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**

<table>
<thead>
<tr>
<th>Population: 28.8 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fertility Rate: 2.6 Births per Woman</td>
</tr>
<tr>
<td>Unmet Need for Postpartum Contraception: 27%</td>
</tr>
</tbody>
</table>

**OVERARCHING HEALTH RISKS**

| 25.7% of People Older Than 25 Have Hypertension |
| 2.7% of Women Have Diabetes |
| 4.8% of Women Are Obese |
| 17% of Girls Aged 15–19 Have Begun Childbearing |
| 22.8% of Women Aged 25–49 Gave Birth by Age 18 |
| 47.6% Gave Birth by Age 20 |

**BARRIERS TO ACCESSING SERVICES**

- Husbands and Mother-in-Laws Are the Decisionmakers
- Lack of Awareness of Women
- Social Pressure for Fertility
- Distance to Facilities
- Financial Costs
- Lack of Availability and Access to Service Providers

**PREGNANCY-RELATED CARE**

| 58% Received Antenatal Care |
| 50% Had 4+ ANC Visits |
| 86.4% Had Blood Pressure Taken During ANC Visit* |
| 55.9% Had Urinalysis During ANC Visit* |

*among women who had a live birth.

**MATERNAL DEATH DATA**

- 229 Maternal Deaths per 100,000 Live Births
- Causes of Maternal Deaths in Facilities:
  - Hypertension: 10%
  - Hemorrhage: 30%
  - Sepsis: 14%
  - Abortion: 16%
  - Embolism: 2%
  - Other direct: 8%
  - Indirect: 29%

**NEWBORN/INFANT DEATH DATA**

- 34 Infant Deaths per 1,000 Live Births
- 37 Perinatal Deaths per 1,000 Pregnancies
- 57 Neonatal Deaths per 1,000 Live Births
- 16% 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 Staff Are Trained to Administer MgSO4 and CG
- No Data of Non-Teaching Hospitals Have MgSO4 and CG in Stock (All Teaching Hospitals Have Both in Stock)

**NATIONAL/STATE POLICIES**

- Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list?
  - Oxytocin, misoprostol, MgSO4, chlorhexidine, amoxicillin, zinc, contraceptive implants
- Which antihypertensives are on the national essential medicines list?
  - Nifedipine
- Are there formal mechanisms for procuring these drugs?
  - Yes
- Is there a task-shifting policy in country?
  - No
- Is there a community health strategy (CHS)?
  - Yes
- Are national maternal death or near-miss audits conducted?
  - No

**ENDGAME**

- Ending 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.

**FOCUS COUNTRY**

**NEPAL**


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