

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:
74.88 MILLION

TOTAL FERTILITY RATE:
6.6 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
27.7%*

*among married women

OVERARCHING HEALTH RISKS



32% OF WOMEN HAVE HYPERTENSION



6% OF ADULTS HAVE DIABETES



16% OF WOMEN OF CHILDBEARING AGE ARE OBESE



27% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

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

NO DATA % GAVE BIRTH BY AGE 20

BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



DISTANCE TO FACILITIES



LACK OF TRANSPORTATION



FINANCIAL COSTS

PREGNANCY-RELATED CARE



89.4% RECEIVED ANTENATAL CARE



80.1% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



48% HAD 4+ ANC VISITS



45.1% OF BABIES DELIVERED VIA C-SECTION



74.5% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT



43.8% OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

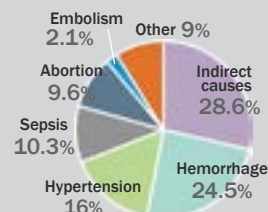


53.1% HAD URINALYSIS DURING ANC VISIT

MATERNAL DEATH DATA

846 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NO DATA % OF DEATHS AMONG GIRLS AND WOMEN AGED 12-49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

NEWBORN/INFANT DEATH DATA

58 INFANT DEATHS PER 1,000 LIVE BIRTHS

274 PERINATAL DEATHS PER 1,000 PREGNANCIES

28 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

12% INCIDENCE OF PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS CAN ADMINISTER MgSO₄, CALCIUM GLUCONATE (CG) AND ANTIHYPERTENSIVES

NO DATA % OF NON-TEACHING HOSPITALS HAVE MgSO₄ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

NO DATA % OF STAFF ARE TRAINED TO ADMINISTER MgSO₄ 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, emergency contraception, oxytocin, MgSO₄, injectable antibiotics, antenatal corticosteroids, 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?

→ No data

Are national maternal death or near-miss audits conducted?

→ No data

Sources: Democratic Republic of Congo. Ministry of Health. *National List of Essential Medicines*. Revised March 2010. Democratic Republic of Congo. Ministry of Health. *Demographic Health Survey, 2013-2014*. A. C. C. Lee et al. 2013. National and regional estimates of term and preterm babies born small for gestational age in 138 low-income and middle-income countries in 2010. *Lancet Global Health* 2013;1:e26-36. R. Matendo et al. (2011) Reduced perinatal mortality following enhanced training of birth attendants in the Democratic Republic of Congo: a time-dependent effect. *BMC Medicine*: 9:93. J. M. Smith et al. 2014. Are national policies and programs for prevention and management of postpartum hemorrhage and preeclampsia adequate? A key informant survey in 37 countries. *Global Health: Scientific and Practice*: 2:3:275-284. *Advancing Partners & Communities*. 2013. *Country Profile: Democratic Republic of Congo Community Health Programs*. Arlington, VA: *Advancing Partners & Communities*. WHO. Global Health Observatory Data. Geneva: World Health Organization, 2014. World Health Organization. 2014. *Global maternal, newborn, child and adolescent health policy indicator database (2014) based on key informant surveys in 2009-10, 2011& 2013-14*. World Bank Website. *Democratic Republic of Congo: Country at a glance*.

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