Hypertensive disorders of pregnancy (HDPs), including pre-eclampsia and eclampsia, affect up to 10% of pregnancies and kill 76,000 women and 500,000 infants every year. These deaths are preventable. Pre-eclampsia can also have a significant impact on the lives and futures of women and their children. Several non-communicable diseases (NCDs) are risk factors for pre-eclampsia and potential long-term complications.

Women with kidney disease are more likely to develop high blood pressure and pre-eclampsia than women with healthy kidneys. Women who had pre-eclampsia are 4-5x more likely to develop kidney disease.

Obesity and diabetes put women at elevated risk for pre-eclampsia and their babies are 4x more likely to be stillborn. Babies of diabetic women are more likely to have fetal malformities.

Maternal nutrition: Iron-deficiency anemia and high-sodium and low-calcium diets increase a woman’s chances of developing pre-eclampsia.

Heart disease is 3-4x more likely to impact women who experienced pre-eclampsia. Women in low- and middle-income countries are more likely to die from heart disease than women in high-income countries.

Mental health: Pre-eclampsia and eclampsia can lead to traumatic experiences during pregnancy, childbirth and the postpartum periods. About 20 percent of mothers in LMICs experience depression after childbirth.

Pre-eclampsia is a leading cause of pre-term births and low birth weight babies, and increases these babies’ risk for anemia and stunting.
WE SUPPORT EFFORTS THAT:

- Call upon governments and health systems to recognize the importance of detecting and diagnosing risk factors, and preventing and treating the HDPs and related NCDs;
- Encourage additional research funding into pre-eclampsia and related disorders;
- Prioritize patient and community education and treatment for these disorders;
- Prioritize education, training, and access to medical resources for healthcare providers;
- Address prevention through access to appropriate, safe, and effective treatments;
- Encourage collaboration and partnerships between public and private sector organizations to support and advance these goals.

BANGLADESH

- Eclampsia causes 20% of maternal deaths; NCDs cause 59% of all deaths; Has national guidelines for the management of major NCDs through a primary care approach.

KENYA

- Eclampsia causes 19% of maternal deaths; NCDs cause 27% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.

PAKISTAN

- Eclampsia causes 10% of maternal deaths; NCDs cause 50% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.

ETHIOPIA

- Hypertensive disorders of pregnancy cause 19% of maternal deaths; NCDs cause 30% of all deaths; No data on whether there are national guidelines for the management of major NCDs through a primary care approach.

NIGERIA

- Hypertensive disorders of pregnancy are the leading cause of maternal mortality at 30%; NCDs cause 24% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.

REFERENCES: