Maternal and Newborn Health: Antenatal Care Coverage and Components, and Delivery and Postnatal Care Module

Rationale

Women need access to skilled care during pregnancy and childbirth to ensure prevention, detection and management of complications. The maternal and newborn health (MNH) indicators are service-related indicators that provide information on the extent to which women receive basic health interventions during pregnancy, delivery and postpartum periods. The quality of the services is indicated by ascertaining the timeliness of access to trained health personnel and to services that are delivered using basic equipment.

The antenatal care indicators relate to Millennium Development Goal 5: improve maternal health. In particular, the percentage of births delivered by skilled health personnel is an important indicator for reducing the maternal mortality ratio (target 5A), and coverage of antenatal services is an important element in achieving universal access to reproductive health (target 5B). Several MNH indicators are also included in the Countdown to 2015 mandate that tracks coverage levels for Maternal, Newborn and Child Survival in 75 countries accounting for more the 95% of all maternal, newborn and child deaths. Similarly, the Accountability for Women's and Children's Health tracks several MNH indicators in 49 of the poorest countries.

The MNH health service indicators in this module are population-based indicators published in the international survey databases including USAID DHS indicators, ³ WHO Global Health Observatory (GHO) indicators, ^{4,5} and UNICEF MICS Statistics ⁶ databases. The nine indicators in the Global Reference List (GRL) of Core Indicators (draft for partner review, 12 August 2014) that can be measured by surveys were also taken into account. The definitions from the sources largely harmonized, except for the reference period that varies between 2, 3 and 5 years. The EC Eurostat⁷ and the OECD.StatExtracts ⁸ databases do not include MNH health service indicators among the ones they regularly track.

Experience and evidence

Experience

Population-based household surveys are the primary method to monitor MNH indicators and provide a rich bank of historical, comparable data:

• DHS Phase 1, starting in 1984, core woman's questionnaire included questions on prenatal care and assistance at delivery, tetanus toxoid, and breastfeeding for births in

¹ http://www.countdown2015mnch.org/

² http://www.who.int/woman_child_accountability/about/en/

³ http://dhsprogram.com/data/DHS-Survey-Indicators-Maternal-and-Child-Health.cfm

 $^{^4}$ WHO Global Health Observatory http://apps.who.int/gho/data/node.main.531?lang=en

⁵ WHO World Health Statistics

http://www.who.int/gho/publications/world_health_statistics/EN_WHS2014_Part3.pdf?ua=1

⁶ http://data.unicef.org/maternal-health/antenatal-care

⁷ http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database

⁸ http://stats.oecd.org/

- the five years preceding the survey. These questions have been elaborated over the subsequent DHS phases but are still largely comparable. DHS surveys are conducted approximately every five years in many countries in South America, Africa and Asia.
- The first round of UNICEF MICS was conducted in 1995 and the individual woman's
 questionnaires included a module for Maternal and Newborn Health that was largely if
 not exactly harmonized with the DHS questionnaire. Starting with MICS4 round in 2009,
 UNICEF offers assistance to countries to conduct the surveys every three years instead
 of five, as previously. Each MICS round includes surveys in approximately 50-65
 countries.

Evidence

The evidence base for MNH indicators is strong because population-based household surveys have ensured consistent and standardized data collection methods for three decades, across many if not most low- and middle-income countries. Nevertheless, there have been recent research endeavours to more deeply explore issues around measurements using household surveys, their interpretation and use for global monitoring.⁹

Among the major issues discussed in the Collection of research articles are:

- Some indicators may not be fully reliable or accurate due to recall bias, for example, for the total number of ANC visits or the contents of care. The sensitivity, specificity and accuracy of respondents' reports varies according to indicator (Bryce et al. 2013, Stanton et al. 2013)
- A better understanding of systematic (non-random) error and sampling (random) error will help to improve data quality and correctly interpret and use the results (Bryce et al. 2013, Eisele et al. 2013)
- "The overall validity of self-reported coverage was moderate across selected MNCH indicators. However, at the population level, self-reported coverage appears to have small to moderate degree of bias. Accuracy of the coverage was particularly high for indicators with high recorded coverage or low recorded coverage but high specificity." (Liu et al. 2013)
- Measurement gaps result in technical working groups (TWG), such as the Newborn Indicators TWG, calling for additional indicators to monitor MNH. These should be considered in light of already time-consuming household survey questionnaires administered (Moran et al. 2013)
- Reconciliation of differences in the populations covered and the reference periods used between DHS and MICS surveys (Hancioglu and Arnold 2013)
- Global monitoring, global database development and selection of global coverage indicators need strong and continuous support in order to effectively measure, avoid duplication of efforts, and promote accountability for improving MNH (Requejo 2013)

