

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:
15.8 MILLION

TOTAL FERTILITY RATE:
2.7 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
16.6%

OVERARCHING HEALTH RISKS



11.2% OF PEOPLE OLDER THAN 25 HAVE MILD HYPERTENSION



12% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING



3.3% OF WOMEN HAVE DIABETES

11% OF WOMEN AGED 25-49 GAVE BIRTH BY AGE 18



2.7% OF WOMEN ARE OBESE

28% GAVE BIRTH BY AGE 20

BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



DISTANCE TO HEALTH FACILITIES



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS



FINANCIAL COSTS

PREGNANCY-RELATED CARE



95% RECEIVED ANTENATAL CARE



89% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



75.6% HAD 4+ ANC VISITS



6.3% OF BABIES WERE BORN VIA C-SECTION



96.1% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*



90.3% OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



48.9% HAD URINALYSIS DURING ANC VISIT*

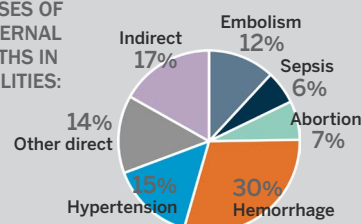
*among women who had a live birth.

MATERNAL DEATH DATA

170

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



9%

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

NEWBORN/INFANT DEATH DATA

28

INFANT DEATHS PER 1,000 LIVE BIRTHS

20

PERINATAL DEATHS PER 1,000 PREGNANCIES

18

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

14%

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 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? →

Amoxicilline, oral rehydration salts

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? →

Yes

Are national maternal death or near-miss audits conducted? →

Yes

Sources: Cambodia Demographic and Health Survey 2014, World Statistics Pocketbook - Cambodia, UN Data, 2017, Levels and Trends of Contraceptive Prevalence and Unmet Need for Family Planning in Cambodia, Ministry of Planning, NIS and Ministry of Health, Directorate General for Health, 2013, Prevalence of Non-Communicable Disease Risk Factors in Cambodia, STEPS Survey Country Report, September 2010, Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report, Essential Drugs: Basic Information for Health Center Staff and Drug Sellers, Ministry of Health of Cambodia, 2003, Pharmaceutical Sector Strategic Plan 2005-2010, Ministry of Health, The Better Health Services Project Signs Agreement to Provide Technical Guidance to all Cambodian Health Equity Funds, University Research Co., LLC, 2012.

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