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Risk factors for pre-eclampsia and eclampsia in Nepal

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.

**DEMOGRAPHICS**

**POPULATION:** 28.8 MILLION

**TOTAL FERTILITY RATE:** 2.6 BIRTHS PER WOMAN

**UNMET NEED FOR POSTPARTUM CONTRACEPTION:** 27%

**OVERARCHING HEALTH RISKS**

- **25.7%** of people older than 25 have hypertension
- **2.7%** of women have diabetes
- **4.8%** of women are obese
- **17%** of girls aged 15-19 have begun childbearing
- **22.8%** of women aged 25-49 gave birth by age 18
- **47.6%** gave birth by age 20

**BARRIERS TO ACCESSING SERVICES**

- Husbands and mother-in-laws are the decisionmakers
- Lack of awareness of women
- Financial costs
- Women bound by social pressure for fertility
- Distance to facilities
- Lack of availability and access to service providers

**PREGNANCY-RELATED CARE**

- **58%** received antenatal care
- **50%** had 4+ ANC visits
- **86.4%** had blood pressure taken during ANC visit*
- **55.9%** had urinalysis during ANC visit*
- **36%** of deliveries were attended by a skilled practitioner
- **4.6%** of babies born via C-section
- **45%** of mothers and infants had a PNC visit within 48 hours of giving birth

**MATERNAL DEATH DATA**

- **229** MATERNAL DEATHS PER 100,000 LIVE BIRTHS
- **22%** of deaths among girls and women aged 12-49 were associated with pregnancy and childbirth
- **30%** Hemorrhage
- **14%** Sepsis
- **12%** Abortion
- **6%** Embolism
- **4%** Hypertension
- **3%** Other direct
- **2%** Indirect

**NEWBORN/INFANT DEATH DATA**

- **34** INFANT DEATHS PER 1,000 LIVE BIRTHS
- **37** PERINATAL DEATHS PER 1,000 PREGNANCIES
- **57** NEONATAL DEATHS PER 1,000 LIVE BIRTHS
- **16%** 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?
- Which antihypertensives are on the national essential medicines list?
- Are there formal mechanisms for procuring these drugs?
- Is there a task-shifting policy in country?
- Is there a health strategy (CHS)?
- Are national maternal death or near-miss audits conducted?


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