Additional measurement issues that may compromise the accuracy of estimates include:

- Women's lack of knowledge regarding the exact duration of pregnancy
- Difficulty in recalling the timing of the first ANC visit

⁹ Child Health Epidemiology Reference Group (CHERG). 2013. Measuring Coverage in Maternal, Newborn, and Child Health. PLOS Collections Medicine.

http://www.ploscollections.org/downloads/MeasuringCoverage.pdf

• Lack of knowledge regarding the credentials of the service provider

Trend analyses based on standard reported figures need to take into account that reference periods may differ. This is only a problem if coverage rates change rapidly and substantially. DHS usually presents data for five and sometimes three-year periods, WHO is typically two, three or five years, MICS is typically two years, and the GRL simply indicates within a specified time period.

Finally, an indicator on delivery complications is included in some questionnaires but is not included in the current core questionnaires because research done by Cindy Stanton and results of earlier surveys concluded that the information on self-reported complications during delivery is not valid/reliable (personal communication with ICF Macro, 16 September 2014).

Survey data for the indicators on coverage and quality of care during the maternal and neonatal period are based on recall of the respondent, usually the mother.

In general, the reliability and validity of the indicator are best the simpler and the clearer the intervention is. For instance, the recall of a visit to the clinic is better than the recall of a visit and a specific action of the health worker, which may in turn be better than the recall of a specific treatment given which requires accurate transfer of information by the health worker to the respondent and recall of the mother of that specific treatment to the interviewer (e.g. type of medicine).

Indicators and core modules

The MNH indicator groups include antenatal care, and delivery and postnatal care. The indicators below are from the DHS, WHO and/or MICS websites; the GRL (v4 3 Oct. 2014) includes Antenatal care coverage, Skilled birth attendance, and Postpartum care coverage for mothers and infants.

Core indicators & short module

Information collected on indicators # 1, 3 and 4 pertain to the *last live birth* in the three or five years prior to the survey, regardless of survival status at the time of the interview.

Information collected on indicators # 2 and 5 pertain to *all live births* in the three or five years prior to the survey, regardless of survival status at the time of the interview.

There are five core indicators, all related to the basic coverage of the interventions:

1. Antenatal care coverage	Percentage of pregnant women 15-49 years who have made at least 4 antenatal care visits (any provider)
2. Skilled birth attendance	Percentage of live births attended by skilled health personnel
Postpartum care coverage	Percentage of mothers and babies who received postpartum
	care within two days of childbirth (regardless of place of
	delivery)
3. Postpartum care coverage	Percentage of mothers who received postpartum care within
for mothers	two days of childbirth (regardless of place of delivery)

Comment [fg1]: Suggest to delete and make this two indicators (added below), since both content is different as well as the denominator

Comment [fg2]: Added new.

4. Postpartum check-up for	Percentage of infants who received a postnatal check-up
infants	within two days of childbirth (regardless of place of delivery)
5. Incidence of low birth-	Percentage of live births that weigh less than 2,500 g out of
weight among new-borns	the total of live births during the same time period

The questions for these five indicators, as well as related information as described below (e.g., type of provider, number of visits, place of delivery, place of antenatal care visit, timing of first visit, and type of provider of postpartum care) constitute the short module.

Data for the commonly used indicator of at least one antenatal visit, defined as percentage of women with birth in the last five (three) years preceding the survey who received antenatal care from a skilled provider, are also obtained with this short module. The median number of visits for live births in a specified number of years before the survey can also be obtained.

A key limitation of maternal and newborn health care indicators is assessing the quality of care, specifically the lack of reliable data on whether care comes from skilled health personnel.

By definition, antenatal care from a skilled provider refers to "workers/attendants who are accredited health professionals — such as a midwife, doctor or nurse — and who have been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns. Depending on the setting, health-care providers referred to as something other than "doctor, nurse, midwife, or auxiliary midwife" may qualify as a skilled attendant (WHO 2011, p.26)." ¹⁰

While the Commission for Information and Accountability for Women's and Children's Health recommends specifically antenatal care from a skilled provider, reliable data on the type of provider for each visit is not practical to collect. The Countdown 2015 indicator therefore refers to visits with any antenatal care provider. This is the indicator adopted in this module, although the question set also captures type of provider to be classified as skilled or unskilled.

