

Extreme Heat Is Becoming a Pregnancy Risk

A UN climate warning puts mothers and newborns at the center of a debate over climate responsibility, health care and urgent adaptation.



An empty clinic entrance and shaded bassinet appear under intense sun and heat haze.

United Nations climate chief Simon Stiell is expected to tell climate delegates Monday that extreme heat is becoming a growing danger for pregnant women and **newborns**, according to reporting by Phys.org on a pre-COP summit in Nadi, Fiji. His warning draws on a new **survey** of 1,000 **midwives** and doctors in the United Kingdom, Australia, India, Brazil and Zimbabwe. More than two-thirds said they had seen **pregnancy** or newborn complications they attributed to intense heat during the past five years.

That matters because pregnancy is already a time when the body is under unusual stress. Extreme heat can make that stress more dangerous. Stiell is expected to connect climate-driven heat with **pre-mature** birth, meaning birth before a baby has fully developed; **stillbirth**, meaning the death of a baby before or during delivery; low birth weight; and complications for mothers. The article does not say heat is the only cause of these outcomes. It says health professionals are increasingly seeing heat as part of the risk.

The survey was commissioned by Wellcome, a charitable foundation that supports health research. Nearly all the midwives and doctors surveyed said they had cared for mothers or babies affected by extreme heat. About a third said they had seen low birth weight or restricted growth,

feeding difficulties, dehydration or other heat-related illness that they believed resulted from extreme heat. Those are not abstract climate effects. They are clinic and delivery-room problems.

The broader climate context is also part of the story. Scientists warn that climate change is making extreme weather events more intense and causing heat records to fall more often. Around 33 countries, from Western Europe to the Sahel in Africa and Central America, recorded their hottest July since records began this year, according to an AFP analysis of data from Copernicus, the European Union's climate observatory. A single hot month does not explain every health emergency, but repeated heat records change what doctors, families and hospitals must prepare for.

The political setting is important. The warning is being delivered at a pre-COP meeting, a gathering held before a larger United Nations climate summit. COP stands for Conference of the Parties, the annual meeting where countries negotiate climate goals and promises. This pre-COP31 meeting in Fiji and Tuvalu is meant to help shape the larger summit scheduled for next month in Turkey. Pacific leaders see the meeting as a chance to draw attention to communities living with some of the most direct climate risks.

The tension is that the same problem asks for two kinds of action at once. One is long-term: reduce the greenhouse gas pollution that traps heat in the **atmosphere** and makes extreme heat more likely or more intense. The other is immediate: protect people who are already in danger, including pregnant women and newborns, through public health planning, heat warnings, cooling spaces, reliable electricity, safer clinics and advice from medical workers. Doing only one leaves a gap. Cutting **emissions** slowly will not help someone giving birth during a heat wave next week. Adapting to heat without reducing emissions can mean endlessly trying to keep up with a worsening problem.

There is also a fairness argument. The article points to countries across several continents, and the summit is being highlighted by Pacific leaders, many of whom argue that climate change affects **vulnerable** communities first and hardest. Pregnant women are not a political category in the usual sense, but this warning frames them as a group whose health can be shaped by decisions made far beyond the hospital. If heat risk rises, the burden may fall most heavily on people with fewer choices: those without air conditioning, flexible work schedules, nearby clinics or money to move out of dangerous conditions.

A careful reader should also notice what the evidence can and cannot prove. The survey reports what midwives and doctors have observed and attributed to heat. That is valuable because these professionals see patterns in real patients, but it is not the same as a global medical database proving exactly how many cases were caused by heat alone. Climate and health research often has to work with overlapping risks: poverty, housing, nutrition, access to care and weather can all interact. That complexity does not make the warning meaningless. It does mean policymakers have to act under uncertainty rather than wait for perfect numbers.

The disagreement, then, is not simply between people who care about mothers and babies and people who do not. It is over responsibility, cost, timing and proof. How much should governments spend now to protect people from heat? How much should wealthy countries owe to places facing climate dangers they contributed least to causing? How strong must the evidence be before leaders redesign health systems around hotter conditions? Stiehl's message turns climate change from a future environmental issue into a present health question, and that makes the trade-offs harder to ignore.

Written from reporting by Phys.org.

THINK IT THROUGH

1. If a government has limited money for climate-related health risks, should it prioritize immediate protections such as cooling clinics and heat alerts, or long-term emissions cuts? Defend your choice.

A strong answer: A strong answer should weigh short-term harm reduction against preventing worse future risks, rather than treating one side as obviously sufficient.

2. How should policymakers use evidence from doctors' and midwives' observations when that evidence points to danger but does not prove every individual case was caused by heat?

A strong answer: A strong answer should engage with uncertainty, the value of frontline experience, and the risks of waiting for perfect data.

3. Who should bear the greatest responsibility for protecting pregnant women and newborns from extreme heat: local health systems, national governments, or international climate negotiators?

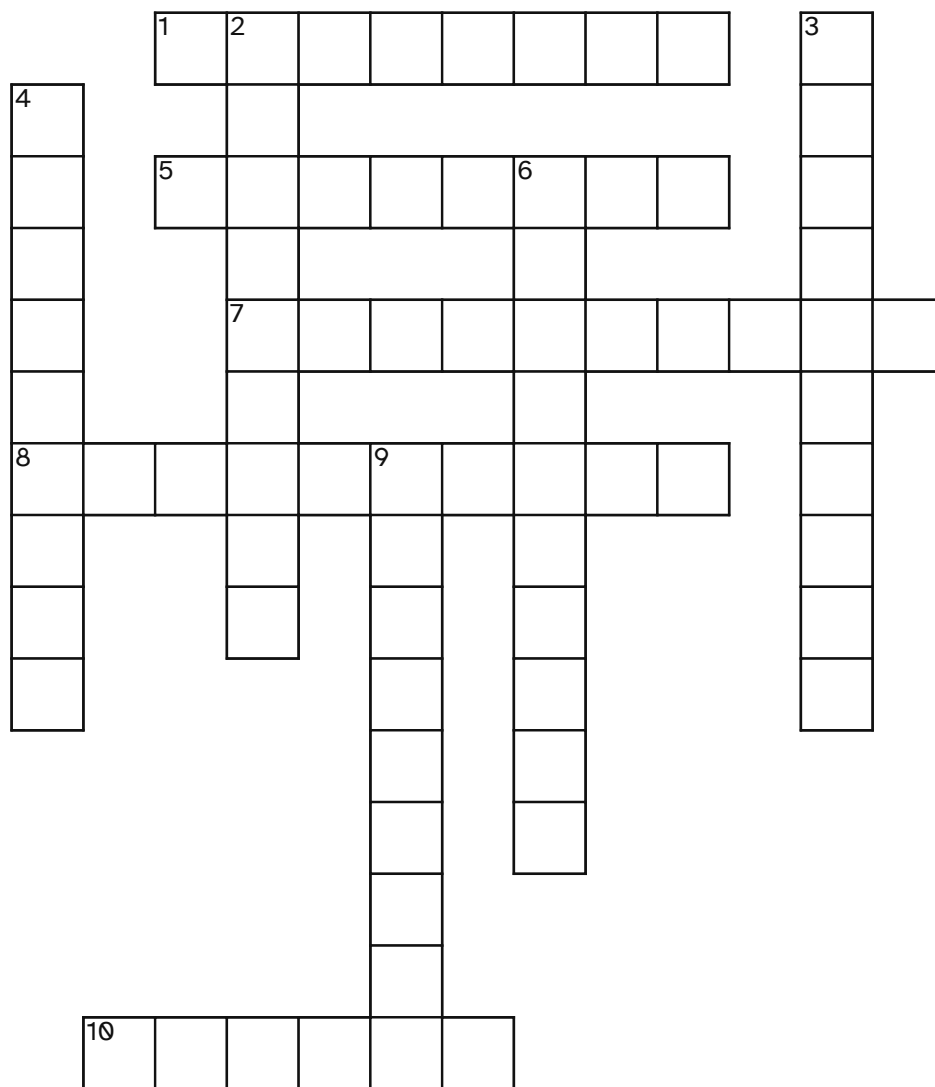
A strong answer: A strong answer should consider authority, resources, fairness and the fact that climate risks cross borders.

