

Each day around the world, 830 women die from pregnancy- and childbirth-related causes. The second most common cause (after postpartum hemorrhage) is a hypertensive disorder during pregnancy, such as pre-eclampsia and eclampsia (PE/E)—life-threatening, pregnancy-induced high blood pressure and excess protein in urine—which can lead to seizures and other fatal complications. One in four preterm infants dies as a result of their mother's PE/E. These deaths are preventable, yet essential medicines and tools to treat this disorder are often unavailable in low-resource settings.

DEMOGRAPHICS

POPULATION:
43 MILLION

TOTAL FERTILITY RATE:
3.9 BIRTHS
PER WOMAN

UNMET NEED FOR
POSTPARTUM
CONTRACEPTION:
18%

OVERARCHING HEALTH RISKS



9% OF WOMEN HAVE
HYPERTENSION



1% OF ADULTS AGED 20–79
HAVE DIABETES



15% OF GIRLS AGED 15–19
HAVE BEGUN CHILDBEARING

BARRIERS TO ACCESSING SERVICES



37%
COST OF
DELIVERY



23%
DISTANCE TO
FACILITY



18%
ABRUPT
DELIVERY



6%
LACK OF
PERMISSION
FROM
DECISION-
MAKER



11% OTHER
(CHOICE/FEAR)

PREGNANCY-RELATED CARE



96% RECEIVED
ANTENATAL CARE



62% OF
DELIVERIES
WERE ATTENDED
BY A SKILLED
PRACTITIONER



58% HAD 4+
ANC VISITS



9% OF
BIRTHS WERE
DELIVERED VIA
C-SECTION



94% HAD
BLOOD PRESSURE
TAKEN DURING
ANC VISIT*



89% HAD
URINALYSIS
DURING ANC VISIT*



53% HAD
A PNC VISIT
WITHIN 48
HOURS OF
GIVING BIRTH

*among women who had a live birth.

MATERNAL DEATH DATA

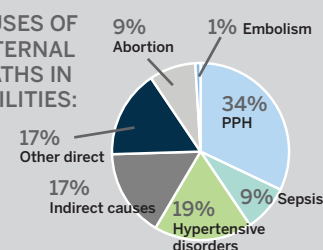
362

MATERNAL DEATHS
PER 100,000
LIVE BIRTHS

14%

OF DEATHS AMONG
ALL WOMEN AGED
15–49 WERE ASSOCIATED
WITH CHILDBIRTH

CAUSES OF
MATERNAL
DEATHS IN
FACILITIES:



NEWBORN/INFANT DEATH DATA

39

INFANT DEATHS PER
1,000 LIVE BIRTHS

29

PERINATAL DEATHS
PER 1,000 PREGNANCIES

22

NEONATAL DEATHS
PER 1,000 LIVE BIRTHS

25%

OF NEONATAL DEATHS
WERE RELATED TO
PRETERM BIRTH

12.5%

INFANT DEATHS PER
1,000 LIVE BIRTHS

MgSO₄/CG DELIVERY CAPACITY

DOCTORS, MIDWIVES, AND REGISTERED NURSES IN KENYA CAN ADMINISTER MAGNESIUM SULPHATE (MgSO₄) AND CALCIUM GLUCONATE (CG)

19%

OF FACILITIES HAVE MgSO₄ IN STOCK

24%

OF FACILITIES HAVE THE NECESSARY EQUIPMENT AND SUPPLIES TO DETECT, TREAT, AND MANAGE PE/E

NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list?

→ MgSO₄, oxytocin 10 IU/ml, sodium chloride 0.9% (isotonic), calcium gluconate, ampicillin, gentamicin, metronidazole, misoprostol, azithromycin, cefixime, benzathine benzylpenicillin, betamethasone, nifedipine

Is there a budget line for procuring these drugs?

→ Yes

How many counties have MgSO₄ on their essential medicines list?

→ All

Is there a task-shifting policy in country?

→ Yes

Are national maternal death or near-miss audits conducted?

→ Yes

Is there a community health strategy (CHS)?

→ Yes

Sources: Aronovich and Kinzett. 2001. Assessment of the Health Commodity Supply Chains and the Role of KEMSA; KNBS and ICF International. 2014. Kenya Demographic and Health Survey 2014; NCAPD [Kenya], MMS, MPHs, et al. 2010. Kenya Service Provision Assessment Survey, 2010; Republic of Kenya MoH and Sanitation Services. 2009. National Reproductive Health Strategy 2009-2015; Rep. of Kenya MoPH and Sanitation and MMS. n.d. National Guidelines for Quality Obstetrics and Perinatal Care; Rep. of Kenya MoPH and Sanitation and MMS. 2016. Scaling Up Effective Interventions in Maternal and Newborn Health: An Implementation Plan for the Period 2016-2018; Say, Chou, Gemmill, et al. 2014. "Global causes of maternal death: a WHO systematic analysis." *Lancet Global Health*, 323-33; Kenya Essential Medicines List <http://apps.who.int/medicinedocs/documents/s18694en/s18694en.pdf>.

The types of data presented in this country profile may differ from other country profiles developed by the Ending Eclampsia project.