2017

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.

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

NO DATA

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

CAUSES OF
MATERNAL
DEATHS IN
FACILITIES:

NEWBORN/INFANT DEATH DATA

34

INFANT DEATHS
PER 1,000 LIVE
BIRTHS

57

NEONATAL DEATHS
PER 1,000 LIVE
BIRTHS

37

PERINATAL DEATHS
PER 1,000
PREGNANCIES

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. Bhushal, 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.