2017

Risk factors for pre-eclampsia and eclampsia in Belize

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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.

ENDING Eclampsia seeks to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and to strengthen global partnerships.

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
92.6% HAD 4+ ANC VISITS
97.8% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*
97.8% HAD URINALYSIS DURING ANC VISIT*

96.8% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER
34.2% OF BABIES DELIVERED VIA C-SECTION
96.4% OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

MATERNAL DEATH DATA

28 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:

Emboli 3%
Infection 23%
Hypertension 10%
Hemorrhage 20%
Sepsis 7%
Abortion 10%
Other direct 11%
Indirect 23%

NEWBORN/INFANT DEATH DATA

9 INFANT DEATHS PER 1,000 LIVE BIRTHS

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
Whose antihypertensives are on the national essential medicines list? → Hydralazine, methyldopa, labetolol, nifedipine
Are there formal mechanisms for procuring these drugs? → NO DATA
Is there a task-shifting policy in the country? → NO DATA
Is there a community health strategy (CHS)? → NO DATA
Are national maternal death or near-miss audits conducted? → YES