Standardization of the definition of skilled health personnel for providing antenatal care, while taking into account variations in training of health personnel in different countries, would improve measurement of this indicator. It is not practical, however, to collect this information for each visit; the type of provider at the last visit should be indicative of the quality received.

The definition for a **skilled attendant at birth** differs slightly in the skillset: it refers to "personnel who have the required skills to provide *life-saving obstetric care*, including giving the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period; conduct deliveries on their own; and care for newborns. Traditional birth attendants, even if they receive a short training course, are not included (WHO 2011, p.25)."

For both indicators, standardization of the definition of skilled health personnel is a challenge because of differences in training of health personnel across countries. Although efforts have

Comment [fg3]: Added new. Postpartum check-up can be part of other postnatal care e.g., wrapping, bathing newborn (see the

Comment [fg4]: I left these original questions in the short module also

proposed in the Additional indicators section below).

World Health Organization. 2011. Monitoring maternal, newborn and child health: understanding key progress indicators. A joint publication by Countdown to 2015, Health Metrics Network, UNICEF and WHO.

been made to standardize the definitions of doctors, nurses, midwives and auxiliary midwives used in most household surveys, it is probable that many skilled attendants' ability to provide appropriate care under normal conditions and in an emergency depends on the environment in which they work.

Early and universal **postpartum care for mothers and infants**, regardless of place of delivery, is an important intervention to reduce maternal mortality and neonatal mortality. ^{11,12}

Postpartum haemorrhage is one of the main causes of maternal mortality. The DHS Program has collected comparable information on the intervention at least since 1999, by asking women four questions pertaining to their most recent birth in the last five years:

Question: After (NAME) was born, did a health professional or a traditional birth attendant (TBA) check on your health?

Question: How many days or weeks after the delivery did the first checkup take place?

Question: Who checked on your health at that time? Question: Where did the first check take place?

Likewise, infants should receive at least one early postpartum care check-up regardless of place of birth, preferably at a health institution or, if at home, by a health care professional. The DHS Program has added four related questions to numerous surveys also:

Question: In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?

Question: How many hours, days or weeks after the birth of (NAME) did the first check take

Question: Who checked on (NAME)'s health at that time? Question: Where did this first check of (NAME) take place?

A single question on the place of delivery of live births can be included in the core module. It provides data on the additional indicator of institutional delivery rates, and can be used as a quality control for skilled birth attendance rates, as the two should be highly correlated.

Data on the incidence of **low birth weight** can be collected from health facility data, if institutional delivery rates are very high, and from recall of the mother of birth weight and relative size of the baby. The latter has been shown to provide a reliable approximation of the prevalence of low birthweight.¹³

MNH questions comprise a large share of questions in DHS and MICS standard modules. Shown below is the minimal set of questions needed for computing the core indicators. The questions are extracted from the most recent standard DHS Woman's Questionnaire (DHS6), Section 4,

¹¹ Fort A, Kothari M and Abderrahim N. 2006. Postpartum care: Levels and determinants in developing countries. DHS Comparative Reports 15. Calverton, Maryland, USA: Macro International Inc.

¹³ Blanc A. and Wardlaw T. 2005. Monitoring low birth weight: an evaluation of international estimates and an updated estimation procedure. Bulletin of the World Health Organization, 83: 178-185. http://apps.who.int/iris/bitstream/10665/72928/1/bulletin 2005 83%283%29 178-185.pdf?ua=1

Pregnancy and Postnatal Care¹⁴ and are almost the same as those in the UNICEF Woman's Questionnaire (MICS5), sections Maternal and Newborn Health (MN) and Postnatal Health Checks (PN).¹⁵

Note: 1) shaded areas are questions that are not pertinent to the core indicators, but are recommended to include in order to enhance or to corroborate core information. The shaded questions in red text are similarly retained from the DHS core module (author's insertion). 2) the question on caesarean birth was retained because it may control for a bias in postpartum check-up of the mother. 3) The original numbering in the DHS6 questionnaire was retained in the left column, but the section number and the skips have been adjusted to reflect the new module. Some questions refer to information in previous sections of the questionnaire, these were left as-is, for easy reference back to the original questionnaire sections. Note that there may be gaps in the sequential numbering, this may indicate omitted questions that are not necessary for computing the indicators.

