ENDING Eclampsia

FOCUS COUNTRY
BELIZE

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
- **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

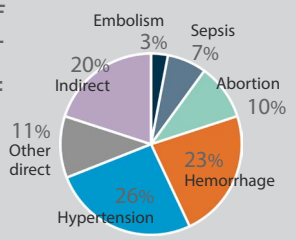
*among women who had a live birth.

MATERNAL DEATH DATA

28 MATERNAL DEATHS PER 100,000 LIVE BIRTHS

NO DATA 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

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

$MgSO_4$/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS **CAN** ADMINISTER $MgSO_4$ AND CALCIUM GLUCONATE (CG)

NO DATA OF NON-TEACHING HOSPITALS HAVE $MgSO_4$ AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

NO DATA OF STAFF ARE TRAINED TO ADMINISTER $MgSO_4$ AND CG

NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list? → **Oxytocin, $MgSO_4$, chlorhexidine, amoxicillan, oral rehydration salts, emergency contraceptives**

Which 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 country? → **NO DATA**

Is there a community health strategy (CHS)? → **YES**

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 Insitute 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.

USAID FROM THE AMERICAN PEOPLE

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.

POPULATION COUNCIL
Ideas. Evidence. Impact.