

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:  
**44.9 MILLION**

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

UNMET NEED FOR POSTPARTUM CONTRACEPTION:  
**18.3%**

### OVERARCHING HEALTH RISKS



**26%** OF WOMEN HAVE HYPERTENSION



**9%** OF ADULTS AGED 25-64 HAVE DIABETES



**23%** OF WOMEN OF CHILDBEARING AGE ARE OBESE



**22.8%** OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

**33%** OF WOMEN AGED 25-49 GAVE BIRTH BY AGE 18

**50%** GAVE BIRTH BY AGE 20

### BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



FINANCIAL COSTS



FEAR



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS



LACK OF TRANSPORT

### PREGNANCY-RELATED CARE



**95.9%** RECEIVED ANTENATAL CARE



**50.6%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



**42.8%** HAD 4+ ANC VISITS



**4.5%** OF BABIES DELIVERED VIA C-SECTION



**68.2%** HAD BLOOD PRESSURE TAKEN DURING ANC VISIT



**5.4%** OF MOTHERS AND **NO DATA** % OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



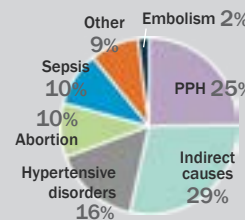
**51.8%** HAD URINALYSIS DURING ANC VISIT

### MATERNAL DEATH DATA

**432**

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



**10%**

OF DEATHS AMONG GIRLS AND WOMEN AGED 15-49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

### NEWBORN/INFANT DEATH DATA

**51**

INFANT DEATHS PER 1,000 LIVE BIRTHS

**32**

PERINATAL DEATHS PER 1,000 PREGNANCIES

**26**

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

**23%**

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

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

DOCTORS, NURSES, MIDWIVES, AMO, MCH AIDS, CLINICAL OFFICERS, AND ASSISTANT CLINICAL OFFICERS CAN ADMINISTER MgSO<sub>4</sub>, CALCIUM GLUCONATE (CG) AND ANTIHYPERTENSIVES

**39%**

OF NON-TEACHING HOSPITALS HAVE MgSO<sub>4</sub> AND CG IN STOCK

**82%**

OF FACILITIES HAVE THE NECESSARY EQUIPMENT AND SUPPLIES TO DETECT, TREAT, AND MANAGE PRE-ECLAMPSIA AND ECLAMPSIA

### NATIONAL/STATE POLICIES

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

→ Female condoms, IUDs, emergency contraception, oxytocin, misoprostol, MgSO<sub>4</sub>, amoxicillin, zinc, amoxicillin, oral rehydration salts, zinc, injectable antibiotics, antenatal corticosteroids, resuscitation devices, chlorhexidine

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: Marchant, T. 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. *The Lancet Global Health*, e26-e36. Lawn, J. E. et al. (2015). Tanzania's Countdown to 2015: an analysis of two decades of progress and gaps for reproductive, maternal, newborn, and child health, to inform priorities for post-2015. *The Lancet Global Health*, e396-e409. Say, L. et al. (2015). Global causes of maternal death: a WHO systematic analysis. *The Lancet Global Health*, e323-e333. The National Road Map Strategic Plan To Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008-2015. Standard Treatment Guidelines (STG) and The National Essential Medicines List (NEMLT) for Mainland Tanzania. Third Edition. (2007). National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS), Zanzibar, 2013. 2012 Population and Housing Census: Population Distribution by Administrative Units; Key Findings. Dar es Salaam, Tanzania: NBS and OCGS. The United Republic of Tanzania National Bureau of Statistics Ministry of Finance Dar es Salaam and Office of Chief Government Statistician, Ministry of State, President Office, State House and Good Governance. Mortality and Health Monograph, July, 2015. Republic of Tanzania Ministry of Health and Social Welfare (2014-15). Tanzania Service Provision Assessment Survey. \* The types of data presented in this country profile may differ from other country profiles developed by the Ending Eclampsia project.