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REPORT

MOTHERHOOD UNDER FIRE:

HOW MUCH CAN A WOMAN ENDURE?

JANUARY 2026

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Cover photograph: Activestills (There is no connection between the photographed individuals and the content of the report)

My mother once said,
there is no fear in her embrace,
and safety in her voice.
Yet my mother is afraid,
Searching for solace
To hold her tight.

My mother once said,
We will survive,
The war will end,
We will return and rebuild,
And flowers will bloom again.
But my mother is gone,
She did not survive.
I could not find a flower to plant for her,
There might not even be a grave.

Nour Khalil Abu Shammala

“My mother once said,” The Electronic Intifada, June 10, 2024.

<https://electronicintifada.net/content/my-mother-once-said/46996>

The information presented in this report is current as of August 20, 2025. Since the writing of this report was completed, a ceasefire was declared in October 2025. Yet the realities faced by pregnant and breastfeeding women remain dire. The cessation of large-scale bombardments has not translated into an end to deprivation, starvation, or displacement, nor has it enabled the restoration of basic healthcare and protection necessary for survival.

In this report, we use the terms forcible displacement and evacuation orders to refer to the same concept- namely, forcible transfer, which is considered a war crime under international law.

Introduction

This report documents the lived experiences of pregnant and breastfeeding women in Gaza in the context of the ongoing genocide. It highlights how the destruction of healthcare, alongside displacement, starvation, and ongoing violence, has rendered pregnancy and motherhood into conditions of extreme vulnerability and risk. At the same time, it seeks to bring forward the women's own accounts, granting visibility to their realities, presenting the dilemmas they confront and the choices they are forced to make under impossible circumstances.

Already in the early stages of Israel's October 2023 military assault on the Gaza Strip, the World Health Organization (WHO) declared, on November 3, 2023, that women and children were bearing a disproportionately severe burden of the war¹. Among them, pregnant and breastfeeding women carry the heaviest toll. They are not only deprived of care but also tasked with protecting and providing for their children and unborn babies amid a systematic destruction of life-sustaining conditions.

This toll is reflected in the troubling data. UN Women estimates that over 6,000 mothers were killed in the first six months of the war- an average of two every hour, with the number continuing to rise.¹ Thousands more have suffered severe injuries that have drastically altered their lives, while many others remain buried under the rubble². According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), an estimated 150,000 pregnant women and nursing mothers have been forcibly displaced, lacking access to even the most basic healthcare and support services³. According to the Palestinian Ministry of Health, the first months of 2025 saw just 17,000 recorded births, a 41% drop from the same period in 2022. Meanwhile, maternal and newborn mortality and complications have surged, with 2,600 reported miscarriages, 220 pregnancy-related deaths, 1,460 premature births, over 1,700 underweight newborns, and over 2,500 infants requiring neonatal intensive care. The deliberate erosion of the conditions necessary for safe pregnancy and childbirth has led to a staggering rise in high-risk pregnancies, now affecting one in three women. One in five newborns is born preterm or underweight⁴.

These figures translate into devastating realities on the ground. Pregnant women are often left without safe routes to care, sometimes walking long distances, and many are forced to give birth outside healthcare facilities in unsanitary, dangerous conditions. Mothers in Gaza face unthinkable choices, routinely sacrificing their own health and survival to meet their children's basic needs. With maternal and newborn care dismantled amid fuel shortages, the blockade of medical supplies, forced displacement, and relentless bombardment, life in overcrowded tent encampments has become the only option.

This report places such experiences within a broader humanitarian and legal context, including under the 1951 Convention on the Prevention and Punishment of the Crime of Genocide, exposing how reproductive violence forms one aspect of the deliberate destruction of Palestinian life. Reproductive violence constitutes a violation under international law; when carried out systematically and with the intent to destroy, it falls within the definition of genocide under Article II(c), and potentially Article II(d), of the Genocide Convention. As documented in PHRI's July 2025 report, which offers a health analysis for the Gaza genocide, the destruction of maternal care in Gaza reflects the deliberate infliction of conditions of life calculated to bring about the destruction of the Palestinian people, in whole or in part.

Beyond the numbers, what emerges in this report are the women themselves, their voices, choices, and lived realities, confronting impossible dilemmas that statistics alone cannot fully capture. They highlight the severity of the psychological and emotional burden which is intertwined with their constant self-sacrifice. Mothers regularly describe chronic stress, anxiety, depression, insomnia, and nightmares⁵.

This report builds on PHRI's earlier findings by centering women's testimonies alongside health data and field reports. It is structured around three key themes: the collapse of healthcare services, repeated displacement, and starvation. Each theme is accompanied by short excerpts from testimonies as well as an in-depth personal story, illustrating its impact on pregnant and breastfeeding women. While these categories are separated for analysis, the experiences described often cut across them all, revealing how each form of harm compounds the others and strips women and their children of safety, agency, and the basic right to life.

