ENDING Eclampsia

FOCUS COUNTRY

HONDURAS

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:
8.2 MILLION

TOTAL FERTILITY RATE:
2.4 BIRTHS PER WOMAN

UNMET NEED FOR CONTRACEPTION:
10.7%

OVERARCHING HEALTH RISKS

7.9% DEATH RATE AMONG WOMEN AGED 30-70 WITH DIABETES

19% OF GIRLS AGED 15–19 HAVE BEGUN CHILDBEARING

22% OF WOMEN OF CHILDBEARING AGED 15-49 ARE OBESE

24.4% OF WOMEN AGED 25–49 GAVE BIRTH BY AGE 18

45.8% OF WOMEN AGED 25-49 GAVE BIRTH BY AGE 20

BARRIERS TO ACCESSING SERVICES

- ☑ HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS
- ☑ DISTANCE TO FACILITY
- ☑ LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS
- ☑ FINANCIAL COSTS

PREGNANCY-RELATED CARE

96.6% RECEIVED ANTENATAL CARE

88.4% HAD 4+ ANC VISITS

98.4% HAD BLOOD PRESSURE TAKEN DURING ANC VISIT*

91% HAD URINALYSIS DURING ANC VISIT

82.8% OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER

19.4% OF BABIES BORN VIA C-SECTION

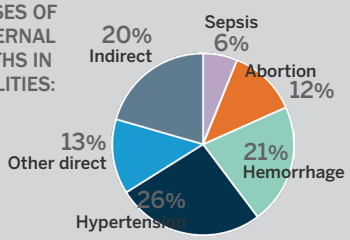
85% OF MOTHERS AND **83%** OF INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH

MATERNAL DEATH DATA

129 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

24 INFANT DEATHS PER 1,000 LIVE BIRTHS

22 PERINATAL DEATHS PER 1,000 PREGNANCIES

18 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, injectable antibiotics, misoprostol, $MgSO_4$, amoxicillin, oral rehydration salts, zinc**

Which antihypertensive drugs are on the national essential medicines list? → **None**

Are there formal mechanisms for procuring these drugs? → **YES**

Is there a task-shifting policy in country? → **NO DATA**

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

Are national maternal death or near-miss audits conducted? → **NO DATA**

Sources: Instituto Hondureño de Seguridad Social. 2011. Cuadro básico de medicamentos (CBM). Tegucigalpa, Honduras. IHSS; Secretaría de Salud de la República de Honduras. 2010. Normas nacionales para la atención Materno-Neonatal. Tegucigalpa, Secretaría de Salud; Secretaría del Despacho de la Presidencia, Instituto Nacional de Estadística & Secretaría de Salud. 2013. Encuesta Nacional de Demografía y Salud 2012-2013. Honduras, Tegucigalpa; Secretaría de Salud del Gobierno de Honduras. 2016. Memoria institucional de 2016, resultados y logros. Tegucigalpa; World Bank. 2015; World Health Organization. 2008. Country profile: Honduras; World Health Organization. 2015. Maternal Mortality in 1990-2015: Honduras; World Health Organization. 2016. Diabetes Country Profile: Honduras; United Nations Population Fund. 2017. World Population Dashboard: Honduras.

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.