 $^{^{14}\,}http://dhsprogram.com/publications/publication-dhsq6-dhs-question naires-and-manuals.cfm$

¹⁵ http://www.childinfo.org/mics5_questionnaire.html

	SECTION X, PREGNANCY AND POSTNATAL CARE.			
X01	CHECK 224: ONE OR MORE BIRTHS IN 2005 (1) OR LATER	BIRTH IN 2005 (ŋ	→ Next section
X02	IN 2005 (1) OR LATER. ASK THI (IF THERE ARE MORE THAN 3	E QUESTIONS ABOUT ALL C BIRTHS, USE LAST 2 COLUM	JMBER, NAME, AND SURVIVAL STATUS OF EA OF THESE BIRTHS. BEGIN WITH THE LAST BIR VINS OF ADDITIONAL QUESTIONNAIRES). On in the last five years. (We will talk about each se	RTH.
X03	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH SECOND-FROM-L BIRTH BIRTH HISTORY HISTORY NUMBER NUMBER	.AST BIR1
X0 4	FROM 212 AND 216	NAME	NAME NAME LIVING D	EAD
X08	Did you see anyone for antenatal care for this pregnancy?	YES		
X09	Whom did you see? (2) Anyone else? PROBE TO IDENTIFY EACH TY OF PERSON AND RECORD ALI MENTIONED.		2 1	
X10	Where did you receive antenatal care for this pregnancy? (2) Anywhere else? PROBE TO IDENTIFY EACH TY OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S))	HOME YOUR HOME A OTHER HOW B PUBLIC SECTOR PE GOVT. HOSPITAL C GOVT. HEALTH CENTEF D GOVT. HEALTH POST E OTHER PUBLIC SECTOR (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL CLINIC G OTHER PRIVATE MED. SECTOR H (SPECIFY) OTHER X		

X04	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING DEAD
X11	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS DON'T KNOW \$8		
X12	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES DON'T KNOW §8		
X30	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE	VERY LARGE	VERY LARGE
X31	Was (NAME) weighed at birth?	YES	YES	YES
X32	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD	KG FROM CARD	KG FROM CARD
		2 . DON'T KNOW 99958	2	2 . DON'T KNOW 999\$6
X33	Who assisted with the delivery of	HEALTH PERSONNEL	HEALTH PERSONNEL	HEALTH PERSONNEL
	(NAME)? (2) Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT	DOCTOR A NURSE/MDWIFE B AUXICARY MDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . E OTHER X (SPECIFY) NO ONE ASSISTED Y	DOCTOR A NURSE/MOWIFE B AUXILIARY INDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . E OTHER X (SPECIFY) NO ONE ASSISTED Y	DOCTOR A NURSE/MDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . E OTHER

2004	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING DEAD
X34	Where did you give birth to (NAME)? (2) PROBE TO IDENTIFY THE TYPE OF SOURCE.	HOME YOUR HOME *11 (SKIP TO X38) ← OTHER HOME *12	HOME YOURHOME *11 (SKIPTO END) ← OTHER HOME *12	HOME YOURHOME *11 (SKIP TO END) ← OTHER HOME *12
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC SECTOR 26 (SPECPY)	PUBLIC SECTOR GOVT. HOSPITAL "21 GOVT. HEALTH OENTER	PUBLIC SECTOR GOVT. HOSPITAL *21 GOVT. HEALTH CENTER *22 GOVT. HEALTH POST *23 OTHER PUBLIC SECTOR *26 (SPECIFY)
		PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC	PRIVATE MED. SECTOR PVT. HOSPITALI CLINIC	PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC
		OTHER 596 (SPECIFY) (SKIP TO X38)	OTHER	OTHER 596 (SPECIFY) (SKIP TO END) ←
X34A	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS, IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 998		
X35	Was (NAME) delivered by caesarean, that is, did they out your belly open to take the baby	YES	YES	YES 1 NO 2
X36	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES		
X37	Did anyone check on your health after you left the facility?	YES		
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health	YES		

2004	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING DEAD
X39	Who checked on your health at that time? (2) PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOF		
* 440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DONTKNOW 958		
X42	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES		
X43	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS, IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH 1 DAY'S AFTER BIRTH 2 WKS AFTER BIRTH 3 DON'T KNOW 958		
X44	Who checked on (NAME)'s health at that time? (2) PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOF	3	

2004	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING DEAD
X45	Where did this first check of (NAME) take place? (2) PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC 31 OTHER PRIVATE MED. 36 (SPECIFY) OTHER 36		
X61		GO BACK TO X08 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO X08 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO X30 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO NEXT SECTION.

