2017

Risk factors for pre-eclampsia and eclampsia in Cambodia

Population Council

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh


How does access to this work benefit you? Let us know!

Recommended Citation


This Fact Sheet is brought to you for free and open access by the Population Council.
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.

**FOCUS COUNTRY**

**CAMBODIA**

**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.**

---

**DEMOGRAPHICS**

**POPULATION:** 15.8 MILLION

**TOTAL FERTILITY RATE:** 2.7 BIRTHS PER WOMAN

**UNMET NEED FOR POSTPARTUM CONTRACEPTION:** 16.6%

---

**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
- Distance to health facilities
- Financial costs

---

**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*

**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

---

**NEWBORN/INFANT DEATH DATA**

- 28 INFANT DEATHS PER 1,000 LIVE BIRTHS
- 20 PERINATAL DEATHS PER 1,000 PREGNANCIES

- 18 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

- 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 |

| OF STAFF ARE TRAINED TO ADMINISTER MgSO4 AND CG |
| NO DATA |

---

**NATIONAL/STATE POLICIES**

- Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? Amoxicillin, oral rehydration salts
- Which antihypertensives are on the national essential medicines list? NO DATA
- Are there formal mechanisms for procuring these drugs? YES
- Is there a community health strategy (CHS)? YES
- Is there a task-shifting policy in country? YES
- Are national maternal death or near-miss audits conducted? YES

---

**ENDS**


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