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.

**INFANT DEATHS**

Preventable: Yes

**27**

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

**5 Deaths (published in Liu et al, Lancet 2014).**

SS (Health Minister). 


**Coyuntura Demográfica, p.23-27.**

SEDIA. Dirección General de Servicios de Documentación, Información y Análisis, 2015.


**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?

Which antihypertensives are on the 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?

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