2017

Risk factors for pre-eclampsia and eclampsia in Cambodia

Population Council

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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.

**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.

**Focus Country: Cambodia**

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Populations</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population:</td>
<td>15.8 million</td>
</tr>
<tr>
<td>Total fertility rate:</td>
<td>2.7 births per woman</td>
</tr>
<tr>
<td>Unmet need for postpartum contraception:</td>
<td>16.6%</td>
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</tbody>
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**OVERARCHING HEALTH RISKS**

- 11.2% of people older than 25 have mild hypertension
- 3.3% of women have diabetes
- 2.7% of women are obese
- 12% of girls aged 15–19 have begun childbearing
- 11% of women aged 25–49 gave birth by age 18
- 28% gave birth by age 20

**BARRIERS TO ACCESSING SERVICES**

- Husbands and mother-in-laws are the decisionmakers
- Lack of availability and access to service providers
- Financial costs
- Distance to health facilities

**PREGNANCY-RELATED CARE**

- 95% received antenatal care
- 75.6% had 4+ ANC visits
- 96.1% had blood pressure taken during ANC visit
- 48.9% had urinalysis during ANC visit
- 89% of deliveries were attended by a skilled practitioner
- 6.3% of babies were born via C-section
- 90.3% of mothers and infants had a PNC visit within 48 hours of giving birth

**MATERNAL DEATH DATA**

- 170 maternal deaths per 100,000 live births
- 9% of deaths among girls and women aged 15–49 were associated with pregnancy and childbirth
- 14% of maternal deaths in facilities:
  - 30% Hemorrhage
  - 17% Embolism
  - 12% Sepsis
  - 6% Hypertension
  - 5% Other direct
  - 3% Abortion
  - 1% Indirect

**NEWBORN/INFANT DEATH DATA**

- 28 infant deaths per 1,000 live births
- 18 neonatal deaths per 1,000 live births
- 20 perinatal deaths per 1,000 pregnancies
- 14% of neonatal deaths were related to preterm birth

**MgSO4.CG 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 for Women and Children, which are on the national essential medicines list?
  - Amoxicillin, oral rehydation salts

- Which antihypertensives are on the national essential medicines list?
  - No data

- Are there formal mechanisms for procuring these drugs?
  - Yes

- Is there a task-shifting policy in country?
  - Yes

- Is there a community health strategy (CHS)?
  - Yes

- Are there community health strategy (CHS) audits conducted?
  - Yes

**Population Council**

End of 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.


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