

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:  
**15.8 MILLION**

TOTAL FERTILITY RATE:  
**5 BIRTHS PER WOMAN**

UNMET NEED FOR POSTPARTUM CONTRACEPTION:  
**25.6%**

## OVERARCHING HEALTH RISKS



**16%** OF PEOPLE OLDER THAN 15 HAVE HYPERTENSION



**4.7%** OF ADULTS HAVE DIABETES



**6%** OF WOMEN OF CHILDBEARING AGE ARE OBESE



**23.6%** OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

**NO DATA** WOMEN AGED 25-49 GAVE BIRTH BY AGE 18

**NO DATA** GAVE BIRTH BY AGE 20

## BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHERS-IN-LAW ARE THE DECISIONMAKERS



FINANCIAL COSTS



RELIGIOUS INTERPRETATIONS



DISTRUST OF FACILITIES AND PROVIDERS



DISTANCE TO FACILITY

## PREGNANCY-RELATED CARE



**94.9%** RECEIVED ANTENATAL CARE



**67%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



**33.7%** HAD 4+ ANC VISITS



**2%** OF BABIES BORN VIA C-SECTION



**97.2%** HAD BLOOD PRESSURE TAKEN DURING ANC VISIT



**71.2%** OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

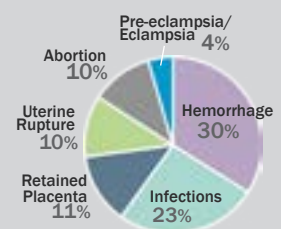


**85.1%** HAD URINALYSIS DURING ANC VISIT

## MATERNAL DEATH DATA

**341** MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



**19%** OF DEATHS AMONG GIRLS AND WOMEN AGED 12-49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

## NEWBORN/INFANT DEATH DATA

**90** INFANT DEATHS PER 1,000 LIVE BIRTHS

**NO DATA** PERINATAL DEATHS PER 1,000 PREGNANCIES

**44** NEONATAL DEATHS PER 1,000 LIVE BIRTHS

**NO DATA** OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

## MgSO<sub>4</sub>/CG DELIVERY CAPACITY

PROVIDERS AT SECONDARY AND TERTIARY FACILITIES CAN ADMINISTER MgSO<sub>4</sub>, CALCIUM GLUCONATE (CG) AND ANTIHYPERTENSIVES

**12.6%** OF FACILITIES HAVE MgSO<sub>4</sub> AND CG IN STOCK

**NO DATA** % OF STAFF TRAINED TO ADMINISTER MgSO<sub>4</sub> AND CG

## NATIONAL/STATE POLICIES

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

Female condoms, contraceptive implants, oxytocin, misoprostol, MgSO<sub>4</sub>, injectable antibiotics, chlorhexidine, amoxicillin, oral rehydration salts, zinc

Which antihypertensives are on the national essential medicines list? →

No data

Are there formal mechanisms for procuring these drugs? →

Yes

Is there a community health strategy (CHS)? →

Yes

Is there a task-shifting policy in country? →

Yes

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

Yes

Sources: Institut National de la Statistique et de la Démographie-INSD & ICF international : Enquête Démographique et de Santé et à indicateurs multiples (EDSBF-MICS-2010), Avril 2012 ; Ministère de la Santé -OMS : Enquête nationale sur les principaux facteurs de risque communs aux Maladies Non Transmissibles. Enquête STEPS 2013, Juin 2014. Ministère de la santé : Mise en oeuvre des stratégies porteuses pour la réduction de la mortalité maternelle au Burkina Faso. Février 2011. . Ministère de la santé-UNFPA : Enquête sur la disponibilité des contraceptifs modernes et des produits vitaux de santé maternelle dans les Points de Prestations de Services au Burkina Faso)-2011.

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