

Hypertensive disorders of pregnancy (HDPs), including pre-eclampsia and eclampsia, affect up to **10%** of pregnancies and kill **76,000** women and **500,000** infants every year. These deaths are preventable. Pre-eclampsia can also have a significant impact on the lives and futures of women and their children. Several non-communicable diseases (NCDs) are risk factors for pre-eclampsia and potential long-term complications.



Women with **kidney disease** are more likely to develop high blood pressure and pre-eclampsia than women with healthy kidneys. Women who had pre-eclampsia are **4-5x more likely to develop kidney disease**.



Obesity and diabetes put women at elevated risk for pre-eclampsia and their babies are **4x more likely to be stillborn**. Babies of diabetic women are more likely to have fetal malformities.



Maternal nutrition: Iron-deficiency anemia and high-sodium and low-calcium diets increase a woman's chances of developing pre-eclampsia.



Heart disease is **3-4x more likely to impact women who experienced pre-eclampsia**. Women in low- and middle-income countries are more likely to die from heart disease than women in high-income countries.



Mental health: Pre-eclampsia and eclampsia can lead to traumatic experiences during pregnancy, childbirth and the postpartum periods. About **20 percent of mothers in LMICs experience depression after childbirth**.



Pre-eclampsia is a leading cause of **pre-term births and low birth weight babies**, and increases these babies' risk for anemia and stunting.



WE SUPPORT EFFORTS THAT:

Call upon governments and health systems to recognize the importance of detecting and diagnosing risk factors, and preventing and treating the HDPs and related NCDs; Encourage additional research funding into pre-eclampsia and related disorders; Prioritize patient and community education and treatment for these disorders; Prioritize education, training, and access to medical resources for healthcare providers; Address prevention through access to appropriate, safe, and effective treatments; Encourage collaboration and partnerships between public and private sector organizations to support and advance these goals.



BANGLADESH

Eclampsia causes 20% of maternal deaths; NCDs cause 59% of all deaths; Has national guidelines for the management of major NCDs through a primary care approach.



32% OF WOMEN HAVE HYPERTENSION AND 28% ARE PRE-HYPERTENSIVE



31% OF GIRLS AGED 10-19 HAVE BEGUN CHILDBEARING



11% OF WOMEN HAVE DIABETES AND 25% ARE PRE-DIABETIC



17% OF EVER-MARRIED WOMEN AGED 15-49 ARE OBESE



ETHIOPIA

Hypertensive disorders of pregnancy cause 19% of maternal deaths; NCDs cause 30% of all deaths; No data on whether there are national guidelines for the management of major NCDs through a primary care approach.



29% OF ALL WOMEN HAVE HYPERTENSION*



6.6% OF ALL WOMEN HAVE DIABETES



22% OF WOMEN OF CHILDBEARING AGE ARE OBESE



10% OF GIRLS AGED 15-19 ARE MOTHERS OR ARE PREGNANT WITH THEIR FIRST CHILD

*among women from Addis Ababa



NIGERIA

Hypertensive disorders of pregnancy are the leading cause of maternal mortality at 30%; NCDs cause 24% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.



25% OF WOMEN HAVE HYPERTENSION



2% OF ADULTS AGED 20-79 HAVE DIABETES



23% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING



OBESITY AMONG WOMEN OF CHILDBEARING AGE:
URBAN 33%
RURAL 18%



PAKISTAN

Eclampsia causes 10% of maternal deaths; NCDs cause 50% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.



18% OF PEOPLE OLDER THAN 15 HAVE HYPERTENSION



10% OF ADULTS HAVE DIABETES



50% OF WOMEN OF CHILDBEARING AGE ARE OBESE



8% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

15% OF WOMEN AGED 25-49 GAVE BIRTH BY AGE 18

32% GAVE BIRTH BY AGE 20



KENYA

Eclampsia causes 19% of maternal deaths; NCDs cause 27% of all deaths; No national guidelines for the management of major NCDs through a primary care approach.



9% OF WOMEN HAVE HYPERTENSION



1% OF ADULTS AGED 20-79 HAVE DIABETES



15% OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING

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