

**Active Management of the Third Stage of Labor (AMTSL)*
Reporting Form**

1. Project and organization name	Project Name: Organization Name:
2. Country	Country Name:
3. Reporting Period	Start date:
	End date:
4. Total Number of facilities in targeted district	List the number of maternal health facilities per district (i.e., number of facilities, district name). Note: This includes all maternal health facilities in the district, and not just targeted facilities.
5. Total number of women delivering babies attended by skilled birth attendants (SBAs) in your project area in this reporting period	For each district, fill out the number of facility-based women delivering babies by facility, including facility and district names (i.e., number of women, facility name, district name).
	For each district, fill out the number of women delivering babies at home attended by an SBA and list district name.
6. Total number of women that received AMTSL by a skilled birth attendant in this reporting period	For each district, fill out the number of facility-based women that received AMTSL by facility including the facility and district names (i.e., number of women, facility name, district name).
	For each district, fill out the number of women delivering babies at home attended by an SBA and list district name.
7. Remarks	Please list all trained health cadres that are included in your SBA definition.

*Definition of AMTSL is attached.

Facility Data Collection Form

1. Name of facility and district	Name of facility: District:
2. Total number of women delivering babies attended by skilled birth attendants in your project area in this reporting period	Number of women delivering babies at this facility;
	Number of women delivering babies at home:
3. Total number of women that received AMTSL by a skilled birth attendant in this reporting period	Number of women delivering babies that received AMTSL at this facility
	Number of women delivering babies that received AMTSL at home:
4. How is the data collected? Mark all that apply	Facility/skilled birth attendant records – Yes/No Survey – Yes/No Observation – Yes/No
5. Are supervisory checks performed? How often are these performed?	Observation – Yes/No Demonstration – Yes/No Monthly – Yes/No; Quarterly – Yes/No; Semi-Annually – Yes/No; Annually – Yes/No
6. Skilled birth attendants (SBA)	Nurse – Yes/No Midwife – Yes/No OB/Gyn – Yes/No Other ¹ : _____

*AMTSL includes all three components:

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

¹ Refer to AMTSL indicator reference sheet (Indicator 1) for SBA definition.