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.

### OVERARCHING HEALTH RISKS

- **28%** of people older than 15 have hypertension
- **9%** of adults have diabetes
- **23%** of women of childbearing age are obese
- **33%** of women aged 25–49 gave birth by age 18
- **50%** gave birth by age 20

### BARRIERS TO ACCESSING SERVICES

- Distance to facility
- Financial costs
- Religious interpretations
- Lack of availability and access to service providers
- Lack of transportation

### DEMOGRAPHICS

- **Population:** 13 million
- **Total fertility rate:** 5.3 births per woman
- **Unmet need for postpartum contraception:** 21.1% among married women

### PREGNANCY-RELATED CARE

- **95.7%** received antenatal care
- **55.5%** had 4+ ANC visits
- **88.9%** had blood pressure taken during ANC visit
- **41.4%** had urinalysis during ANC visit
- **64.2%** of deliveries were attended by a skilled practitioner
- **4.4%** of babies born via C-section
- **63.5%** of mothers and **15.7%** of infants had a PNC visit within 48 hours of giving birth

### MATERNAL DEATH DATA

- **398** maternal deaths per 100,000 live births
- **10%** of deaths among girls and women aged 12–49 were associated with pregnancy and childbirth

### NEWBORN/INFANT DEATH DATA

- **45** infant deaths per 1,000 live births
- **24** neonatal deaths per 1,000 live births
- **2%** 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
- No data on % of non-teaching hospitals have MgSO4, CG in stock
- No data on % 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?
  - Oxytocin, misoprostol, MgSO4, female condoms, contraceptive implants, emergency contraception, amoxicillin, oral rehydration salts, zinc, injectable antibiotics, antenatal corticosteroids, chlorhexidine, resuscitation devices
  - No data
- Which antihypertensives are on the national essential medicines list?
  - No data
- Are there formal mechanisms for procuring these drugs?
  - Yes
- Is there a task-shifting policy in country?
  - Yes
- Is there a community health strategy (CHS)?
  - No
- Are national maternal death or near-miss audits conducted?
  - Yes

Sources: