ENDING Eclampsia

FOCUS COUNTRY
ETHIOPIA

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:
102 MILLION

TOTAL FERTILITY RATE:
4.6 BIRTHS PER WOMAN
(THE TFR IS TWICE AS HIGH AMONG RURAL WOMEN THAN URBAN WOMEN)

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
22%

OVERARCHING HEALTH RISKS

29% OF ALL WOMEN HAVE HYPERTENSION*

6.6% OF ALL WOMEN HAVE DIABETES*

22% OF WOMEN OF CHILDBEARING AGE ARE OBESE

10% OF GIRLS AGED 15–19 ARE MOTHERS OR ARE PREGNANT WITH THEIR FIRST CHILD

*among women from Addis Ababa.

BARRIERS TO ACCESSING SERVICES

- ☑ TRANSPORTATION
- ☑ DISTANCE TO HEALTH FACILITY
- ☑ FINANCIAL COSTS/LACK OF MONEY
- ☑ WOMEN BOUND BY SOCIAL PRESSURE TO BEAR CHILDREN

PREGNANCY-RELATED CARE

62% RECEIVED ANTENATAL CARE

32% HAD 4+ ANC VISITS

75% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*

66% HAD URINALYSIS DURING ANC VISIT*

66% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER

2% OF BIRTHS WERE DELIVERED VIA C-SECTION

17% OF MOTHERS AND **13%** HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

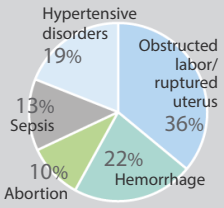
MATERNAL DEATH DATA

412 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

19% OF DEATHS RELATED TO HYPERTENSION DURING PREGNANCY

25% OF DEATHS AMONG ALL WOMEN AGED 15–49 ARE MATERNAL DEATHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NEWBORN/INFANT DEATH DATA

48 INFANT DEATHS PER 1,000 LIVE BIRTHS

33 PERINATAL DEATHS PER 1,000 PREGNANCIES

37 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

37% OF NEONATAL DEATHS ARE RELATED TO PRETERM BIRTH

$MgSO_4$/CG DELIVERY CAPACITY

MIDWIVES, HEALTH OFFICERS, AND CLINICAL NURSES AT SECONDARY AND TERTIARY HEALTH FACILITIES **CAN** ADMINISTER ANTIHYPERTENSIVES, MAGNESIUM SULPHATE ($MgSO_4$) AND CALCIUM GLUCONATE (CG)

22% OF FACILITIES HAVE $MgSO_4$ IN STOCK*

6% HAVE CG IN STOCK*

19% OF FACILITIES HAVE NIFEDIPINE IN STOCK*

*excludes health posts.

NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? → Contraceptive implants, misoprostol, $MgSO_4$, chlorhexidine, oral rehydration solution, zinc, amoxicillin

Which antihypertensives are on the national essential medicines list? → Hydralazine, labetalol, methyldopa, nifedipine

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: Sources: *Ethiopia Demographic and Health Survey 2011*, Addis Ababa. CSA. 2016. Central Statistics Agency (CSA) [Ethiopia] and Macro International. 2012. "Ethiopia Mini Demographic and Health Survey 2014," Addis Ababa; EPHI and ICF International. 2014. *Ethiopia Service Provision Assessment Plus Survey 2014*. Food, Medicine and Health Care Administration and Control Authority. 2010. Lists of Essential Medicines for Ethiopia, 6th edition. Addis Ababa, Ethiopia; Raifman, S., et al. 2013. "Assessment of the Availability and Use of Maternal Health Supplies in the Primary Health Care System in Amhara Region, Ethiopia." Addis Ababa: Population Council; Yifru B et al. 2014. "Causes of maternal mortality in Ethiopia: A significant decline in abortion related death." *Ethiopian Journal of Health Sciences* 24(0 Suppl): 15–28. World Bank Group, Ethiopia Data 2018.

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.