Risk factors for pre-eclampsia and eclampsia in Guatemala

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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: 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 CHILDREARING**
- **24.7% OF URBAN AND 16% OF RURAL WOMEN ARE OBESE**

**PREGNANCY-RELATED CARE**

- **91% RECEIVED ANTENATAL CARE**
- **86.2% HAD 4+ ANC VISITS**
- **92.5% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT**
- **72.8% HAD URINALYSIS DURING ANC VISIT**

- **65.6% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER**
- **65% OF BIRTHS TOOK PLACE IN A FACILITY**
- **26.3% OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING 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

**MATERNAL DEATH DATA**

- **140 MATERNAL DEATHS PER 100,000 LIVE BIRTHS**
- **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 NEONATAL DEATHS PER 1,000 LIVE BIRTHS**

**BARRIERS TO ACCESSING SERVICES**

- HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS
- DISTANCE TO HEALTH FACILITY
- WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY
- FEAR OF TRAVELING ALONE
- FINANCIAL COSTS
- LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS

**NATIONAL/STATE POLICIES**

- Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? → Oxytocin, misoprostol, MgSO4, 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 task-shifting policy in country? → Yes
- Are there a community health strategy (CHS)? → No
- Are national maternal death or near-miss audits conducted? → No


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

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.