

AMTSL INDICATOR REFERENCE SHEET – V11 Apr 5th 2007

Indicator 1: Number and Percentage of women in facilities and home where the woman received active management of the third stage of labor (AMTSL) by skilled birth attendants (SBAs)¹ within a specified time period

DESCRIPTION

Precise Definition: Number and percent of women in facilities and homes where the woman received AMTSL by SBAs in targeted areas in a specified time period. This includes vaginal deliveries only.² Targeted areas are those where the United States Agency for International Development partner and Cooperating Agency (CA) maternal and child health projects are implementing AMTSL interventions – these include public and private health facilities, rural and urban health facilities, as well as home births with SBAs. AMTSL is defined as the following three elements:

- a. Use of uterotonic drug within one minute of birth (oxytocin is the drug of choice, preferred 10 IU/IM).
- b. Performance of controlled cord traction.
- c. Performance of uterine massage after the delivery of the placenta.

Unit of Measure: Number and percentage

DATA ACQUISITION

Data Collection Method: AMTSL data can be collected in two ways:

- (1) When AMTSL is included in the facility records (e.g., delivery register, partograph, patient chart), or where logbooks are used for SBAs for home deliveries, the data recorded during the specified time period can be collected.
- (2) In cases where AMTSL is not part of routine data collection, the number of women receiving AMTSL is determined by surveys (self-administered or interviewer-administered) as a proxy for what actually happens.

Data Quality:

1. Where data are collected through routine data collection, validation checks should be performed by supervisory visits that include observation of births. In a low-birth rate facility or for home deliveries, this can be accomplished by implementing demonstration of births and inspecting supplies of uterotonic (preferred oxytocin) in the facility or home. In the cases where patients procure their own uterotonic (preferred oxytocin) and there are no births currently happening during the supervisory visit, provision of AMTSL can be determined by surveying staff at the facility or home.
2. Where there is no routine data collection, supervisory visits should still be performed, observational where possible, and then demonstration in the cases where observation is not possible due to lack of deliveries during the supervisory visit (for facility and home).

Supervisory visit frequency will be determined by the ministry of health (national, district in the cases where this is decentralized) when AMTSL is included in routine data collection. For instances where AMTSL is not included in routine data collection, supervisory visits should occur once during the site specified period.

Data Source(s) - Timing/Frequency of Data Acquisition: Facility registers, logbooks or surveys (primary) - semi-annually

DATA ANALYSIS AND REPORTING

Method of Calculation: For facility and home births, the percentage is calculated by dividing the number of women who received AMTSL recorded in the past time period where AMTSL is recorded (numerator) by the total number of women with vaginal deliveries recorded in the past time period (denominator). **Site specified time period includes during the past zero to twelve months, and can be set at fixed intervals for different locations. For example, some sites may record data during one month and some during three months.**

Data Reporting: Facility registers, logbooks, or surveys reported by USAID partners to POPPHI semi-annually

¹ <http://www.who.int/healthinfo/statistics/indbirthswithskilledhealthpersonnel/en/> - refer to WHO definition of SBA. For trained health cadres outside this WHO definition of SBA, please contact the POPPHI project.

² Does not include Caesarean -Section or abortion

DATA QUALITY AND OTHER ISSUES

Known Data Limitations and Significance (if any): When data is collected via survey (when the data is not available in the facility records), there are limitations because the data is being recorded based on individual recall of health care staff and is subject to error. The supervisory visits provide some validation of the recall but again only occur once during the time period of data collection. Also, there is usually turnover of health care staff, so we cannot guarantee during baseline and final that the same staff will be interviewed (will try to do this but in some cases it is not possible). This means that someone may be part of the final survey who has not been present all the time during the CA or partner projects, so for this person we will not be able to compare baseline and final.

Actions Taken/Planned to Address Data Limitations: Work to include AMTSL in routine data collection.

Indicator Significance and Management Utility: This indicator is used to measure whether AMTSL occurred at facility births or home births with SBAs. This is consistent with the project providing training in AMTSL for facility-based births and determining pre- and post-training if there is an improvement in the use of AMTSL for births.

Location of data storage: Data will be kept with the project team and reported to POPPHI semi-annually.