

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



DISTANCE TO HEALTH FACILITY



WOMEN BOUND BY SOCIAL PRESSURE FOR FERTILITY



FINANCIAL COSTS



FEAR OF TRAVELING ALONE



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*

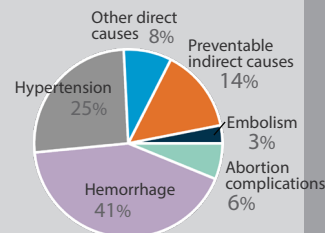
*among women who had a live birth.

MATERNAL DEATH DATA

140

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

CAUSES OF MATERNAL DEATHS IN FACILITIES:



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

PERINATAL DEATHS PER 1,000 PREGNANCIES

17

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

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 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.