⁽¹⁾ Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2014 or 2015, the year should be 2009 or 2010, respectively.

Additional indicators & full module

Antenatal care

<u>Timing of first visit:</u> Percentage of women with a birth (in a specified time period) with first ANC visit in the first trimester (before 16 weeks) (Additional indicator in GRL) *Note, this question was left in the core module, above.*

This requires accurate recall of the mother of the timing of the first visit, which introduces more uncertainty because women may not know the duration.

<u>Antenatal care content</u>: Percentage of women with a live birth in the five (three) years preceding the survey who received antenatal care for the most recent birth, by content of antenatal care (weight, height, blood pressure, urine sample, blood sample, information on breastfeeding) (DHS definition).

This set of questions aims to obtain information on the contents of ANC, and is considered a measure of the quality of care.

⁽²⁾ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

- Blood pressure measured: Proportion of women who had blood pressure measured at the last antenatal visit (Additional indicator in GRL)

<u>Tested for syphilis</u>: Proportion of women attending antenatal care (ANC) services who were tested for syphilis (Additional indicator in GRL).

TPHA/RPR test in ANC clinics is general policy in most countries. *Note, no standard questions in standard DHS or MICS questionnaires.*

<u>Iron tablets or syrup/anti-malarial drugs</u>: Percentage of women with a live birth in the five (three) years preceding the survey who received iron tablets or syrup or anti-malarial drugs for the most recent birth (DHS indicator, not in GRL).

<u>Tetanus toxoid vaccination</u>: Percent distribution of last live births in the last five (three) years preceding the survey by number of tetanus toxoid injections given to the mother during pregnancy (DHS definition).

- Percentage of mothers whose last live birth was protected against neonatal tetanus. (Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth.) (DHS indicator, not in GRL).
- Percentage of neonates protected at birth against neonatal tetanus (WHO indicator published in the World Health Statistics, is derived from this indicator, based on a mathematical model. 16
- At least 2 doses of tetanus toxoid: Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth (DHS indicator, not in GRL)

Delivery care and postnatal care

<u>Place of birth</u>: Proportion of live births that occurred in a health institution (MICS, Additional indicator in GRL). *Note, this question was left in the core module, above.*

<u>Characteristics of delivery</u>: Percent distribution of live births in the last five (three) years preceding the survey by whether the delivery was by caesarian section, and by birth weight and the mother's estimate of baby's size at birth (DHS definition).

¹⁶ Proportion of neonates protected at birth against neonatal tetanus through maternal immunization with tetanus toxoid is based on a mathematical model taking into account the mother's immunization in infancy, during pregnancy and in tetanus campaigns. WHO World Health Statistics 2014, p.114.

- Caesarean births: The percentage of births by caesarean section is an indicator of access to and use of health care during childbirth (DSH, WHO, and MICS indicator, not in GRL). Note, this question was left in the core module, above.

<u>Prevention of postpartum haemorrhage in health facilities</u>: Percentage of women receiving oxytocin immediately after birth of the baby (within 1 minute of delivery), before the birth of the placenta, irrespective of mode of delivery (GRL additional indicator) *Note, no standard questions in standard DHS or MICS questionnaires.*

<u>Initial breastfeeding</u>: Percentage of children born in the five (three) years preceding the survey who were breastfed within 1 hour after birth (DHS, MICS and GRL indicator)

- Percentage of children born in the five (three) years preceding the survey who were breastfed within 1 day after birth (DHS and MICS indicator)
- Percentage of children born in the five (three) years preceding the survey who received a prelacteal feed (given something other than breast milk during the first three days of life before the mother started breastfeeding regularly) (DHS and MICS indicator)

<u>New-borns receiving essential newborn care</u>: Percentage of new-borns who received all four elements of essential newborn care:

- -immediate and thorough drying
- -immediate skin-to-skin contact
- -delayed cord clamping
- -initiation of breastfeeding in the first hour

This is an indicator proposed by maternal and newborn health experts. *Note, no standard question set is in standard DHS or MICS questionnaires.*

