

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:
10.25 MILLION

TOTAL FERTILITY RATE:
3.5 BIRTHS PER WOMAN

UNMET NEED FOR CONTRACEPTION:
35%

*among married women

OVERARCHING HEALTH RISKS



NO DATA % OF PEOPLE OLDER THAN 15 HAVE HYPERTENSION



6.9% OF ADULTS HAVE DIABETES



8% OF WOMEN OF CHILDBEARING AGE ARE OBESE



14% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

17% OF WOMEN AGED 25-49 GAVE BIRTH BY AGE 18

32% GAVE BIRTH BY AGE 20

BARRIERS TO ACCESSING SERVICES



DISTANCE TO FACILITY



FINANCIAL COSTS



FEAR OF TRAVELING ALONE



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS

PREGNANCY-RELATED CARE



90% RECEIVED ANTENATAL CARE



37.3% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



67.3% HAD 4+ ANC VISITS



5.5% OF BABIES BORN VIA C-SECTION



96.7% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT



32% OF MOTHERS AND **19.1%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



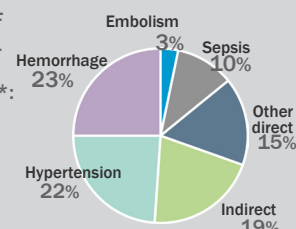
84.2% HAD URINALYSIS DURING ANC VISIT

MATERNAL DEATH DATA

630

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

57

INFANT DEATHS PER 1,000 LIVE BIRTHS

NO DATA

PERINATAL DEATHS PER 1,000 PREGNANCIES

31

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

NO DATA

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

NO DATA DEFINING WHAT TYPES OF PROVIDERS CAN ADMINISTER MgSO₄ AND CALCIUM GLUCONATE (CG)

NO DATA

% OF NON-TEACHING HOSPITALS HAVE MgSO₄ AND CG 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, Oxytocin, misoprostol, MgSO₄, injectable antibiotics, chlorhexidine, amoxicillin, oral rehydration salts, zinc

Which antihypertensives are on the national essential medicines list? →

hydralazine and methyldopa

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: Institut Haïtien de l'Enfance (IHE) et ICF International. (2014). Évaluation de la Prestation des Services de Soins de Santé, Haïti, 2013. Measure DHS, & ICF International. (2013). Enquete Mortalite, Morbidite et Utilisation des Services, Haïti 2012. Ministère de la Santé Publique et de la Population. (2012). Liste Nationale des Medicaments Essentiels. Retrieved from <http://mspp.gov.ht/site/downloads/Liste Nationale des Medicaments Essentiels.pdf>. Department of Maternal, Newborn, C. and A. H. (WHO). (2015). Maternal and Perinatal Health Profile, Haïti. World Health Organization. 2016. "Diabetes Country Profiles, Haïti."

* No country specific data exists for causes of maternal mortality in Haïti, regional statistics are used for the Caribbean from Countdown to 2015. The types of data presented in this country profile may differ from other country profiles developed by the Ending Eclampsia project.