ENDING Eclampsia

FOCUS COUNTRY
NEPAL

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:
28.8 MILLION

TOTAL FERTILITY RATE:
2.6 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
27%

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
- WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY
- DISTANCE TO FACILITIES
- LACK OF AWARENESS OF WOMEN
- 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*
- **36%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER
- **4.6%** OF BABIES BORN VIA C-SECTION
- **45%** OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

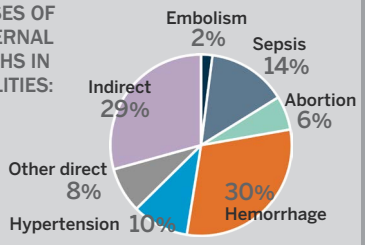
*among women who had a live birth.

MATERNAL DEATH DATA

229 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

NO DATA OF DEATHS AMONG GIRLS AND WOMEN AGED 12–49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NEWBORN/INFANT DEATH DATA

34 INFANT DEATHS PER 1,000 LIVE BIRTHS

57 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

37 PERINATAL DEATHS PER 1,000 PREGNANCIES

16% OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

$MgSO_4$/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS **CAN** ADMINISTER $MgSO_4$ AND CALCIUM GLUCONATE (CG)

NO DATA OF NON-TEACHING HOSPITALS HAVE $MgSO_4$ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

NO DATA OF STAFF ARE TRAINED TO ADMINISTER $MgSO_4$ AND CG

NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? → **Oxytocin, misoprostol, $MgSO_4$, 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)? **NO DATA**

Are national maternal death or near-miss audits conducted? **Yes**

Sources: Nepal Demographic and Health Survey 2011. World Statistics Pocketbook - Nepal, UN Data, 2017. Prevalence of Non-Communicable Disease Risk Factors in Nepal, STEPS Survey Country Report, September 2010. Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report. National List of Essential Medicines Nepal (Fourth Revision), 2009. Working Paper: Drug Procurement in Nepal, The Centre for International Public Health Policy, 2007. B. Deller et al. / International Journal of Gynecology and Obstetrics 130 (2015) S25–S31. Bhusal, Chetkant & Bhattara, Sigma & Bhaskar, Ravi. (2015). Maternal health in Nepal: progress, challenges and opportunities.. International Journal of Medical and Health Research ISSN: 2454-9142. 1. 68-73.

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

USAID FROM THE AMERICAN PEOPLE

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.

POPULATION COUNCIL
Ideas. Evidence. Impact.