Methodology

All testimonies cited in this paper were gathered through phone interviews with pregnant women and breastfeeding mothers who had been forcibly displaced from various parts of the Gaza Strip to the Mesk and Layan camp in the al-Mawasi area of Khan Younis. These interviews were conducted by PHRI and a field researcher in Gaza during the temporary ceasefire period, from February 1 to 14, 2025. In total, 21 interviews were carried out, with several follow-up calls conducted on July 30, 2025. All interviewees were compensated for their time and participation in the study.

While phone-based interviews allowed access amid severe movement restrictions, they were often conducted under challenging conditions. These included a lack of privacy, ongoing trauma, and technical difficulties such as limited phone battery or weak signal. To minimize re-traumatization, women were repeatedly reminded that they could pause or stop recounting traumatic incidents whenever they felt overwhelmed or triggered, with the interviewer trained to notice and respond to such signs. As a result, some testimonies capture only fragments of the experiences these women endured, underscoring the extent of unspoken trauma that remains.

Collecting testimonies during the temporary ceasefire offered both opportunities and limitations. On one hand, it provided a safer, more ethical environment for participants to recount past experiences, rather than speak while facing ongoing attacks. On the other hand, the timing may have affected the depth and tone of testimonies compared to what might have been shared before or after the ceasefire's collapse.

Mesk and Layan Internally Displaced Persons (IDP) Camp

The Mesk and Layan IDP camp was established in 2024 in al-Mawasi in response to a second wave of forced displacement from Nasser Hospital and various UNRWA shelters. This occurred during a period of heavy winter rainfall, which left many, including women, children, and people with disabilities, without shelter. With the broader aid infrastructure barely functioning, the camp operates under severely challenging conditions. Clean Shelter and other partner organizations struggle to provide even the most basic services, including clean water, shelter, and sanitation.

The camp has expanded rapidly since its establishment and currently provides shelter for nearly 700 families, most of them women and children. It was named 'Mesk and Layan' in honor of the first two baby girls born there in February 2024 ^{6 7}.

Nasser Hospital, the second-largest medical complex in Gaza after al-Shifa Hospital, has operated in Khan Younis since 1960 and previously employed over 1,200 staff. As the nearest hospital to the Mesk and Layan camp, it was where many mothers interviewed for this report gave birth. Over the past two years, Israeli strikes damaged its maternity ward and neonatal unit, while repeated sieges and fuel shortages have forced staff to suspend or scale back care. These assaults have left pregnant and breastfeeding women with increasingly unsafe and unreliable access to essential services.

The British Field Hospital, funded by the UK and established by the aid organization UK-Med in the al-Mawasi area, treats around 1,000 people daily, despite operating in makeshift conditions and with limited capacity. It includes a small maternal and child health unit, which some interviewees relied on for checkups or childbirth, though the care there remains only a fragile substitute for the specialized services once available in Gaza's major hospitals.

Testimonies and Thematic Analysis

"I Would Freeze, and The Contractions Would Stop": The Collapse of Maternal Healthcare

Gaza's health system has been systematically decimated since October 2023. Israeli military operations have repeatedly targeted hospitals, ambulances, and medical personnel, while the siege and bombardments have cut off essential resources and blocked movement between facilities. These attacks have contributed to the broader collapse of public health in Gaza, as documented in PHRI's July 2025 report on genocide in Gaza. The report highlights how the destruction of healthcare constitutes part of a broader pattern of measures aimed at undermining the population's ability to survive.

Thirty-three of the Gaza Strip's 36 hospitals have been damaged or destroyed. Only seven partially functioning hospitals remain, in addition to four field hospitals that continue to provide obstetric and newborn care⁸. Attacks and forced closures have targeted facilities providing maternal and reproductive healthcare, including main maternity wards in Shifa Hospital and Nasser Medical Complex, as well as Emirati Maternity Hospital, Awdah Hospital, Sahabah Hospital, and the maternity ward of Aqsa Hospital⁹. The Al-Basma IVF clinic, Gaza's largest fertility center, was shelled in December 2023, destroying around 5,000 reproductive specimens and halting 70-100 monthly IVF procedures. The Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel concluded that this attack was deliberate and directly targeted reproductive capacity.

The impact on pregnant and breastfeeding women is particularly severe. Ventilators and oxygen supplies are nonfunctional, and essential medications, including epidurals, antihypertensives, folic acid, anesthesia, blood plasma, and antibiotics, are unavailable, rendering access to prenatal, obstetric, and postnatal care virtually impossible¹⁰.

