ENDING Eclampsia

FOCUS COUNTRY
PAKISTAN

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:
191.7 MILLION

TOTAL FERTILITY RATE:
3.8 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
30.4%

OVERARCHING HEALTH RISKS

18% OF PEOPLE OLDER THAN 15 HAVE HYPERTENSION

10% OF ADULTS HAVE DIABETES

50% OF WOMEN OF CHILDBEARING AGE ARE OBESE

8% OF GIRLS AGED 15–19 HAVE BEGUN CHILDBEARING

15% OF WOMEN AGED 25–49 GAVE BIRTH BY AGE 18

32% GAVE BIRTH BY AGE 20

BARRIERS TO ACCESSING SERVICES

HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS

WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY

RELIGIOUS INTERPRETATIONS

FEAR OF SIDE EFFECTS

FINANCIAL COSTS

LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS

PREGNANCY-RELATED CARE

73% RECEIVED ANTENATAL CARE

37% HAD 4+ ANC VISITS

86% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*

61% HAD URINALYSIS DURING ANC VISIT*

*among women who had a live birth.

52% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER

48% OF BIRTHS TOOK PLACE IN A FACILITY

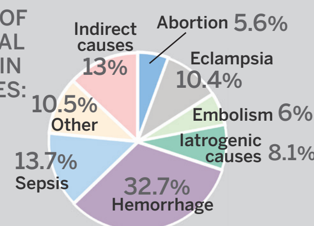
60% OF MOTHERS AND **43%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

MATERNAL DEATH DATA

276 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

20% OF DEATHS AMONG GIRLS AND WOMEN AGED 12–49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NEWBORN/INFANT DEATH DATA

74 INFANT DEATHS PER 1,000 LIVE BIRTHS

55 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

75 PERINATAL DEATHS PER 1,000 PREGNANCIES

19% OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

$MgSO_4$/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS **CAN** ADMINISTER MAGNESIUM SULPHATE ($MgSO_4$) AND CALCIUM GLUCONATE (CG)

20% OF NON-TEACHING HOSPITALS HAVE $MgSO_4$ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

10% OF STAFF ARE TRAINED TO ADMINISTER $MgSO_4$ AND CG

NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? → **Oxytocin, injectable ergometrine, misoprostol, calcium gluconate, $MgSO_4$, analgesics, antibiotics/antimicrobials, contraceptives**

Which antihypertensives are on the national essential medicines list? → **Hydralazine and methyldopa in Sindh province, and hydralazine, methyldopa, and nifedipine in Khyber Pakhtunkhwa province**

Are there formal mechanisms for procuring these drugs? → Yes

Is there a task-shifting policy in country? → No

Is there a community health strategy (CHS)? → Yes

Are national maternal death or near-miss audits conducted? → Yes

Sources: Bigdeli et al. 2013. "Access to medicines from a health system perspective." *Health Policy and Planning* 28: 692–704; ICF International. 2014. "Pakistan Demographic and Health Survey 2013"; Ministry of Planning, Development and Reforms [Pakistan]. "Population Projections for the Years 2007-2030." Islamabad: Government of Pakistan. World Health Organization. 2012. "Pakistan: WHO statistical profile." UN Commission on Life-Saving Commodities for Women and Children. 2012. "Commissioners' Report".

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

USAID FROM THE AMERICAN PEOPLE

Ending Eclampsia seeks to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and to strengthen global partnerships.

POPULATION COUNCIL
Ideas. Evidence. Impact.