
Reproductive Health

Social and Behavioral Science Research (SBSR)

2017

Risk factors for pre-eclampsia and eclampsia in Nepal

Population Council

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



Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society Commons, International Public Health Commons, Maternal and Child Health Commons, and the Women's Health Commons

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

Recommended Citation

"Risk factors for pre-eclampsia and eclampsia in Nepal," fact sheet. Washington, DC: Population Council, 2017.

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.

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



WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY



DISTANCE TO FACILITIES



LACK OF AWARENESS OF WOMEN



FINANCIAL COSTS



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS

PREGNANCY-RELATED CARE



58% RECEIVED ANTENATAL CARE



36% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



50% HAD 4+ ANC VISITS



4.6% OF BABIES BORN VIA C-SECTION



86.4% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*



45% OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



55.9% HAD URINALYSIS DURING ANC VISIT*

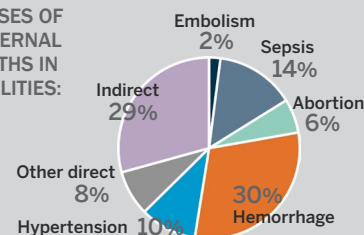
*among women who had a live birth.

MATERNAL DEATH DATA

229

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



NO DATA

OF DEATHS AMONG GIRLS AND WOMEN AGED 12-49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

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? →

Oxytocin, misoprostol, MgSO₄, chlorhexidine, amoxicillin, zinc, contraceptive implants

Which antihypertensives are on the national essential medicines list? →

Nifedipine

Are there formal mechanisms for procuring these drugs? →

Yes

Is there a community health strategy (CHS)?

NO DATA

Is there a task-shifting policy in country? →

No

Are national maternal death or near-miss audits conducted?

Yes

Sources: Nepal Demographic and Health Survey 2011. World Statistics Pocketbook - Nepal, UN Data, 2017. Prevalence of Non-Communicable Disease Risk Factors in Nepal, STEPS Survey Country Report, September 2010. Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report. National List of Essential Medicines Nepal (Fourth Revision), 2009. Working Paper: Drug Procurement in Nepal, The Centre for International Public Health Policy, 2007. B. Deller et al. / International Journal of Gynecology and Obstetrics 130 (2015) S25-S31. Bhusal, Chetkant & Bhattara, Sigma & Bhaskar, Ravi. (2015). Maternal health in Nepal: progress, challenges and opportunities. International Journal of Medical and Health Research ISSN: 2454-9142. 1. 68-73.

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