As a result, there has been a sharp rise in miscarriages, stillbirths, premature births, low birth weight, postpartum hemorrhage, and

anemia among mothers and newborns. Widespread malnutrition, limited access to drinking water, repeated displacement, lack of hygiene products, exposure to extreme weather in overcrowded tents, constant bombardment, and psychological trauma further weaken women's immune systems, leaving them highly vulnerable to disease, infections, and pregnancy-related complications¹¹.

These conditions endanger both mothers and their unborn babies, newborns, and breastfed infants, and according to the Independent International Commission, will have consequences for generations, permanently altering families. It is part of a broader pattern of systematically limiting reproductive and maternal healthcare in Gaza, done with the deliberate intention of preventing births among Palestinians, meeting the legal criteria under article II(c) of the Genocide Convention¹².

"I was shocked when I found out I was pregnant. Before the war, I had been taking birth control pills, but once the war began, they were no longer available. During the pregnancy, I suffered greatly; I spent more time in hospitals than in the camp. I experienced severe pain and infections, and there was a shortage of vitamins and food... This was my hardest pregnancy, and unlike my previous three, I gave birth late. As a result, I had to undergo an induced birth rather than a natural delivery. It was a difficult experience, after three natural deliveries, it was hard to give birth this way the fourth time. I suffered a lot; contractions would start and then suddenly stop due to fear of the airstrikes. I would freeze, and the contractions would stop." (Masara Khamis al-Sakahfi, a 32-year-old mother of four from Rafah)

"I was exhausted throughout the pregnancy. I had no access to essential nutritional supplements such as folic acid, vitamin D, and calcium... I already suffered from a calcium deficiency before becoming pregnant... But every time I went to a medical center, they would tell me they had run out. During this pregnancy, all types of supplements were in short supply... During the birth, the midwife told me, 'We don't sedate everyone because there are more urgent medical cases, but if you help us and help yourself, we will remain by your side.' Thankfully,

my baby was born healthy, though underweight, because he did not receive enough food.” (Nariman Shakoura, a 33-year-old mother of two from Beit Lahia)

“We visited the Emirati Hospital in Rafah several times because, at that time, al-Hilal and Nasser hospitals were not functioning. My contractions began at 1:00 a.m., but there were no vehicles and very few ambulances, which are reserved for shelling or other critical emergencies. So I had to walk a long distance in the rain, accompanied by my husband and mother-in-law. My parents were not there, as I had lost contact with them after leaving Khan Younis a month earlier. The scene at the hospital was horrifying. I swear, one woman gave birth in the corridor, and her baby died. It was very crowded, and the doctors worked nonstop. I felt as though I could give birth at any moment. After giving birth to my eldest daughter, I was told I should not deliver naturally again because my pelvis was too narrow. Despite this, the doctors said I would have to deliver naturally because a cesarean section required anesthesia, and there was not enough available. I stood for three hours until it was finally my turn, without sitting even for a moment.” (Samah Muhammad Abu Mustafa, a 30-year-old mother of two from Khuza’a, Khan Younis)

Maha: A Mother’s Struggle to Access Care

Maha Younis is a 20-year-old from Gaza City. When the war broke out, she was 19 years old and four months pregnant. On October 8, 2023, the first day of Israeli bombing of the Gaza Strip, her family found her unconscious on the floor of her home. The intense bombardment triggered severe anxiety attacks and muscle spasms. On October 11, her birthday, Maha was showering in the afternoon before heading downstairs to join her in-laws. While discussing with her father-in-law how they might find her a birthday cake, their building was struck by an Israeli bomb. In an instant, everything went still. She thought she had died, unable to see or hear, trapped under the rubble alongside her husband’s family.

Thirty minutes later, she heard her husband shouting, "Where is my wife?" He had regained consciousness after being injured by a collapsing wall. Outside, neighbors began screaming that the building had been bombed and that everyone inside was dead. Miraculously, the family was rescued from under the rubble. Her father-in-law sustained severe back injuries, and her husband's brother had shrapnel lodged in his heart. Maha herself suffered injuries to her head, face, and back, and her hearing was damaged. Yet in the initial shock, she felt no pain. After being pulled from the rubble, she and her husband walked to her parents' home in the Sheikh Radwan neighborhood of Gaza City. With hospitals overwhelmed by casualties, she was unable to receive care there. Instead, her parents removed shards of glass from her back and neck at home.

Like over a million other Gazans, they later evacuated to the south and took shelter in a school in Rafah, crowded into a single room with many other families. On the way to Rafah, Maha began bleeding heavily and, fearing for her baby's health, she stopped at a hospital along the way, where doctors administered essential medication. She was also suffering from a pilonidal sinus, a cyst-like infection near the lower spine, which made sitting and walking extremely painful. Just three days before giving birth, she underwent surgery to remove the sinus, carried out with only a minimal amount of anesthesia due to widespread shortages.

