

**Indicator: # of mothers with infants under 12 months who were counseled on postpartum family planning within two months of giving birth (HE\_MNCH\_240)****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.

**Counseled:** a type of client-provider interaction that involves two-way communication between a health-care staff member and a client for the purpose of confirming or facilitating an informed decision by the client or helping the client address problems or concerns. Counseling for family planning helps clients choose and use family-planning methods that suit clients' needs.

**Postpartum family planning:** Family planning (FP) is an essential component of health care provided during the antenatal period, immediately after delivery and during the first year postpartum.<sup>1</sup> Postpartum family planning (PPFP) is defined as the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. The purpose of PPFP is to help women to decide on the contraceptive they want to use, to initiate that contraceptive, and to continue contraceptive use for two years or longer, depending on the reproductive intentions of the woman or couple. There are unique considerations for providing PPFP services to women during the 12-month postpartum period.

**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.

<sup>1</sup> WHO. 2013. [Program Strategies for Postpartum Family Planning](#).

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 woman had a live birth in the past 12 months.
- During her pregnancy, the woman received training on the essential maternal care services and/or participated in a group that was facilitated by a PCV or their partner and was encouraged to attend antenatal care as a result of being in the group.
- The training was provided by the PCV or their partner in an individual or small group setting of 25 or less.
- Attendance at the educational sessions were documented by the Volunteer or their partner.