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ADAPTATION ATMOSPHERE EMISSIONS MIDWIVES
NEWBORNS PREGNANCY PREMATURE STILLBIRTH SURVEY
VULNERABLE

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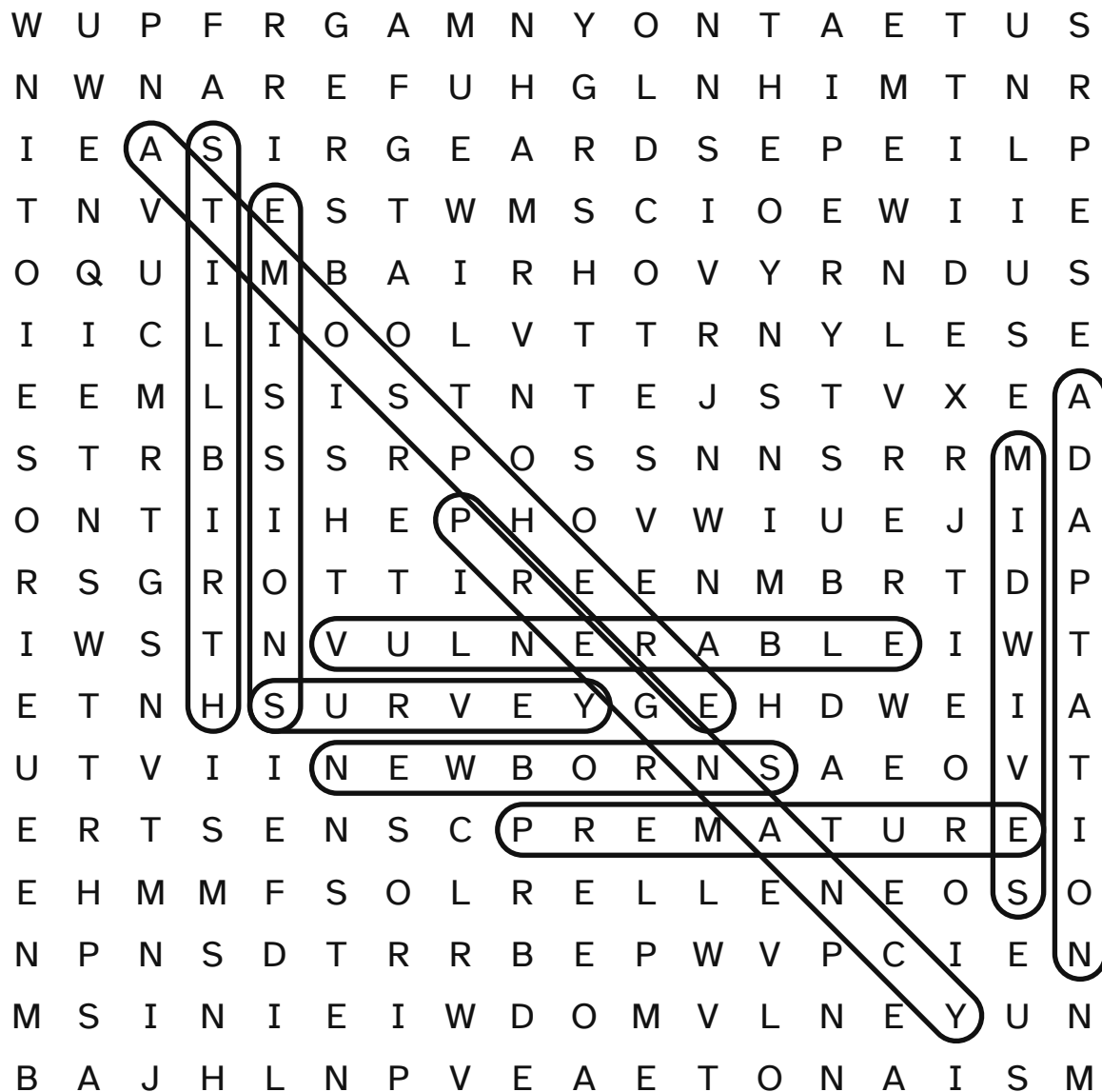
ACROSS

- 1 Babies in their first weeks of life
- 5 Health workers supporting mothers through labor and delivery
- 7 Loss of a baby before or during delivery
- 8 Layer of gases surrounding Earth
- 10 Questionnaire used to gather information from many people

