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Belize : Maternal Mortality and Morbidity

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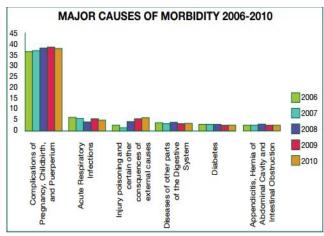
BELIZE

Political Structure: It is a parliamentary structure. It's dominated by two parties: PUP and UDP. There's an individual judiciary to guarantee rights. There are elected representatives in the National Assembly and Cabinet of the Prime Minister

Population: Major Challenges: 336,954 people • Lack of physicians Religion: Roman Catholic Maternal • 49.7%, 27% protestant mortality HIV Ethnicity: Mestizo 34%, Kriols 35%, Mayan 10.6% High deforestation rates Increasing disparities among those in Gulf of Mexico poverty Bad pollution Information from: Casado

Internet Group (2010)

A major issue in Belize is the morbidity and mortality caused by pregnancy and childbirth complications. There is a high rate of death and injury due to many different factors. As seen in the figure below according to Bell et al, it's a landslide.



The biggest issue is that some people don't have easily accessible and affordable health care. People without access in these areas (either due to the cost or lack of means of transportation to travel to the hospital) usually use a midwife in town that is brought to the home to perform the delivery. Midwives are very professional and many have exceptionally high success rates. Unfortunately though, if there are some complications where anything more intensive must be done, i.e. a C-section, midwives may not be capable. When interviewing families and midwives in Belize, Samantha Davis (2011) found a midwife who "was unfamiliar with the procedure", so if a baby was flipped feet first in the womb, there may be some complications that the midwife wouldn't know how to handle without proper equipment. Also in some cases, the midwife is not available, leaving the parents-to-be to deliver the baby themselves. This is where most of the complications lie because there's no immediate staff or technology on deck in case something goes awry. This is not an isolated problem either as we see that "the leading causes of hospitalization among adolescent and young adults between ages 15-19 years and 20 to 29 years is related to

pregnancy, childbirth and the puerperium which accounts for approximately 70% of hospitalizations in Belize." (Bell et al 2014, 22). Although it's gotten better, it's still one of the biggest challenges of Belize.

The demographic of this health issue is pregnant woman and new-born children. More specifically, the people most at risk are those in low socioeconomic classes and rural areas. In those rural areas, there are hospitals far and few between making it difficult to find means of transportation to make the journey for childbirth. A midwife may be available in town, but as stated before it may not be an ideal situation and things can still go wrong.

The Belize government has taken many measures to help reach the UN Millennium Goals, two of which are goals to reduce maternal and infant mortality rates. In order to help with these goals, there has been changes made to the National Health Insurance (NHI) of Belize to make healthcare more affordable and accessible. Because of these changes, "districts with contracts through the NHI program showed greater improvements in facility births [...] and maternal mortality" (Bowser et al 2013). While all these changes are positive and have been going well, there is still the issue in those hard to reach rural areas.

An idea in order to help fix this problem would be to give basic training to some people in rural areas. We see in many studies that having a "skilled birth attendant present is the largest absolute inequality of all interventions (Restrepo-Méndez, et al 2015). Although it is not ideal for families to deliver their own babies, the biggest issue is not having professionals. It's unrealistic with the already low hospital staff in Belize to think we can integrate more hospitals in the rural areas. It would be very expensive and there wouldn't be enough people to staff it. Of course a hospital is always preferred, but it's a better option than leaving parents-to-be to guess and assume what to do in this emergency situation. Also making a program of incentivizing more people to become and train as midwives may be beneficial so there would be more professionals in the area that could help if things go wrong. Overall, Belize has done well helping with the issue, but there is still a lot of work to be done.

References

Bowser, I	D. M., Figueroa, R., Natiq, L., & Okunogbe,
	A. (2013). A preliminary assessment of
	financial stability, efficiency, health systems
	and health outcomes using
	performance-based contracts in Belize. Global
	Public Health, 8(9), 1063-1074.
	doi:10.1080/17441692.2013.829511
	2015;38(1):9–16.

- Bell, L., Figueroa, R., Polcano, J., Sheppard, A., et al. (2014). *Belize Health Sector Strategic Plan.* Retrieved from <u>http://health.gov.bz/ww</u> <u>w/attachments/article/801/Belize%20</u> Health%20Sector%20Strategic%20Plan%202014 -2024-April%202014.pdf
- Casado Internet Group. (2010). *General Information on Belize*. Retrieved from <u>https://ambergris</u> caye.com/pages/town/factsbze.html
- Danis, Samantha. (2011). *Belizean Childbirth: Hospitals vs Homes*. Retrieved from <u>http://pulitzercenter.org/reporting/belizean-c</u> hildbirth-hospitals-vs-homes
- Restrepo-Méndez MC, Barros AJD, Requejo J, Durán P, Serpa LAF, França GVA, et al.(2015) Progress in reducing inequalities in reproductive, maternal, newborn, and child health in Latin America and the Caribbean: an unfinished agenda. Rev Panam Salud Publica.