2017

Risk factors for pre-eclampsia and eclampsia in Belize

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:
388,000

TOTAL FERTILITY RATE:
**2.6 BIRTHS
PER WOMAN**

UNMET NEED FOR
POSTPARTUM
CONTRACEPTION:
22.2%

OVERARCHING HEALTH RISKS

**7% DIABETES
MORTALITY RATE IN
WOMEN**

**8% OF WOMEN
AGED 30-70 HAVE
CARDIOVASCULAR
DISEASE**

**26.4%
OF WOMEN OF
CHILDBEARING AGE
ARE OBESE**

**14.7% OF
GIRLS AGED
15-19 HAVE
BEGUN**

CHILDBEARING

**17.3% OF WOMEN
AGED 20-24 GAVE
BIRTH BY AGE 18**

**29% OF WOMEN
AGED 20-49 MARRIED
BY AGE 18**

BARRIERS TO ACCESSING SERVICES

HUSBANDS AND
MOTHER-IN-
LAWS ARE THE
DECISIONMAKERS

DISTANCE TO
FACILITIES

FINANCIAL
COSTS

PREGNANCY-RELATED CARE

**97.2% RECEIVED
ANTENATAL CARE**

**96.8% OF
DELIVERIES
WERE ATTENDED
BY A SKILLED
PRACTITIONER**

**92.6% HAD 4+
ANC VISITS**

**34.2% OF
BABIES DELIVERED
VIA C-SECTION**

**97.8% HAD
BLOOD PRESSURE
TAKEN DURING
ANC VISIT***

**96.4% OF
MOTHERS AND
INFANTS HAD A PNC
VISIT WITHIN 48
HOURS OF GIVING
BIRTH**

**97.8% HAD
URINALYSIS
DURING ANC VISIT***

*among women who had a live birth.

MATERNAL DEATH DATA

28

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

9

INFANT DEATHS
PER 1,000 LIVE
BIRTHS

5

NEONATAL DEATHS
PER 1,000 LIVE
BIRTHS

4.9

PERINATAL DEATHS
PER 1,000
PREGNANCIES

NO DATA

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, MgSO₄, chlorhexidine, amoxicillin, oral rehydration salts, emergency contraceptives

Which antihypertensives are on the national essential medicines list?

Hydralazine, methyldopa, labetalol, nifedipine

Are there formal mechanisms for procuring these drugs?

NO DATA

Is there a task-shifting policy in country?

NO DATA

Is there a community health strategy (CHS)?

YES

Are national maternal death or near-miss audits conducted?

NO DATA

Sources: Belize Population and Housing Census - Country Report 2010, Statistical Institute of Belize, UNFPA. Child Mortality Estimates - Belize, 2015, UNICEF. The World Bank Data - Belize, 2017. UNICEF Data: Monitoring the Situation of Women and Children, 2017. Country Profile - Belize: Maternal, Newborn & Child Survival, 2012. Global Health Observatory data repository, 2015. SDG Indicators Global Database 2017. WHO Diabetes Country Profile 2016. The Situation Analysis of Children and Women in Belize 2011 - An Ecological Review, UNICEF. Health Statistics of Belize 2006 - 2010. Health in the Americas - Belize, 2017. Belize Drug Formulary and Therapeutics Manual, 9th Edition - 2009-2011, 2008. Multiple Indicator Cluster Survey - Monitoring the Situation of Children and Women - 2015-2016, Statistical Institute of Belize and UNICEF Belize, 2017.

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