DOWN

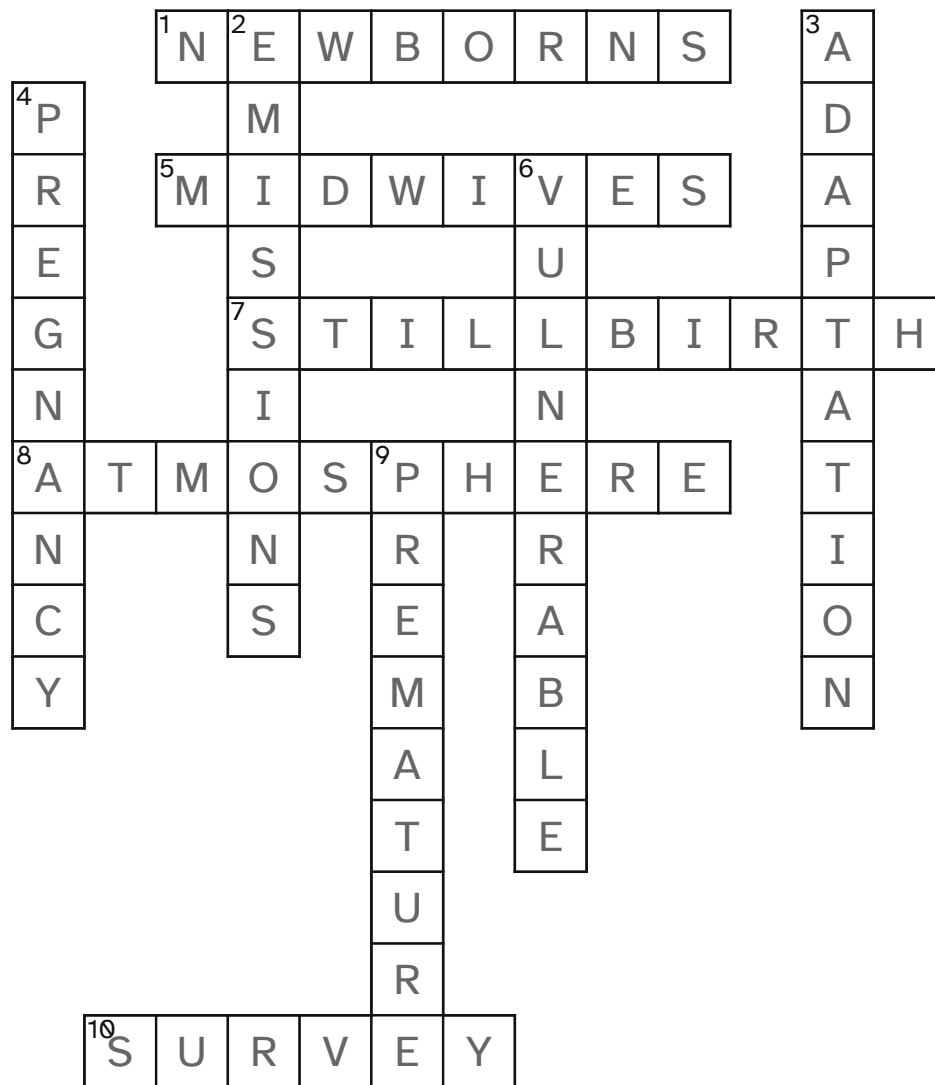
- 2 Gases or other substances sent into the air
- 3 Changes helping people cope with new conditions
- 4 Time a person carries a developing baby before delivery
- 6 At greater risk of harm with little protection or resources
- 9 Arriving before full development

Extreme Heat Is Becoming a Pregnancy Risk — answer key



ADAPTATION ATMOSPHERE EMISSIONS MIDWIVES
 NEWBORNS PREGNANCY PREMATURE STILLBIRTH SURVEY
 VULNERABLE

Extreme Heat Is Becoming a Pregnancy Risk — answer key



ACROSS

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Where this came from

This article was written for 3andB from the reporting below. It is not a reprint — the wording is ours and the facts are theirs.

Phys.org

“Extreme heat putting pregnant women, newborns at risk: UN climate chief”

Published Monday, October 5, 2026

Read by us on Monday, October 5, 2026

<https://phys.org/news/2026-10-extreme-pregnant-women-newborns-climate.html>

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The article with a note on each question, a word search, a crossword, and the answer key to both.

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