

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](#)

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*



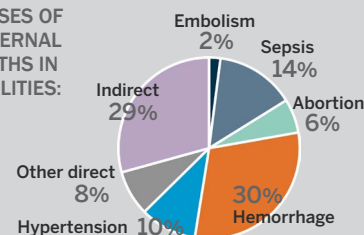
*among women who had a live birth.

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.