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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mortality rate in women</td>
<td>7%</td>
</tr>
<tr>
<td>Deaths due to blood pressure</td>
<td>8%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>26.4%</td>
</tr>
<tr>
<td>Of women of childbearing age are obese</td>
<td>7%</td>
</tr>
</tbody>
</table>

### Maternal Death Data

- **Maternal deaths per 100,000 live births**: 28
- **Causes of maternal deaths in facilities**
  - Hemorrhage: 20%
  - Hypertension: 20%
  - Abortion: 10%
  - Other: 11%

### Newborn/Infant Death Data

- **Infant deaths per 1,000 live births**: 9
- **Perinatal deaths per 1,000 pregnancies**: 4.9
- **Neonatal deaths per 1,000 live births**: 5

### Barriers to Accessing Services

- **Husbands and mother-in-laws are the decisionmakers**
- **Distance to facilities**
- **Financial costs**

### Pregnancy-Related Care

- **97.2% received antenatal care**
- **92.6% had 4+ ANC visits**
- **97.8% had blood pressure taken during ANC visit**
- **97.8% had urinalysis during ANC visit**

### Population

- **Population**: 388,000
- **Total fertility rate**: 2.6 births per woman
- **Unmet need for postpartum contraception**: 22.2%

### Demographics

- **Population**: 388,000
- **Total fertility rate**: 2.6 births per woman
- **Unmet need for postpartum contraception**: 22.2%

### MgSO₄/CG Delivery Capacity

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of non-teaching hospitals HAVE MgSO₄ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)</td>
<td>NO DATA</td>
</tr>
<tr>
<td>Of staff are trained to administer MgSO₄ AND CG</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

### National/State Policies

<table>
<thead>
<tr>
<th>Topic</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxytocin, MgSO₄, chlorhexidine, amoxicillin, oral rehydration salts, emergency contraceptives</td>
<td>YES</td>
</tr>
<tr>
<td>Hydralazine, methyldopa, labetolol, nifedipine</td>
<td></td>
</tr>
</tbody>
</table>


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