, food-borne infections and air pollution. Extreme heat events, high ambient temperatures, high concentrations of airborne particulates, water-related illnesses and natural hazards are associated with higher rates of adverse pregnancy outcomes such as spontaneous abortion, stillbirth, low birth weight and pre-term birth.”[[1]](#footnote-1) In addition, exposure to high temperatures during pregnancy has been linked with adverse birth outcomes, including stillbirths or miscarriages and long-term behavioral and developmental deficiencies.[[2]](#footnote-2)

The impact of climate change and environmental pollution on the mother – pre-conception, during pregnancy and in the postnatal period, has a direct impact on a healthy pregnancy and a healthy and thriving newborn. Pregnant women and newborns need to be prioritized in climate adaptation strategies and interventions. Local, women-led organizations should be prioritized for access to climate financing, as they know what is needed within their communities.

We welcome an opportunity to provide these specific recommendations to the Committee:

**The Right to Health, Survival, and Development (Sections III.A. and III.B.)**

In utero exposures to chemicals, extreme heat, natural disasters, and air pollution, among others, can lead to congenital disabilities, preterm birth, and low birth weight, as well as other adverse birth outcomes. A newborn’s right to health could be undermined even without additional postnatal exposures to adverse environmental conditions because of exposure to environmental harms during pregnancy. Habitat loss also impacts on in-utero growth – for example loss of seaweed among coastal communities leads to less folic acid consumed pre-conception and an increase in neural tube defects, such as spina bifida. Moreover, preterm birth, low birth weight, and other adverse birth outcomes are major causes of infant deaths and can lead to poorer health outcomes across the lifespan, including during and, in some cases, especially during childhood.

The current draft General Comment usefully takes a “life-course” approach to implications of environmental crises on children’s health and wellbeing.  A stronger version would explicitly note the extensive scientific literature that shows that pregnant people and the developing fetus are especially vulnerable to poor environmental health. Failing to include information about intrauterine impacts means failing to acknowledge how child health and sexual and reproductive health and rights, including the right to have a healthy pregnancy, are intimately intertwined, and that children’s right to protection from the climate crisis, toxics, and endocrine-disrupting chemicals to name a few, necessitates better protections to adult health, maternal health, and sexual and reproductive rights more broadly.

Please see suggested additions below:

* Para 21: We recommend explicitly acknowledging the increased vulnerability of the fetal development period.[[3]](#footnote-3) We also suggest saying that states should consider the impact of exposure to toxic substances, heat and pollution on pregnant people, including the developing fetus, and in early life.  Studies show that heat exposure during the first few weeks after the conception week increases the clinically unobserved pregnancy loss rate.[[4]](#footnote-4)
* Para 24: We recommend adding that inequalities in preterm survival rates around the world are stark. In low-income settings, half of the babies born at or below 32 weeks die due to a lack of feasible, cost-effective and basic care, e.g. warmth, breastfeeding support, basic care for infections and breathing difficulties.[[5]](#footnote-5)
* Para 25: We recommend adding that climate change can worsen access to nutrition and exposure to extreme heat, wildfire, and natural disasters for pregnant people, which may result in poor birth outcomes such as preterm birth or low birthweight. The latter increase risk of infant death and can have lifelong health consequences.[[6]](#footnote-6) Maternal exposure to some toxics such as heavy metals is linked to birth defects.[[7]](#footnote-7) Maternal exposure to air pollution is linked to neurological harms to the fetal brain, with lifelong consequences for children.[[8]](#footnote-8) Air pollution is linked to 20 percent of newborn deaths mostly because of babies born preterm or low birth weight.[[9]](#footnote-9) Maternal exposure to heat and pollution can also lead to disruptions in fetal development leading to increased incidence of birth defects, which often lead to lifelong chronic illness and need for health care services.[[10]](#footnote-10)
* Para 26: We recommend highlighting that in utero exposure to air pollution, extreme heat, wildfire smoke, and toxics like lead, for example, are linked with preterm or low birth weight, both major contributors to infant mortality, and linked with lifelong poor health, including during childhood. Simulated scenarios showed that about a quarter (25.8%) of heatwave-related preterm births per year on average can be attributed to climate change, which in turn results in human capital losses of estimated $1 billion costs.[[11]](#footnote-11) These findings emphasize once again strict climate mitigation policies and are a strong call for more sufficient adaptions reducing heatwave detriments for newborns.
* Para 29: We recommend stating that access to health care should include access to comprehensive sex education that comprises information about environmental harms on sexual and reproductive health, including harms to healthy pregnancies, human fertility, and endocrine-disrupting hormones’ impacts across the life course, including on puberty and sexual development, as well as contraceptive choice and accessible safe abortion services for all, including all women and girls.  We recommend that access to health care should include access for newborns with birth defects to health care services, including safe surgery and anesthesia.
* Para 30: We recommend stating that growing evidence suggests a spectrum of heat-related vulnerabilities across pregnancy. Studies have indicated that heat exposures in the first trimester, when the main organs form, could contribute to certain birth defects, while heat exposure in the second or third trimester, when the fetus is rapidly growing, it could contribute to preterm birth or stillbirth. It is imperative that more research be conducted on the association between preterm birth risks and heat waves, as more studies will lead to higher levels of evidence.[[12]](#footnote-12) We recommend that countries implement the WHO guidelines on birth defect surveillance that can provide critical population level data leading to policy action for prevention, risk reduction and health care services planning.[[13]](#footnote-13)

