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:** 16.6 MILLION
- **TOTAL FERTILITY RATE:** 3.1 BIRTHS PER WOMAN
- **UNMET NEED FOR POSTPARTUM CONTRACEPTION:** 13.9%

**OVERARCHING HEALTH RISKS**

- **8.2%** OF WOMEN HAVE DIABETES
- **20.7%** OF GIRLS AGED 15–19 HAVE BEGUN CHILDHARBING
- **24.7%** OF URBAN AND
- **16%** OF RURAL WOMEN ARE OBESE

**BARRIERS TO ACCESSING SERVICES**

- Husbands and mother-in-laws are the decisionmakers
- Distance to health facility
- Financial costs
- Women bound by social pressure for fertility
- Fear of traveling alone
- Lack of availability and access to service providers

**PREGNANCY-RELATED CARE**

- **91%** RECEIVED ANTENATAL CARE
- **86.2%** HAD 4+ ANC VISITS
- **92.5%** HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*
- **72.8%** HAD URINALYSIS DURING ANC VISIT*
- **65.6%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER
- **65%** OF BIRTHS TOOK PLACE IN A FACILITY
- **26.3%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

**MATERNAL DEATH DATA**

- **140** MATERNAL DEATHS PER 100,000 LIVE BIRTHS
- **13%** OF DEATHS AMONG GIRLS AND WOMEN AGED 12–49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

**NEWBORN/INFANT DEATH DATA**

- **28** INFANT DEATHS PER 1,000 LIVE BIRTHS
- **22** PERINATAL DEATHS PER 1,000 PREGNANCIES
- **17** NEONATAL DEATHS PER 1,000 LIVE BIRTHS
- **12%** 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?
- Which antihypertensives are on the national essential medicines list?
- Are there formal mechanisms for procuring these drugs?
- Is there a task-shifting policy in country?
- Is there a community health strategy (CHS)?
- Are national maternal death or near-miss audits conducted?

End of Eclampsia seeks to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and to strengthen global partnerships.

Sources:

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