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


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.

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population:</td>
<td>28.8 million</td>
</tr>
<tr>
<td>Total Fertility Rate:</td>
<td>2.6 births per woman</td>
</tr>
<tr>
<td>Unmet Need for Postpartum Contraception:</td>
<td>27%</td>
</tr>
</tbody>
</table>

**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

**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*

*among women who had a live birth.

**MATERNAL DEATH DATA**

- 229 maternal deaths per 100,000 live births
- 22% of mothers and infants had a PNC visit within 48 hours of giving birth
- 30% of neonatal deaths were related to preterm birth
- 16% of neonatal deaths per 1,000 live births

**NEWBORN/INFANT DEATH DATA**

- 34 infant deaths per 1,000 live births
- 37 perinatal deaths per 1,000 pregnancies

**OVERALL HEALTH RISKS**

<table>
<thead>
<tr>
<th>Type of Data</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neoplastic disease</td>
<td>5%</td>
</tr>
<tr>
<td>Other direct</td>
<td>8%</td>
</tr>
<tr>
<td>Indirect</td>
<td>29%</td>
</tr>
<tr>
<td>Embolism</td>
<td>2%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>14%</td>
</tr>
<tr>
<td>Hemorrhage</td>
<td>6%</td>
</tr>
</tbody>
</table>

**BARRIERS TO ACCESSING SERVICES**

- Husbands and mother-in-laws are the decisionmakers
- Lack of awareness of women
- Financial costs
- Lack of availability and access to service providers

**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 task-shifting policy in country? Yes
- Is there a community health strategy (CHS)? Yes
- Are national maternal death or near-miss audits conducted? No


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