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

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**

**24.7% OF
URBAN AND
16% OF RURAL
WOMEN ARE OBESE**

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

BARRIERS TO ACCESSING SERVICES

HUSBANDS AND
MOTHER-IN-
LAWS ARE THE
DECISIONMAKERS

WOMEN BOUND BY
SOCIAL
PRESSURE FOR
FERTILITY

FEAR OF TRAVELING
ALONE

DISTANCE
TO HEALTH
FACILITY

FINANCIAL
COSTS

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

13%

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

28

INFANT DEATHS
PER 1,000 LIVE
BIRTHS

17

NEONATAL DEATHS
PER 1,000 LIVE
BIRTHS

22

PERINATAL DEATHS
PER 1,000
PREGNANCIES

12%

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, 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 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 Básica de Medicamentos Ministerio de Salud Pública y Asistencia Social, Guatemala, 2013. Informática y Vigilancia Epidemiológica, Guatemala, 2004. Memoria de labores, Ministerio de Salud Pública 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.