In March, during her eighth month of pregnancy, Maha gave birth prematurely at the Emirati Hospital in Khan Younis. Although doctors had recommended a Caesarean section, the hospital was overwhelmed with injured patients, and she was left waiting alone for a doctor. She described the devastation inside the hospital, where medical staff were forced to place two pregnant women in a single bed. Because her case was considered high-risk, it was her first pregnancy and she had recently undergone surgery, she was given a bed of her own. She ultimately went into labor alone, with bystanders screaming for medical help. "They had to accommodate everyone... The hospital couldn't handle the numbers. Imagine,

displaced people from all over Gaza were there, and the hospital wasn't equipped for it."

During the Caesarean section, her previous surgical wound reopened, leading to internal bleeding, while her amniotic fluid turned green, indicating a dangerous complication. Despite the trauma, Maha gave birth to a baby girl, Masa, who suffered from breathing difficulties and a weak heartbeat. Weighing only two kilograms at birth, Masa was immediately placed on inhalation support and discharged once her condition stabilized. By the time we spoke with Maha, Masa was already 11 months old.

After giving birth, Maha required an additional surgery to treat the cyst, though she was unable to undergo the procedure as it was not considered an emergency. The family eventually evacuated to Khan Younis without Maha receiving the surgery, settling in the Mesk and Layan camp. They walked the entire nine kilometers from Rafah, with only a horse and cart to carry their belongings. Maha's pain left her unable to sit, and she struggled to walk. During their passage through the so-called "safe corridor," a bus behind them was bombed, killing everyone inside and nearby. She described scenes of utter chaos, with people wandering aimlessly, uncertain of what lay ahead.

Maha now resides in a small tent at the camp with her husband, daughter, in-laws, and other family members, a total of ten people. "There's no space for me to even pray in the tent," she said. Her daughter sleeps beside her on one mattress, while her husband lies on another. Even during the ceasefire from January to early March, their circumstances remained dire. Their home was destroyed, yet they wanted to return to Gaza City to pitch a tent beside the ruins, but the cost of transporting their belongings, over \$2000, was unaffordable. With no sanitation or privacy, Maha was forced to postpone her much-needed surgery, explaining that she required her own toilet, bathroom, and a clean space to recover before she could safely undergo the operation.

She described the daily struggle to fetch saltwater for bathing and laundry, carrying two large gallons from the camp to distant distribution points and back. Over the past two years, Maha has lost 17 kilograms. At the camp, they receive just one meal a day, typically consisting of beans, peas, or lentils. "We now wake up every morning wondering how we will find drinking water, how we'll get saltwater, and what we will do. This is what our life has become, nothing but trying to make it through the day."

Maha decided against feeding her baby formula, fearing that in the event of a siege, she would be unable to obtain it. "If we find ourselves under siege, how will I be able to provide her with formula? We won't even be able to light a fire for fear that the Israelis will see us. That's why I chose to breastfeed naturally."

Since Masa was born underweight, Maha has taken her to an UNRWA clinic for malnutrition checkups. Although the clinic provided her with nutritional supplements, she stopped administering them to Masa because they caused diarrhea. Instead, Maha now feeds Masa whatever the family eats. With baby diapers unaffordable, the family relies on cheaper adult diapers, which cause rashes and sores. Maha can only afford to change her daughter's diaper once a day. Her struggle to care for Masa, while breastfeeding and managing her own health, underscores the devastating impact of being denied essential healthcare and basic supplies vital for children's survival.

"I Was Evacuated Under Gunfire and Shelling": Forced Displacement

Entire families in Gaza have been repeatedly forced to evacuate their homes, sometimes five, six, or more times, only to be bombed even in so-called "safe zones." UN agencies and humanitarian organizations have condemned these evacuation orders as not only impossible to comply with but as a deliberate assault on civilians' safety and basic rights, issued with little notice and offering no guarantee of protection or

access to essentials. Since March 2025, close to 725,000 people, including 16,000 pregnant women, have been forcibly displaced, with over two million residents pushed into overcrowded, disease-ridden shelters or onto the streets, many already grieving, hungry, or wounded. Currently, 88% of Gaza lies within militarized areas or under evacuation orders, leaving residents trapped in dangerously overcrowded conditions and constantly facing the next displacement¹³.

For pregnant and breastfeeding women, this repeated displacement is a relentless struggle, not only to survive but to keep their children alive, nourished, and safe. They are raising infants in tents, bombed-out buildings, or outdoors, often without clean water, food, or medical care, all while remaining under constant threat of bombardment even in these temporary shelters. At times, births take place during evacuations or on the ground in overcrowded shelters, or in makeshift clinics, as mothers fear for their lives and those of their newborns. Displaced mothers walk for kilometers with their children, surrounded by death and uncertainty, as ever-changing evacuation orders leave them with no place of true safety. The psychological and physical toll is immense: mothers carry terrified children and the few belongings they could salvage, walking for hours from one area to another.

