

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:
95.6 MILLION

TOTAL FERTILITY RATE:
3.5 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
13%

OVERARCHING HEALTH RISKS



27% OF WOMEN HAVE HYPERTENSION



16% OF ADULTS AGED 15-64 HAVE DIABETES



48% OF WOMEN AGED 15-49 ARE OBESE



11% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

56 BIRTHS PER 1,000 GIRLS AGED 15-19

BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



FEAR OF TRAVELING ALONE



DISTANCE TO HEALTH FACILITY



FINANCIAL COSTS



PERCEIVED LACK OF PROVIDERS AND DRUGS

PREGNANCY-RELATED CARE



90% RECEIVED ANTENATAL CARE



92% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



83% HAD 4+ ANC VISITS



87% OF BIRTHS TOOK PLACE IN A FACILITY



93% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*



82% OF MOTHERS AND **14%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



78% HAD URINALYSIS DURING ANC VISIT*

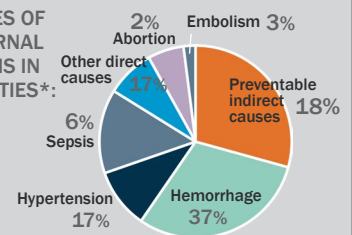
*among women who had a live birth.

MATERNAL DEATH DATA

33

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES*:



4%

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

NEWBORN/INFANT DEATH DATA

22

INFANT DEATHS PER 1,000 LIVE BIRTHS

15

PERINATAL DEATHS PER 1,000 PREGNANCIES

14

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

21%

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, COMMUNITY HEALTH WORKERS, MEDICAL TECHNICIANS, AND DISPENSERS CAN ADMINISTER MgSO₄ AND CALCIUM GLUCONATE (CG)

NO DATA OF NON-TEACHING HOSPITALS HAVE MgSO₄ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH 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?



Oxytocin, injectable ergometrine, amoxicillin, oral rehydration salts, MgSO₄, zinc, antibiotics, chlorhexidine, emergency contraceptive

Which antihypertensives are on the national essential medicines list?



Nifedipine, lisinopril, valsartan, amlodipine, bisoprolol, enalapril, hydralazine, methyldopa, Hydrochlorothiazide

Are there formal mechanisms for procuring these drugs?



Yes

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: Countdown to 2030: "Egypt Health Data - 2015 Profile". ICF International. 2015. "Egypt Demographic and Health Survey 2014." Ministry of Health and Population, Egypt Preventive Sector. "2005-2006 WHO EMRO STEPSSurvey Report." World Health Organization. 2015. "Trends in Maternal Mortality: 1990-2015." World Health Organization. 2012. "Egyptian Essential Drug List 2012-2013." Ministry of Public Health and World Health Organization Egypt Country Office. 2015. "Egypt Pharmaceutical Country Profile." World Health Organization. 2004. "Beyond the Numbers: Reviewing maternal deaths and complications to make pregnancy safer." World Bank. Data Bank. "Egypt, Arab Rep."

*Regional estimates for Northern Africa. The types of data presented in this country profile may differ from other country profiles developed by the Ending Eclampsia project.