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# Measuring Maternal Health in a Post-MDG World

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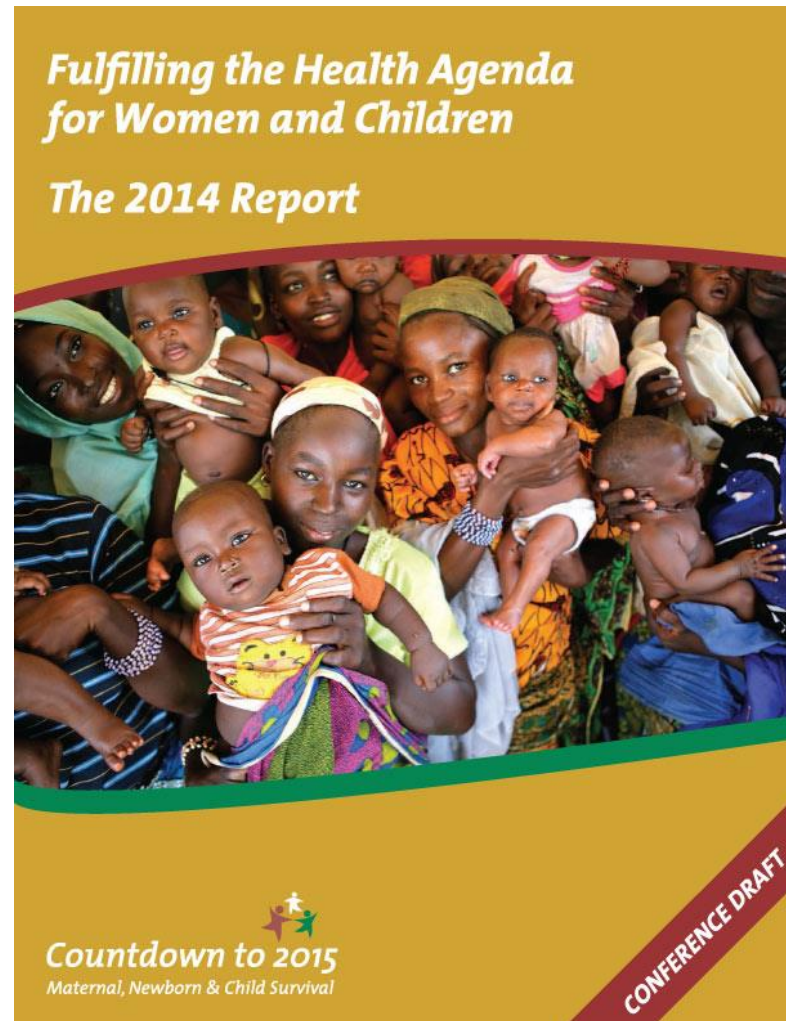
Maternal and Child Survival Program

# What do we measure now?

Global benchmark indicators

- Skilled birth attendance
- Antenatal Care attendance (1,2,3,4 visits)