"The day the war began, we left our home in Beit Lahia and went to my parents' house in al-Falouja... We stayed there for about a week, until they began targeting the area and firing at homes. They massacred my family members, my brother, his wife and their children, my sister, her husband and their children, and my other sister, all were killed as martyrs. They carried out a massacre. My husband told me, 'Let's go to Gaza, to al-Shifa Hospital.' So we left my parents' home... After about four to six weeks, they invaded the area around al-Shifa Hospital... When we realized they were planning to storm the hospital compound, we left three days before the invasion and marched to Rafah. I walked about five kilometers along Salah al-Din Street, unaware that I was pregnant because I hadn't taken a pregnancy test... We remained in Rafah during the month of Ramadan, but then they invaded Rafah too... We left and reached al-Mawasi, by the sea,

on May 15. Every time we were uprooted to a new place, we were ordered to evacuate again... In Rafah, I took a test and discovered I was pregnant. By the time I arrived here, I was already pregnant three months along... I continued the pregnancy, and my due date was approaching while still here in the camp. I was very worried and kept thinking: How will I be able to give birth when the time comes? There are no hospitals, no transportation, no vehicles. I was terrified."
(Nariman Shakoura, a 33-year-old mother of two from Beit Lahia)

"On Saturday [October 7, 2023], I was at al-Shifa Hospital. I was hospitalized after giving birth because I suffer from a heart condition and an infection, and my daughter was admitted to the neonatal unit. After I was discharged, I went to my parents' home in the outskirts of Beit Lahia, and there, thank God, my family carried me into the house because I could not walk. I was returned to the hospital, underwent another surgery, and was hospitalized again... From there, I was evacuated under gunfire and shelling to my late sister-in-law's house in al-Fakhoura. My sister-in-law, Aya Naif Al-Mashrafi, who was a nurse at al-Awda Hospital and always cared for me, was killed along with her children and 35 other family members.

I stayed in her home for four days before we were forced to evacuate south to the Red Crescent area in Gaza City. I was transported there by ambulance due to heavy bleeding; they took very good care of me. I remained at the Red Crescent medical center for three months, after which we went to our family in Rafah. We left Rafah before the Israeli invasion, and I was uprooted along with my husband to al-Nuseirat, without my parents or my brother, who was injured. From al-Nuseirat, we returned to Rafah, but the location we reached was deemed unsuitable for displaced people, so we continued to the Misk Layan camp in al-Mawasi... It was very difficult. I suffered greatly each time we were forced to relocate because of my medical condition."
(Sarah al-Daour, a 26-year-old mother of three from Jabalia, suffers from a heart condition)

"We evacuated our home on October 8, the second day of the war. That same day, we fled to an UNRWA school in Khan Younis because of the

shelling. If we had stayed home one more day, we might have been killed. Ten days after we left, they bombed our home, and we have not returned since. We no longer have a home. Thank God for everything.

We remained at the school until we were forced to evacuate, then went to Rafah. We left at the last moment, after receiving an order to evacuate al-Mawasi. We traveled from Khan Younis to Rafah without taking anything with us. The school where we had been sheltering was later bombed, and all our belongings were destroyed. We stayed in Rafah for ten days before being ordered to evacuate from there as well. From there, we moved to the Misk Layan camp here in al-Mawasi.” (Latifa Abu Ziad, a 34-year-old pregnant mother of seven from al-Sharqiya)

Arwa: A Mother Searching for Safety

Arwaa Abu Madi, 39, is a mother of four sons and two daughters from the Khan Younis refugee camp. On October 11, 2023, without warning, an airstrike hit a building near her home. The blast caused her own building to collapse on her and her children. Miraculously, they all survived, though they were injured and trapped under the rubble for hours before being rescued. Her eldest child sustained a severe facial injury that required stitches, while she and the others suffered broken bones and additional wounds.

They were forced to flee, beginning a harrowing journey of displacement. At first, they stayed with Arwaa’s in-laws for two weeks, then moved to a school near Nasser Hospital, and finally found refuge at al-Amal School. They were the last to leave the area due to financial hardship, as they were unable to afford tents or basic supplies. Hoping for a ceasefire to be reached, they chose not to evacuate to the al-Mawasi area like many others.