**The Right to Education (Section III. C.)**

We recommend including reference to the growing need for better education and information on how poor environmental health adversely impacts human health, including sexual and reproductive health—for example, the impacts of endocrine-disrupting chemicals on early menarche and fertility, and pregnancy health. In particular, we recommend the following:

* Para 33: Education should include comprehensive sex education that includes information about environmental harms on sexual and reproductive health, including harms to healthy pregnancies, human fertility, and endocrine disrupting hormones’ impacts across the life course, including on puberty and sexual development, as well as information on contraceptive choice and available and accessible safe abortion services.

**The right to adequate standard of living (Section III. D.)**

* Para 42: We recommend stating that children from marginalized communities are especially at risk if not prioritized for safe housing and surrounding environment. Specific examples of what governments can do to ensure adequate and sustainable housing include providing financial support to equip houses with solar panels to address frequent electricity blackouts; ensure local water source at household level, so that women and children do not have to carry more water and at a longer distance with the increased needs; and invest in reforestation efforts so that houses are surrounded by trees to provide respite from the heat.

**The right to rest, play, leisure, recreation and cultural and artistic activities (Section III. E.)**

* Para 47: We recommend adding that states should take all necessary measures where necessary to ensure that women (especially pregnant women) and children are not prevented from accessing and enjoying open public spaces, on grounds of religious or cultural restrictions. Multiple studies show significant positive association between green space and both physical and mental health, including reduced adverse pregnancy outcomes.[[14]](#footnote-14)

**The right to non-discrimination**

* Para 50: We recommend adding that inequalities in preterm survival rates around the world are stark. In low-income settings, half of the babies born at or below 32 weeks die due to a lack of feasible, cost-effective, and basic care, e.g., warmth, breastfeeding support, basic care for infections and breathing difficulties.[[15]](#footnote-15) Women of color bear a greater burden of poor pregnancy outcomes due to their greater exposure to air pollutants and extreme heat. Both air pollution and extreme heat events increase the risk of preterm birth, especially for Black, Hispanic, and low-income women.[[16]](#footnote-16)

The right of the child to be heard (art. 12)

* Para 56: We recommend the inclusion of newborns and infants. Special attention should be paid to pregnant people and parents of newborns and infants as they represent children without an opportunity to have a voice in the policy discourse.

**Adaptation (Section IV. B)**

* Para 104: We recommend stating that adaptation plans at any level should prioritize pregnant people and newborns as especially vulnerable to the direct and indirect impact of climate change to ensure the survival and optimal development of newborns. Examples could include prioritizing pregnant people and newborn babies for outreach during heat waves; working closely with healthcare systems and professionals who focus on pregnancy, childbirth and the neonatal period to develop necessary advice and interventions; providing subsidies for solar panels, reforestation efforts and household access to a water source to families with pregnant women and newborn babies.

**International cooperation (Section V. G.)**

* Para 95: We recommend adding that many of the regions most likely to be affected by these severe climate-related impacts are least able to develop strategies to mitigate potential risks and protect their populations.[[17]](#footnote-17) We also suggest reiterating that states are responsible, in addition to protecting children’s rights, for ensuring that women receive appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.[[18]](#footnote-18)

1. IPCC, 2022: Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [H.-O. Pörtner, D.C. Roberts, M. Tignor, E.S. Poloczanska, K. Mintenbeck, A. Alegría, M. Craig, S. Langsdorf, S. Löschke, V. Möller, A. Okem, B. Rama (eds.)]. Cambridge University Press. Cambridge University Press, Cambridge, UK and New York, NY, USA,

