

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:
180 MILLION

TOTAL FERTILITY RATE:
5.5 BIRTHS
PER WOMAN

UNMET NEED FOR
POSTPARTUM
CONTRACEPTION:
65%

OVERARCHING HEALTH RISKS



25% OF
WOMEN HAVE
HYPERTENSION

OBESITY AMONG
WOMEN OF
CHILDBEARING
AGE:



2% OF ADULTS
AGED 20–79
HAVE DIABETES



URBAN
33%
RURAL
18%



23% OF GIRLS
AGED 15–19 HAVE
BEGUN CHILDBEARING

BARRIERS TO ACCESSING SERVICES



BELIEF IN
MYTHS,
WITCHCRAFT



DISTANCE
TO FACILITY



DISTRUST
OF HEALTH
FACILITIES/
PROVIDERS



FINANCIAL
(PAYING FOR
DRUGS/
SERVICES
OR TRANSPORTATION)

PREGNANCY-RELATED CARE



61% RECEIVED
ANTENATAL CARE



36% OF
DELIVERIES
WERE ATTENDED
BY A SKILLED
PRACTITIONER



51% HAD 4+
ANC VISITS



2% OF
BIRTHS WERE
DELIVERED VIA
C-SECTION



91% HAD BLOOD
PRESSURE TAKEN
DURING ANC VISIT*



82% HAD
URINALYSIS
DURING ANC VISIT*



40% HAD
A PNC VISIT
WITHIN 48
HOURS OF
GIVING BIRTH

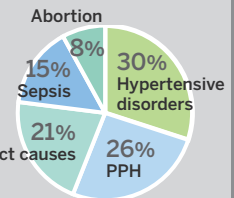
*among women who had a live birth.

MATERNAL DEATH DATA

576

MATERNAL DEATHS
PER 100,000 LIVE
BIRTHS

CAUSES OF
MATERNAL
DEATHS IN
FACILITIES:



32%

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

NEWBORN/INFANT DEATH DATA

69

INFANT DEATHS
PER 1,000 LIVE
BIRTHS

41

PERINATAL DEATHS
PER 1,000
PREGNANCIES

37

NEONATAL DEATHS
PER 1,000 LIVE
BIRTHS

60-70%

OF NEONATAL DEATHS
WERE RELATED TO
PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

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

34%

OF FACILITIES HAVE MgSO₄ IN STOCK

31%

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, misoprostol, oxytocin, injectable antibiotics, antenatal corticosteroids, chlorhexidine, resuscitation devices, amoxicillin, oral rehydration salts, zinc, female condoms, contraceptive implants, emergency contraception

Which antihypertensives are on the national essential medicines list?

→ Hydralazine, methyldopa, labetalol, nifedipine

Are there formal mechanisms for procuring these drugs?

→ No

Is there a community health strategy (CHS)?

→ No

Is there a task-shifting policy in country?

→ Yes

Are national maternal death or near-miss audits conducted?

→ Yes

Sources: Adeloye et al. 2015. "An estimate of the prevalence of hypertension in Nigeria: A systematic review and meta-analysis." *Journal of Hypertension* 33(2): 230-242; Federal Ministry of Health Nigeria. 2010. "Essential Medicines List, 5th revision"; International Diabetes Federation Africa. 2015. "Diabetes in Nigeria." idf.org/membership/afr/nigeria; NPC and ICF International. 2014. "Nigeria Demographic and Health Survey 2013"; Oladapo et al. 2015. "When getting there is not enough: A nationwide cross-sectional study of 998 maternal deaths and 1451 near-misses in public tertiary hospitals in a low-income country." *BJOG* doi 10.1111/1471-0528.13450.

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