Eventually, the entire area was cleared of residents, with the school the last to be forcibly evacuated. On the morning of February 29, 2024, military tanks surrounded the school. Arwaa and her family were staying with others in a classroom on the third floor. Tanks

opened fire as a bulldozer broke through the school gate, destroying the school's water supply, and soldiers entered the schoolyard. At that moment, Arwa realized her two eldest sons were missing; they had stepped outside to help other refugees fill water containers before the supply ran out, leaving them closest to the tanks.

Her husband located their sons and rushed to them, ordering them to go back inside. Hoping to protect them, he placed himself between them and the Israeli forces. Instead, the soldiers detained him along with his sons, forcing them and other men to strip in public, lie on the ground, and endure beatings and humiliation before being taken away. From the classroom window, Arwaa witnessed it all.

Soon after, soldiers ordered everyone out of the school, separating men and women into two groups and leaving them outside in the cold, without blankets. Children cried from fear and the freezing air. Arwa left with her four younger children, uncertain of the fate of her husband and two older sons. Hours later, her sons were released- bruised, spat on, and humiliated. She feared her husband would meet the same fate as her brother, who had disappeared and is believed to be held in an Israeli prison.

After five hours, her husband was released- naked, limping, and clutching his clothes, after being beaten and forced at gunpoint to search each classroom to confirm no one remained inside, all under threat of execution. The family, unsure where to go, eventually reached Rafah like many others. They remained there for two weeks before evacuating to a refugee camp in al-Mawasi, sheltering in a tent with Arwaa's husband's family. Two months before our interview, Arwaa discovered she was pregnant. Shortly after, she miscarried. She endured intense pain with no access to medication, sleeping on the floor of a tent, which worsened her condition. In the harsh winter, their tent was blown away by strong winds, waking her children in the middle of the night, frightened and crying. Like many mothers in Gaza, Arwa's life has been reduced to a daily struggle to hold her family together amid displacement and the struggles of camp life.

"My Body Pulls It from My Teeth and Bones to Supply the Milk": Starvation

Israel's deliberate use of starvation as a weapon of war has not only worsened the humanitarian crisis in Gaza but also served as a central tool in a broader genocidal policy, one that wields hunger to break both the spirit and bodies of an entire population. From the early days of the war, reports from organizations such as Human Rights Watch¹⁴ and Amnesty International¹⁵ concluded that Israel's denial of food, water, fuel, and electricity amounts to a deliberate policy, one publicly declared by Israeli officials and carried out through military action. This campaign has created a catastrophic humanitarian emergency across Gaza, plunging the entire population into acute food insecurity while relentlessly escalating in severity.

Even before March 2025, the Integrated Food Security Phase Classification (IPC) reported that 470,000 people were already facing catastrophic levels of hunger (IPC Phase 5), with every resident of Gaza experiencing acute food insecurity. The testimonies in this report were gathered during that same period. Nearly 11,000 pregnant women were projected to be at risk of famine, and another 17,000 pregnant and breastfeeding women, along with 71,000 children, were expected to require treatment for acute malnutrition, even as food stocks sat undelivered across the border¹⁶. Low birth weight, maternal anemia, and severe malnutrition had already led to an alarming rise in premature and underweight newborns¹⁷. The United Nations Population Fund (UNFPA) now estimates that one in three pregnancies in Gaza is high-risk, while one in five newborns requires specialized care that is largely inaccessible¹⁸.

On March 2, Israel escalated its starvation policy into a total siege that lasted nearly 78 days, cutting off all food, fuel, medicine, and aid amid relentless bombardment and forced displacement. Shortly after, the US-backed Gaza Humanitarian Foundation (GHF) assumed control of aid distribution, dismantling community kitchens (takiyya)¹⁹ and replacing local and international aid systems with a militarized model of "distribution zones", forcing civilians to risk their lives at aid points controlled by Israeli forces²⁰. Over 1,200 Palestinians have been killed at these sites to date.

Within this system, survival is often determined by physical strength: those able to withstand the chaos and gunfire are more likely to reach the limited aid, while the disabled, the injured, pregnant and breastfeeding women, and children are disproportionately left behind²¹.

The most recent IPC report confirms that famine (IPC Phase 5) is now officially occurring in Gaza Governorate, including Gaza City, with over 500,000 people facing catastrophic food insecurity. This figure is projected to rise to 641,000 by the end of September²². Within this context, more than 90,000 women and children require urgent care for malnutrition. Among the 155,000 pregnant women and new mothers, severe malnourishment is widespread, driving high-risk pregnancies and premature births. Thousands of newborns are at risk of death or permanent harm, as many mothers are too malnourished to breastfeed and have no access to clean water or formula²³.

