

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:
122.3 MILLION

TOTAL FERTILITY RATE:
2.2 BIRTHS PER WOMAN

UNMET NEED FOR POSTPARTUM CONTRACEPTION:
10.5%

OVERARCHING HEALTH RISKS



31% OF WOMEN HAVE HYPERTENSION



12% OF GIRLS AGED 15–19 HAVE BEGUN CHILDBEARING



16% OF ADULTS AGED 20–59 HAVE DIABETES



33% OF URBAN WOMEN AND

18% OF RURAL WOMEN ARE OBESE

BARRIERS TO ACCESSING SERVICES



BELIEF IN MYTHS, WITCHCRAFT, RELIGIOUS INTERPRETATIONS



DISTRUST OF FACILITIES/ PROVIDERS



COSTS OF TRANSPORTATION AND SERVICES



PERCEIVED LACK OF QUALITY SERVICES AND DRUGS



TRANSPORTATION DIFFICULTIES

PREGNANCY-RELATED CARE



77% RECEIVED ANTENATAL CARE AT PUBLIC FACILITIES

AND **21%** HAD ANTENATAL CARE AT PRIVATE CLINICS



87% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



88% OF DELIVERIES ATTENDED AT AN ESTABLISHED CLINICAL FACILITY



NO DATA HAD BLOOD PRESSURE TAKEN AT ANC



NO DATA HAD URINALYSIS DURING ANC VISIT

46% OF BIRTHS DELIVERED VIA C-SECTION

MATERNAL DEATH DATA

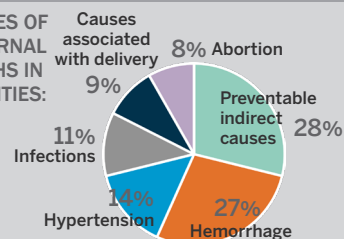
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MATERNAL DEATHS PER 100,000 LIVE BIRTHS

4.8%

OF DEATHS AMONG GIRLS AND WOMEN AGED 15–49 WERE ASSOCIATED WITH CHILDBIRTH

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NEWBORN/INFANT DEATH DATA

7

INFANT DEATHS PER 1,000 LIVE BIRTHS

NO DATA

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

NO DATA

OF PERINATAL DEATHS WERE RELATED TO PRETERM BIRTH

37%

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

MgSO₄/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, COMMUNITY HEALTH WORKERS, 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? → **MgSO₄**

Which antihypertensives are on the → **Hydralazine and 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? → **Yes**

Sources: INEGI (National Institute of Statistics, Geography and Information). Resultados del censo 2010. Instituto Nacional de Estadística, Geografía e Informática México. The World Bank. Mexico's data, 2015. ENSANUT (National Health Survey). Encuesta Nacional de Salud, 2012. CONAPO (National Population Council). Indicadores de Salud Reproductiva de la República Mexicana, 2015. Hirmas Adauy, M. (2013): Barreras y facilitadores de acceso a la atención de salud: una revisión sistemática cualitativa. Revista Panamericana de Salud Pública, 33(3), 223–9. PROFECO (Federal Procuratorate of the Consumer). Brújula de Compra, 2015. Cárdenas, R. (2012). La mortalidad de las mujeres en edad fértil: causas maternas, cánceres, violencia y más. Coyuntura Demográfica, p.23-27. SEDIA. Dirección General de Servicios de Documentación, Información y Análisis, 2015. CHERG/WHO/UNICEF for distribution of causes of neonatal and under-five deaths (published in Liu et al, Lancet 2014). SS (Health Minister). Prevención, Diagnóstico y Manejo de la Preeclampsia/Eclampsia: Lineamiento Técnico. Secretaría de Salud, 2002.

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