# Contrast with child health benchmark indicators

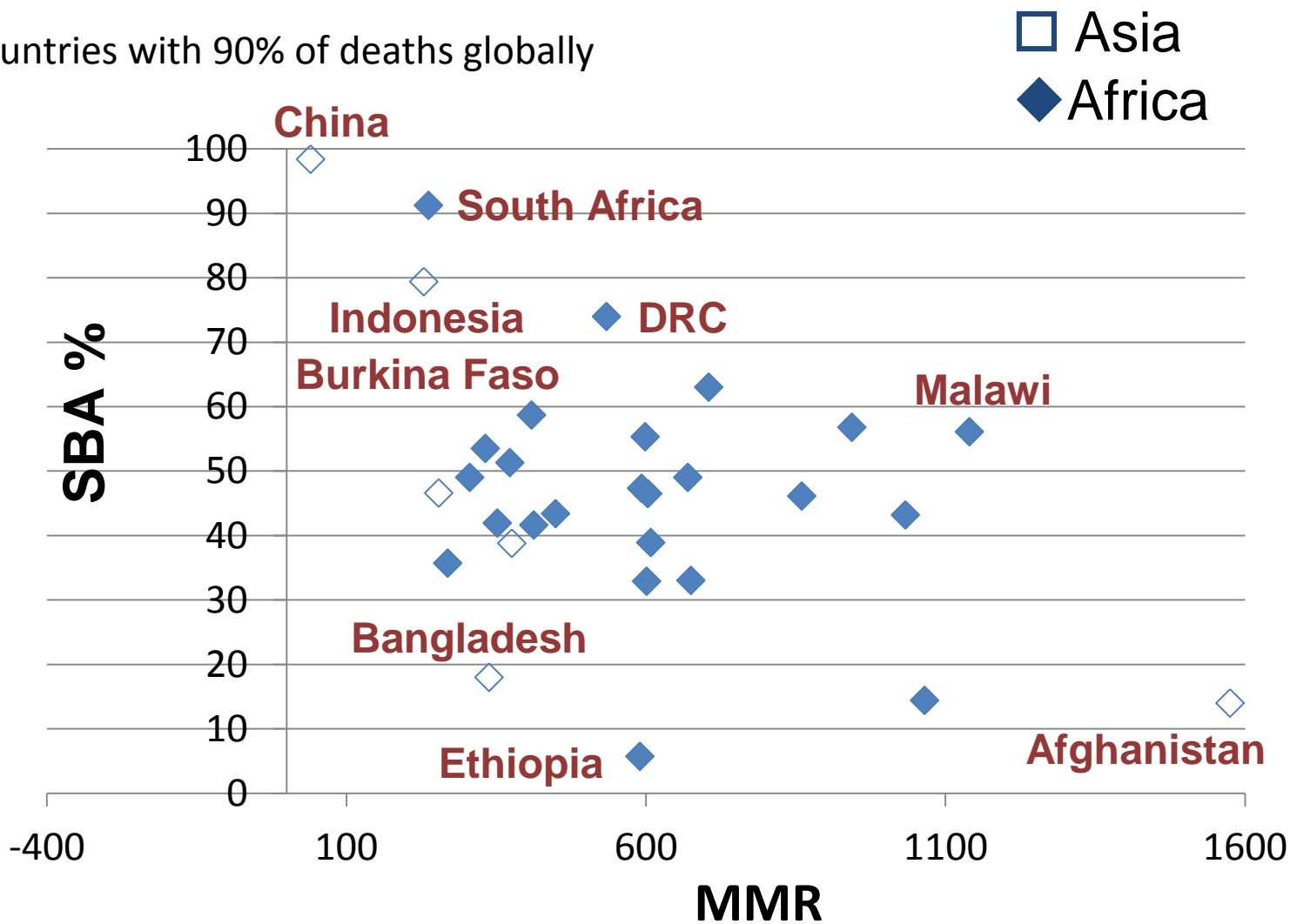


# Why contact indicators are problematic

- Harvey S, et. al.(2007), *Are skilled birth attendants really skilled?*, WHO Bulletin, 85 (10):783-790
- Souza JP, et. al. (2013), *Moving beyond essential interventions for reduction of maternal mortality (the WHO Multicountry Survey on Maternal and Newborn Health): a cross-sectional study*, Lancet, 381: 1747–55

# MMR vs SBA%

30 countries with 90% of deaths globally



# Possible sources for more robust (“content”) data

- **Secondary data sources**
  - National household surveys (DHS, MICS)
  - National facility assessments (SPA, SARA, others)
- **Health Management Information System (HMIS), i.e., routine information**

# Are household surveys the answer?

Measuring Coverage in MNCH:  
Testing the Validity of Women's Self-Report of Key  
Maternal and Newborn Health Interventions during  
the Peripartum Period in Mozambique

C. Stanton, B. Rawlins , M. Drake, M. Dos Anjos,  
L. Chavane, D. Cantor, M. Vaz, L. Chongo, J. Ricca

# Study design to test maternal recall

Step 1: *Observe Labor & Delivery Care (525 labors/births observed in 46 facilities across MZ in Quality of Care Study)*