"We are still eating canned food, even now [during the ceasefire]. I swear, I didn't even have breakfast this morning, and I haven't eaten anything until now. My husband asked me, 'Why aren't you eating?' I told him, 'I don't feel like it, it's okay, let the children eat.' I gave them a container of fava beans with a little salt and lemon, that's how they eat the canned food." (Sarah al-Daour, a 26-year-old mother of three from Jabalia, suffers from a heart condition)

"I tried to feed her before she even turned one- baby formula, cooked vegetables, things like that... But since the war started, everything has become more expensive, and I've had to limit her portions. At the same time, I kept breastfeeding her, planning to continue until she was two so she could still have some healthy food. Food is very expensive and hard to obtain. Sometimes we manage to buy a few meals, but the money never lasts long.

We had no choice but to rely on the community kitchen, but she couldn't eat the food there since it was often undercooked. I didn't complain, even though the pain in my bones and teeth was so severe that I could barely move. What mattered most to me was keeping my daughter healthy and continuing to breastfeed her. But eventually,

she developed an oral infection and stopped nursing. I didn't want to stop breastfeeding her... I was giving her my milk instead of giving her food. A child needs to grow, she needs protein! Let her take it from me; I don't care about my own body. I would give her my life if it meant she could be healthy... Motherhood is always a responsibility, but under these harsh conditions, what can I say? It's beyond imagination. And yet, I thank God for everything... The pain in my teeth is from breastfeeding, because all my calcium goes into the milk. When I don't get enough food, my body pulls it from my teeth and bones to supply the milk, which causes damage." (Anonymous, a 28-year-old mother of one from Beit Lahia)

"It was hardest in Rafah. I had to walk long distances to reach the community kitchen, where food was distributed to displaced families. I waited in line for hours, and during the month of Ramadan, I'd leave at 1 a.m. and return only around 3:30 or 4 a.m. Many times, I came back empty-handed. Standing in the sun for so long left me with severe back pain. I often returned home in tears because I had no food to bring, not knowing what to say to my husband." (Anonymous, a 27-year-old pregnant mother of one from Beit Lahia)

Khadra: A Mother Nurturing Amid Starvation

Prior to the war, 29-year-old Khadra Abu Sa'ada worked in early childhood education. She married in 2022 and welcomed her first child, Makka, in July 2023, three months before the war began. Khadra suffered a miscarriage following the outbreak of the war, but later conceived again. When we spoke with her in February, she was in her third month of pregnancy.

On October 6, 2023, she and her family celebrated the birth of her first daughter. The baby remained in the hospital for 17 days under medical supervision due to complications, after which doctors advised that Makka stay home to prevent her condition from worsening. Following this advice, the family remained in seclusion for an extended period, trying their best to ensure a safe environment.

Soon after, Israel's military assault on Gaza escalated, forcing them to evacuate, first to her in-laws' home, then to al-Amal School in Khan Younis, where they remained until December. Her daughter was fragile and ill; due to her condition, they were given a space under a staircase, which she shared with another woman. During this time, the baby developed three types of hernia, and Khadra struggled to provide formula, diapers, and the basic care necessary for her daughter's recovery. Khadra didn't know how to relieve her daughter's pain or calm her crying, which risked worsening the hernias. She held her in her arms at all times, trying to comfort her and soothe her to sleep. To treat the hernia, she used water and salt, pushing it back in whenever it protruded. She paced in circles around the schoolyard holding her baby, trying to lull her to sleep, until everyone in the school came to recognize her.

By January, the family evacuated to al-Mawasi, where they spent two weeks without a tent, food, or water, until they received shelter and assistance at the Mesk and Layan camp. Her daughter's condition worsened; she stopped eating, lost weight, and required medical attention. At Nasser Hospital, doctors diagnosed her with intestinal complications and recommended surgery, but the procedure was delayed for a year because the hospitals were overwhelmed. During that time, the child lost weight, her face became pale, and digestive complications prevented proper food absorption. Her condition improved after surgery, but she continued to require regular checkups.

During the temporary ceasefire, the couple attempted to conceive again. When Khadra began experiencing extreme fatigue, doctors at the MSF Field Hospital confirmed that she was in the third month of a high-risk pregnancy. Access to essential medication was nearly impossible, prices were exorbitant, and demand far exceeded supply. Desperate, she asked her doctor which of the prescribed medications was most essential, forced to prioritize only the critical ones. One essential daily medication was particularly scarce; she could obtain only a single pill every three to four days, each costing \$7.5.

Despite her efforts to protect her pregnancy, on September 3, 2024, she suffered a miscarriage. Doctors advised her to rest and eat nutritious food, but the family was unable to afford any. Still, when asked about her priorities at the time, Khadra emphasized that caring for her daughter came first, even before her own health. Khadra had to walk to clinics, pharmacies, and medical centers while carrying her daughter, who had become highly dependent on her. She continued doing this even while experiencing bleeding and facing a high risk of miscarriage.