   3056 pp., doi:10.1017/9781009325844, Section 7.1.7.3.1, Women and Girls, page 1051, *available at* <https://report.ipcc.ch/ar6/wg2/IPCC_AR6_WGII_FullReport.pdf>. [↑](#footnote-ref-1)
2. *Id.* at 1377. [↑](#footnote-ref-2)
3. Patrice Sutton et al., “Reproductive environmental health,” Current opinion in obstetrics & gynecology, vol. 22,6 (2010): 517-24. doi:10.1097/GCO.0b013e3283404e59; see also World Health Organization, Children’s Environmental Health, <https://www.who.int/health-topics/children-environmental-health#tab=tab_1>. [↑](#footnote-ref-3)
4. Tamás Hajdu & Gábor Hajdu. (2021). Post-conception heat exposure increases clinically unobserved pregnancy losses. Scientific Reports. https://www.nature.com/articles/s41598-021-81496-x [↑](#footnote-ref-4)
5. World Health Organization. WHO fact sheet on preterm birth. Available from: http://www.who.int/mediacentre/factsheets/fs363/en/ (Date of visit: 18.04.2017) [↑](#footnote-ref-5)
6. Intergovernmental Panel on Climate Change (IPCC), Climate Change 2022: Impacts, Adaptation and Vulnerability, Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, 2022, https://www.ipcc.ch/report/ar6/wg2/; and Roos N, Kovats S, Hajat S, et al., “Maternal and newborn health risks of climate change: A call for awareness and global action,” Acta Obstet Gynecol Scand. 2021;100(4):566-570, doi:10.1111/aogs.14124. [↑](#footnote-ref-6)
7. For example, Lin, Zhiqing et al., “Individual heavy metal exposure and birth outcomes in Shenqiu county along the Huai River Basin in China,” *Toxicology research* vol. 7,3 444-453, March 7, 2018, doi:10.1039/c8tx00009c; see also World Health Organization, “Birth Defects,” February 28, 2022, https://www.who.int/news-room/fact-sheets/detail/birth-defects. [↑](#footnote-ref-7)
8. Nancy L. Fleischer et al., “Outdoor Air Pollution, Preterm Birth, and Low Birth Weight: Analysis of the World Health Organization Global Survey on Maternal and Perinatal Health,” Environmental Health Perspectives 122, no. 4, April 2014, pp. 425–30, https://doi.org/10.1289/ehp.1306837; and Sandie Ha, “Air pollution and neurological development in children,” Developmental Medicine and Child Neurology, 63: 374-381, 2021, https://doi.org/10.1111/dmcn.14758. [↑](#footnote-ref-8)
9. State of the Global Air 2020, Health Effects Institute, 2020, https://www.stateofglobalair.org/sites/default/files/documents/2022-09/soga-2020-report.pdf, p.23. [↑](#footnote-ref-9)
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11. Zhang, Y., Hajat, S., Zhao, L. et al. The burden of heatwave-related preterm births and associated human capital losses in China. Nat Commun 13, 7565 (2022). <https://doi.org/10.1038/s41467-022-35008-8>. [↑](#footnote-ref-11)
12. Konkel, L., Taking the Heat: Potential Fetal Health Effects of Hot Temperatures. Environmental Health Perspectives. <https://doi.org/10.1289/EHP6221>. [↑](#footnote-ref-12)
13. Birth defects surveillance: a manual for programme managers, second edition. Geneva:  
    World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO [↑](#footnote-ref-13)
14. Kruize H, van der Vliet N, et al. Urban Green Space: Creating a Triple Win for Environmental Sustainability, Health, and Health Equity through Behavior Change. Int J Environ Res Public Health. 2019 Nov 11;16(22):4403. doi: 10.3390/ijerph16224403. PMID: 31717956; PMCID: PMC6888177. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6888177/> [↑](#footnote-ref-14)
15. World Health Organization. WHO fact sheet on preterm birth. Available from: http://www.who.int/mediacentre/factsheet [↑](#footnote-ref-15)
16. ANHE Nurses’ Guide to What the Science Teaches Us about Common Solutions to Climate Change and Family Health Problems. (2020) [↑](#footnote-ref-16)
17. Batiz, L., Illanes, S., Romero, R., et al. Climate change and preterm birth: A narrative review. Science Direct. Elsevier. https://doi.org/10.1016/j.envadv.2022.100316 [↑](#footnote-ref-17)
18. CEDAW, Art. 12. [↑](#footnote-ref-18)