

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:
19.4 MILLION

TOTAL FERTILITY RATE:
4.8 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
65%

OVERARCHING HEALTH RISKS



21.7% OF PEOPLE HAVE HYPERTENSION



3.9% OF ADULTS HAVE DIABETES



7.9% OF WOMEN OF CHILDBEARING AGE ARE OBESE



32% 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 MOTHERS-IN-LAW ARE THE DECISIONMAKERS



DISTANCE TO HEALTH FACILITIES



FEAR OF TRAVELING ALONE



FINANCIAL COSTS



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS

PREGNANCY-RELATED CARE



86.3% RECEIVED ANTENATAL CARE



50.1% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



49.3% HAD 4+ ANC VISITS



.5% OF BABIES DELIVERED VIA C-SECTION



80.6% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*



46.3% OF



29.5% HAD URINALYSIS DURING ANC VISIT*



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

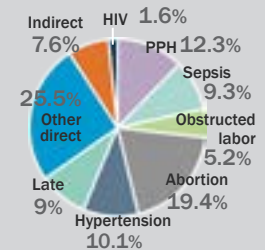
*among women who had a live birth.

MATERNAL DEATH DATA

498

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

48

INFANT DEATHS PER 1,000 LIVE BIRTHS

75

PERINATAL DEATHS PER 1,000 PREGNANCIES

24

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

19%

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

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

47%

OF FACILITIES HAVE MgSO₄, CG AND ANTIHYPERTENSIVES 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, misoprostol, MgSO₄, injectable antibiotics, antenatal corticosteroids, chlorhexidine, resuscitation devices,

Which antihypertensives are on the national essential medicines list? →

No data

Are there formal mechanisms for procuring these drugs? →

No data

Is there a community health strategy (CHS)? →

No data

Is there a task-shifting policy in country? →

No data

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

No

Sources: D. Adeloje et al. 2014. Estimating the Prevalence and Awareness Rates of Hypertension in Africa: A Systematic Analysis. *Plos ONE*. Measure DHS and USAID. Revising unmet need for family planning: DHS analytical studies 25. N. J. Kassebaum et al. 2014. Global, regional, and national levels and causes of maternal mortality during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet Global Health*. 2014; 384: 980–1004. Republic of Madagascar (Tanidrazana – Fahafahana – Fandrosoana) Ministry of Economy, Finance and Budget General Secretariat. 2005. *Population Census*. MCHIP and JHPIEGO. 2011. Quality of care of the prevention and management of common maternal and newborn complications in health facilities in Madagascar. M. Sharp & I. Kruse. 2009. Health, Nutrition and Population in Madagascar 2008-2009. World Health Organization Working Paper No. 216. Madagascar Drug Policy. 2014. MCHIP and MCSP. 2009. DHS Reanalysis for Family planning needs during the first two years postpartum in Madagascar. WHO, UNICEF, UNFPA and the World Bank estimates. 2013. Trends in mortality: 1990 to 2013.

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