

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*

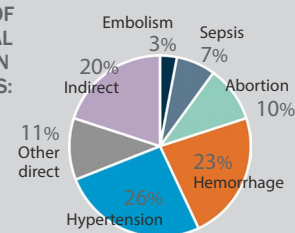
*among women who had a live birth.

MATERNAL DEATH DATA

28

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

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

9

INFANT DEATHS PER 1,000 LIVE BIRTHS

4.9

PERINATAL DEATHS PER 1,000 PREGNANCIES

5

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

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 community health strategy (CHS)? →

YES

Is there a task-shifting policy in country? →

NO DATA

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.