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: 8.2 million
- Total fertility rate: 2.4 births per woman
- Unmet need for contraception: 10.7%

### Overarching Health Risks
- 7.9% death rate among women aged 30-70 with diabetes
- 19% of girls aged 15-19 have begun childbearing
- 22% of women of childbearing aged 15-49 are obese
- 24.4% of women aged 25-49 gave birth by age 18
- 45.8% of women aged 25-49 gave birth by age 20

### Pregnancy-Related Care
- 96.6% received antenatal care
- 88.4% had 4+ ANC visits
- 98.4% had blood pressure taken during ANC visit*
- 91% had urinalysis during ANC visit

### Maternal Death Data
- 129 maternal deaths per 100,000 live births
- 20% indirect causes of maternal death or near-miss events
- 13% other direct causes of maternal death or near-miss events
- 26% hemorraghic causes of maternal death or near-miss events
- 21% hypertensive causes of maternal death or near-miss events
- 12% abortion causes of maternal death or near-miss events

### Newborn/Infant Death Data
- 24 infant deaths per 1,000 live births
- 22 perinatal deaths per 1,000 pregnancies
- 18 neonatal deaths per 1,000 live births

### MgSO₄/GC 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, Oxytocin, injectable antibiotics, misoprostol, MgSO₄, amoxicillin, oral rehydration salts, zinc
- Which antihypertensive drugs are on the national essential medicines list?
  - None
- Are there formal mechanisms for procuring these drugs?
  - Yes
- Is there a task-shifting policy in country?
  - No data
- Is there a community health strategy (CHS)?
  - No data
- Are national maternal death or near-miss audits conducted?
  - No data

### Barriers to Accessing Services
- Husbands and mother-in-laws are the decisionmakers
- Distance to facility
- Lack of availability and access to service providers
- Financial costs

---


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

---

End 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.