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# AMTSL Indicator: what it is, how it was developed and its use in USAID-funded projects.

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# Background (1)

- Discussions with POPPHI CTO; Drafted a standardized AMTSL Indicator Reference Sheet in June, 2006
- POPPHI rounds of review during June to November (up to V9)
- Discussion at USAID MCH Indicator meeting on November 27, 2006 in USAID, DC; Updated to V10 on December 14, 2006



# Background (2)

Finalized V11 AMTSL Indicator, April 2007:

‘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)<sup>[1]</sup> within a specified time period’

[1]

<http://www.who.int/healthinfo/statistics/indbirthswithskilledhealthpersonnel/en/> -



# Background (3)

## AMTSL INDICATOR REFERENCE SHEET – V11 Apr 5<sup>th</sup> 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)<sup>1</sup> 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.<sup>2</sup> 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.



# Recommended Modification

- POPPHI and partner experience from 2007 to 2009 leads to the recommended redefinition
  - Include vaginal delivery in the indicator so that this is implied without reading the reference sheet
  - Expand to track for birth attendants practicing AMTSL (e.g. Mali) [see handout]
- “Percentage of women in facilities where the woman received active management of the third stage of labor (AMTSL) for vaginal delivery by birth attendants practicing AMTSL within a specified time period”

# Use in USAID projects

- Many USAID projects using this indicator, although reporting in two different ways
  - Number of women
  - Number of births (leftover from earlier project indicator definitions which could not be changed)
- Projects recording AMTSL practice in facilities in different ways
- Surveyed USAID projects, and received feedback from 4 countries and one multi-country program



# Recording AMTSL practice in Facilities (1)

- AMTSL data recorded in
  - Partograph
  - patient record
  - delivery register/log
- All three components separately or single marker
- Use of stamps, pre-printed records, hand written

# Recording AMTSL practice in Facilities (2)

- Mali, Ghana, DRC, Benin: Partograph (pre-printed) and Delivery log
- Pakistan: Partograph and Delivery log
- Bangladesh: Patient's chart (stamp) and Delivery log (stamp/hand written)
- Indonesia, Nicaragua: Partograph (pre-printed, 3 components)

# Recording AMTSL practice in Facilities (3)

Duration of Stage III:..... minutes

Oxytocin 10 U IM

Yes, time: ... min. after delivery

No, explain...

2nd dose of oxytocin?

Yes, explain.....

No

Controlled cord traction

Yes

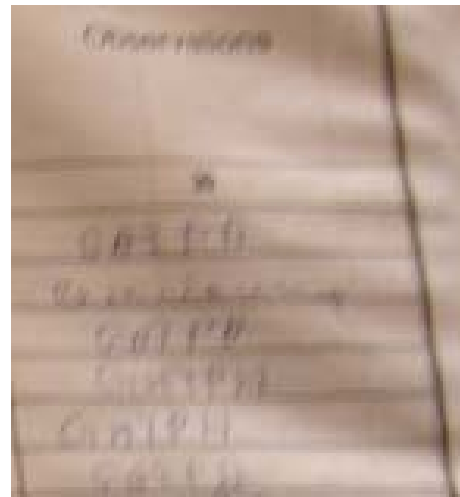
No, explain.....

Fundal Massage:

Yes

No, explain.....

AMTSL	
10 unit Oxytocin provided	<input type="checkbox"/>
Controlled Cord Traction	<input type="checkbox"/>
Uterine massage	<input type="checkbox"/>



# AMTSL Indicator Survey Feedback

- Request to add 'vaginal delivery' into indicator
- Using all three components for AMTSL indicator was not problematic; but not always tracked separately (just one marker)
- Supportive Supervision generally weak, and sometimes just in project areas and not in RH tools
- A general impression that using the indicator leads to providers practicing AMTSL, but no formal evaluation
- Some countries graph AMTSL practice and PPH incidence and find this reinforces AMTSL practice
- Some countries require more time to assess providers perceptions of AMTSL and data recording



# Recording AMTSL in HMIS (district, regional, national)

- Plans: Mali & DRC (Plans for 2010), Benin [national HMIS]
- Ukraine, Bangladesh (project based)
- Senegal, Nicaragua, Honduras [national HMIS]

