

---

Reproductive Health

Social and Behavioral Science Research (SBSR)

---

2017

## Risk factors for pre-eclampsia and eclampsia in Guatemala

Population Council

Follow this and additional works at: [https://knowledgecommons.popcouncil.org/departments\\_sbsr-rh](https://knowledgecommons.popcouncil.org/departments_sbsr-rh)



Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society Commons, International Public Health Commons, Maternal and Child Health Commons, and the Women's Health Commons

**How does access to this work benefit you? Let us know!**

---

### Recommended Citation

"Risk factors for pre-eclampsia and eclampsia in Guatemala," fact sheet. Washington, DC: Population Council, 2017.

This Fact Sheet is brought to you for free and open access by the Population Council.

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:  
**16.6 MILLION**

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

UNMET NEED FOR POSTPARTUM CONTRACEPTION:  
**13.9%**

## OVERARCHING HEALTH RISKS



**8.2%** OF WOMEN HAVE DIABETES



**20.7%** OF GIRLS AGED 15-19 HAVE BEGUN CHILDBEARING



**24.7%** OF URBAN AND

**16%** OF RURAL WOMEN ARE OBESE

## BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



DISTANCE TO HEALTH FACILITY



WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY



FINANCIAL COSTS



FEAR OF TRAVELING ALONE



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS

## PREGNANCY-RELATED CARE



**91%** RECEIVED ANTENATAL CARE



**65.6%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



**86.2%** HAD 4+ ANC VISITS



**65%** OF BIRTHS TOOK PLACE IN A FACILITY



**92.5%** HAD BLOOD PRESSURE TAKEN DURING ANC VISIT\*



**26.3%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



**72.8%** HAD URINALYSIS DURING ANC VISIT\*

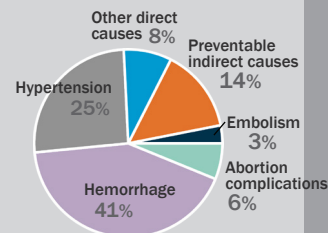
\*among women who had a live birth.

## MATERNAL DEATH DATA

**140**

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



**13%**

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

## NEWBORN/INFANT DEATH DATA

**28**

INFANT DEATHS PER 1,000 LIVE BIRTHS

**22**

PERINATAL DEATHS PER 1,000 PREGNANCIES

**17**

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

**12%**

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

## MgSO<sub>4</sub>/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS CAN ADMINISTER MgSO<sub>4</sub> AND CALCIUM GLUCONATE (CG)

**NO DATA** OF NON-TEACHING HOSPITALS HAVE MgSO<sub>4</sub> AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

**NO DATA** OF STAFF ARE TRAINED TO ADMINISTER MgSO<sub>4</sub> 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, MgSO<sub>4</sub>, injectable antibiotics, chlorhexidine, amoxicillin, calcium gluconate, oral rehydration salts, zinc, contraceptive implants

Which antihypertensives are on the national essential medicines list?

→ Hydralazine and methyldopa

Are there formal mechanisms for procuring these drugs?

→ Yes

Is there a community health strategy (CHS)?

→ No

Is there a task-shifting policy in country?

→ Yes

Are national maternal death or near-miss audits conducted?

→ No

Sources: Ministerio de Salud Pública y Asistencia Social (MSPAS), Instituto Nacional de Estadística (INE), ICF International, 2017, Encuesta Nacional de Salud Materno Infantil 2014-2015, Informe Final. Guatemala MSPAS/INE/ICF. Encuesta Nacional de Condiciones de Vida, 2014, Guatemala 2016. The World Bank Data, Adolescent fertility rate, 2017. UN Commission on Life-Saving Commodities for Women and Children, Commissioners' Report, September 2012. Lista Basica de Medicamentos Ministerio de Salud Publica y Asistencia Social, Guatemala, 2013. Informatica y Vigilancia Epidemiologica, Guatemala, 2004. Memoria de labores, Ministerio de Salud Publica y Asistencia Social, 2016. WHO Diabetes Country Profile, Guatemala, 2016. Estadística de Mortalidad materna, Guatemala, enero a diciembre 2014-2015, 2016.

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