Family and community pressure led to another pregnancy in December 2024. Those around her urged her to take greater care of herself this time, aware that her pregnancies were high-risk. Still, she poured all her energy into caring for her daughter. Eventually, the family decided to separate the two to allow Khadra to focus on her pregnancy. Yet Khadra struggled deeply with the separation, having held the baby in her arms for the first year and a half. "I became used to having her glued to me at all times. She's mine! How could she suddenly be separated from me? I understand, to some extent, they wanted me to take care of myself and the baby I'm carrying. They didn't want to see me suffering like I did in my previous pregnancies. But I couldn't accept it. She's very dependent on me, and cries a lot if someone else tries to take her."

Khadra sacrificed everything to protect and feed her daughter. With baby formula in critically short supply, she rationed it carefully to ensure Makka had at least one meal a day until her husband could find and afford more. As Makka grew, she began walking barefoot on the sand, which doctors said caused her to develop flat feet. As Khadra recalled: "I turned the world upside down trying to find her shoes. Finally, I managed to get sandals from my sister, hoping they would help her feet recover. She continued wearing them even after they became too small. When the winter came, I replaced the sandals with socks until my aunt bought her shoes, just two weeks ago."

Khadra herself survived on just one meal a day, her weight dropping from 88 kilograms before the war to just 74. This weight loss followed the miscarriage she experienced in the early days of the war, along with a severe decline in her mental health. She carried deep feelings of guilt, wishing she could do more for her daughter and family. Despite holding onto hope that she could protect her child, her unborn baby, and herself amid impossible circumstances, she could not. Like so many other pregnant and breastfeeding mothers in Gaza, Khadra has suffered in every aspect of life, sacrificing her own body to provide for and protect her children.

Conclusion

The testimonies gathered in this report reveal how headlines that reduce Gaza's crisis to statistics, malnutrition rates, displacement figures, or the number of destroyed hospitals, translate into devastating daily realities for pregnant and breastfeeding women fighting to keep their children alive.

At the time they shared the stories, all 21 participants in this report had been displaced at least three times, while 14 had lost their homes to bombardment. Eight reported losing family members, six had been injured, and three were rescued from under rubble alongside relatives. All had been separated from their families. Each faced severe challenges providing adequate food and nutrition for her children, with most forced to ration every meal to ensure their babies ate at least once a day. Thirteen of the women experienced difficulties breastfeeding, and eighteen lacked regular access to folic acid and other essential supplements. For diapers, all were forced to rely on substitutes, mainly elderly diapers, which caused rashes and bleeding, while formula was scarce and prohibitively expensive. Thirteen also reported birth complications and nineteen expressed hesitations about giving birth again

These figures are not accidental byproducts of war; they reveal an orchestrated reality engineered to create a cascading cycle of suffering that strips away any prospect of survival or recovery. Starvation alone is devastating, but when compounded by the collapse of medical services, relentless bombardment, repeated displacement, and loss, the suffering multiplies, leaving in its wake severe trauma, permanent disabilities, and enduring developmental and psychological disorders. In addition, the high number of women reporting hesitation about having another child reflects the extent of the psychological and social pressure described by the Independent International Commission of Inquiry, including trauma, threats, or social conditions intended to make members of a group feel unable or unwilling to procreate.

Israel's actions carry grave legal implications, echoing warnings from legal experts, Palestinian human rights organizations, and UN bodies, including

the High Commissioner for Human Rights and the Special Rapporteur on Violence Against Women and Girls, that the reproductive violence inflicted on Palestinian women, infants, and children may amount to acts of genocide. Of particular concern is Article II(d) of the Genocide Convention, which prohibits the imposition of "measures intended to prevent births within the group." These violations also constitute severe breaches of international humanitarian law, notably the Fourth Geneva Convention, which provides special protections for pregnant women during armed conflict. Additionally, they amount to serious violations of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which obligates states to guarantee women's access to adequate healthcare, including during crises and armed conflicts.

Palestinian mothers and their children deserve far more than the bare minimum that the world too often accepts as sufficient. Even before this genocide, life under siege and occupation denied women in Gaza the right to raise their children in safety, health, and dignity. Today, those conditions have deteriorated catastrophically, but the struggle must not stop at ending the genocide; to honor these mothers' sacrifices and affirm the humanity of both them and their children, those responsible for their suffering must be held to account. Although large-scale bombardment has ceased, the systemic destruction of healthcare, persistent food insecurity, and repeated displacement continue to devastate women and children, with consequences that will persist for years. Palestinians must be guaranteed a future in which they can live full, prosperous lives, where mothers can nurture their babies without fear of bombardment, occupation, starvation, and displacement, and where the simple act of bringing new life into the world is no longer met with policies of destruction and control.

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