

**Indicator: # of mothers with infants under 12 months reporting that their births were attended by a skilled attendant (HE\_MNCH\_085)****HEALTH SECTOR** **PROJECT AREA:** Maternal, Newborn, and Child Health**Type:** Outcome**Unit of Measure:** Individual**Disaggregation:** None**Related Objective:** Increase knowledge and skills of women to adopt practices that contribute to a healthy pregnancy, safe delivery, good postpartum, and a healthy newborn (Objective 1)**Precise definitions**

**Mothers with infants under 12 months:** The mothers included in the outcome indicator should have attended a multisession training on maternal and newborn health, ideally during their pregnancy, co-facilitated by the PCV and their counterpart or local health staff/volunteer. The individual should have attended at least 75 percent of sessions to be counted in the denominator for *HE\_MNCH\_079: Number of target population reached with individual or small group education on maternal and newborn care services*, and therefore this indicator.

**Skilled attendant:** A skilled birth attendant is an accredited health professional—such as a midwife, doctor, or nurse—who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period. A skilled attendant is also trained in the identification, management, and referral of complications in women and newborns. Traditional birth attendants, trained or not, are excluded from the category of skilled attendant at delivery. In developed countries and in many urban areas in developing countries, skilled care at delivery is usually provided in a health facility. However, births can take place in a range of appropriate places, from home to tertiary referral center, depending on availability and need, and WHO does not recommend any particular setting for giving birth.

**Data collection****Tool:** Maternal Health Outcomes Survey

This survey is intended to be given to the pregnant women who participated in a multisession training focused on maternal and newborn health facilitated by the PCV and their counterpart. The pregnant woman should have attended at least 75 percent of the defined information sessions to be included in the survey. Data for the outcome indicators ideally would be collected three to six months after the birth of their baby. If the timing of a PCV's close of service (COS) or other factors will not allow for this, a survey could be conducted earlier, but indicators that reference specific timeframes may need to be removed, such as the one focused on exclusive breastfeeding for six months. While it is the pregnant woman/mother who is taking the survey, some of the questions are focused on the infant. The survey should be conducted by the PCV and their counterpart or co-facilitator of the group following the instructions provided in the outcomes survey tool closely. The survey should include an indicator for each area of prevention of maternal and newborn health that was covered in the training. See the Maternal Health Outcomes Survey for a complete list.

## Reporting

**To be counted for this indicator the following criteria must be met:**

- The mother had a live birth in the past 12 months.
- The mother attended 75 percent of the training sessions offered on essential maternal health services.
- The training was provided by a PCV or their partner in an individual or small group setting with 25 people or less.
- Attendance at the educational sessions was documented by the Volunteer or their partner.