ENDING Eclampsia

FOCUS COUNTRY

GUATEMALA

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
- 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

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

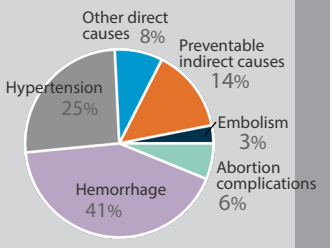
*among women who had a live birth.

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

22 PERINATAL DEATHS PER 1,000 PREGNANCIES

17 NEONATAL DEATHS PER 1,000 LIVE BIRTHS

12% OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

$MgSO_4$/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, misoprostol, $MgSO_4$, 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**

Is there a community health strategy (CHS)? → **No**

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.

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.