Step 2: *Wait for 8-10 months*

Step 3: *Conduct household interviews*

- 1) Standard DHS/MICS questions
- 2) Additional questions

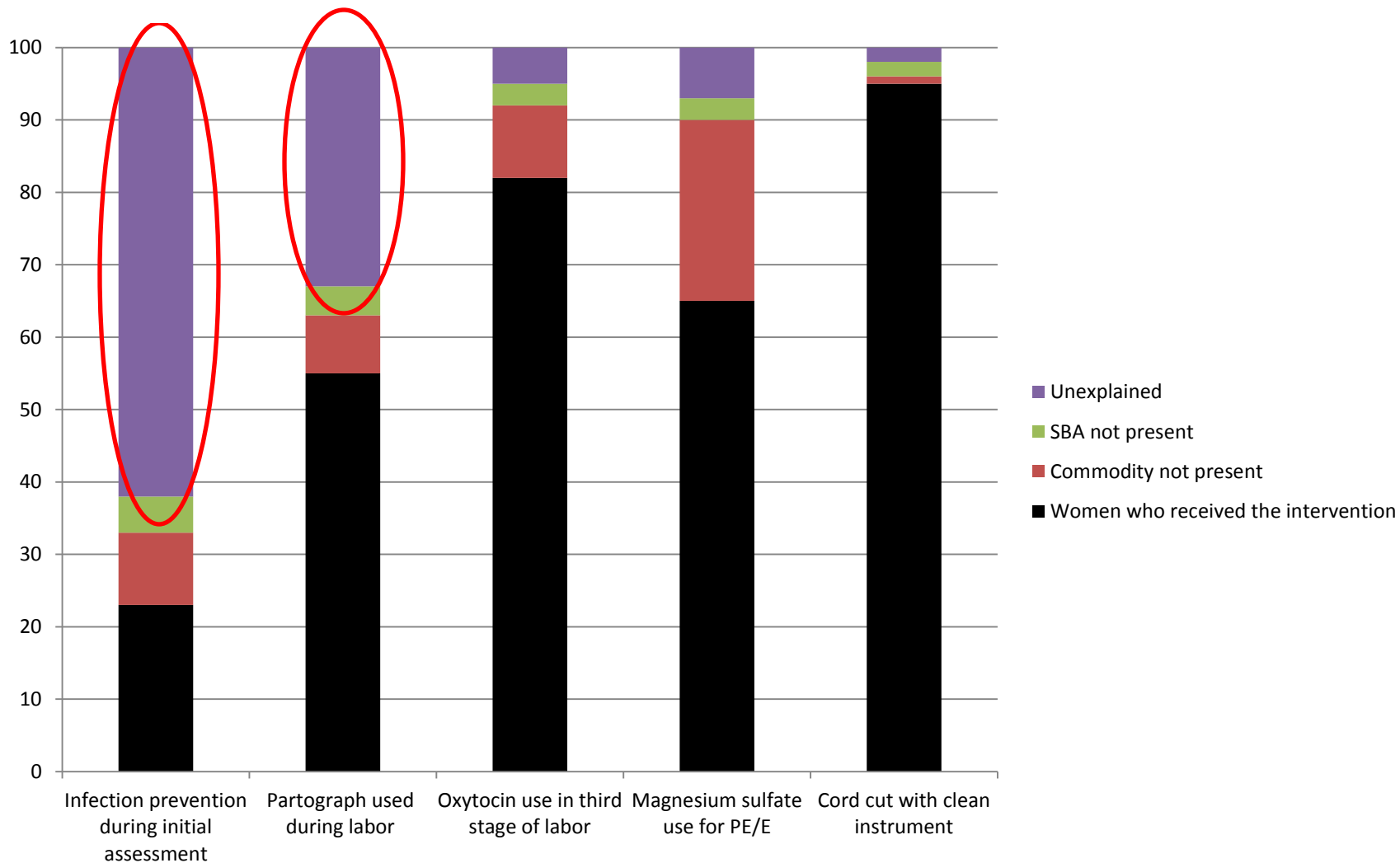
Step 4:  
*Compare, determining validity of respondents' reports*



# Few indicators met validity criteria

INDICATOR	Individual Accuracy	Population Accuracy
Woman delivered in a hospital versus a health center	+	+
Woman had a companion present during the labor or delivery	+	+
Newborn is placed skin to skin on mother's chest	+	+

# Facility Assessments – “readiness-quality gap”



# HMIS as a possible source of data

## PROS

- Readily available
- Regularly reported
- Promotes good habits of data use

## CONS

- Incomplete and inaccurate reporting
- “Incomplete picture” – only public sector facilities

# Promising Approaches

## **METHODS: Possible need for novel approaches**

- Linked facility-population surveys

## **CONTENT: Simple but meaningful indicators**

- Late stillbirth  $\pm$  Very Early Newborn Deaths
- Uterotonic in third stage of labor
- Prolonged labor
- MgSO<sub>4</sub> for PE/E
- C section rate (?)
- Partograph use (?)
- Components of ANC / PPC