Full module

The full module, containing questions for both the core and the additional indicators, are presented below in the most recent standard DHS Woman's Questionnaire (DHS6), Section 4, Pregnancy and Postnatal Care. ¹⁷ As in the core module, these questions are almost the same as those in the UNICEF Woman's Questionnaire (MICS5), sections Maternal and Newborn Health (MN) and Postnatal Health Checks (PN). ¹⁸ Note that the module does not include questions for three additional indicators:

- 1) Tested for syphilis
- 2) Prevention of postpartum haemorrhage in health facilities
- 3) New-borns receiving four elements of essential newborn care

 $^{^{17}\,}http://dhsprogram.com/publications/publication-dhsq6-dhs-questionnaires-and-manuals.cfm$

http://www.childinfo.org/mics5_questionnaire.html

X.	SEC	TION X. PREGNANCY AND P	OSTNATAL CARE		
X01	CHECK 224: ONE OR MORE BIRTHS IN 2005 (1) OR LATER	BIRTH IN 2005 (1)		→ NEXT SECTION
X02	CHECK 215: ENTER IN THE TABLE IN 2005 (1) OR LATER. ASK THE Q (IF THERE ARE MORE THAN 3 BIRT Now I would like to ask some quest	UESTIONS ABOUT ALL OF TH HS, USE LAST 2 COLUMNS O	ESE BIRTHS. BEGIN WITH TH F ADDITIONAL QUESTIONNAI	E LAST BIRTH. RES).	
X03	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER	SECOND-FROM-LA BIRTH HISTORY NUMBER	ST BIRTH
X0X	FROM 212 AND 216	NAME	NAME	NAME	EAD P
X05	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES	YES	YES	0)•—
X06	Did you want to have a baby later on, or did you not want any (more) children?	LATER NO MORE (SKP TO XGS)	NO MORE 2 (SKP TO X30)	NO MORE (SKIP TO X3	2
X07	How much longer did you want to wat?	MONTHS1 YEARS2 DON'T KNOW 9\$8	MONTHS1 YEARS2 DON'T KNOW 958	MONTHS1 YEARS2 DON'T KNOW	. 958
X08	Did you see anyone for antenatal care for this pregnancy?	YES			
X09	Whom did you see? (2) Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY/ VILLAGE HEALTH WORKER E OTHER X (SPECIFY)			

404	FROM 212 AND 216	NAME	NAME	NAME	
		LIVING P DEAD	LIVING DEAD	LIVING	DEAD P
×10	Where did you receive antenatal care for this pregnancy? (2) Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE(S))	HOME YOURHOME A OTHERHOME B PUBLIC SECTOR GOVT. HOSPITAL C GOVT. HEALTH CENTER D GOVT. HEALTH POST E OTHER PUBLIC SECTOR (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC G OTHER PRIVATE MED. SECTOR H (SPECIFY) OTHER X (SPECIFY)			
X11	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS 50	2		
X12	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES DON'T KNOW98			
X13	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP 1 2 URINE 1 2 BLOOD 1 2			
X1X	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the	YES			
X15	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? (3)	YES			
X16	During this pregnancy, how many times did you get a tetanus injection?	TIMES			

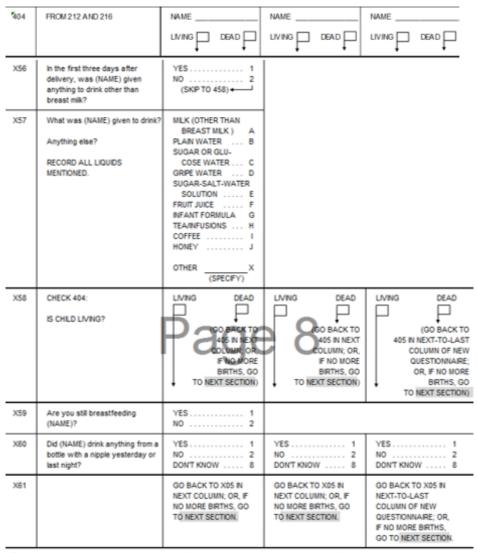
404	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING P DEAD
×17	CHECK 416:	2 OR MORE OTHER TIMES		
×18	At any time before this pregnancy, did you receive any tetanus injections?	YES		
X19	Before this pregnancy, how many times did you receive a tetanus injection?	TIMES		
	IF 7 OR MORE TIMES, RECORD '7'.	DON'T KNOW 8		
X20	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO		
X21	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? (4)	YE5		
	SHOW TABLETS/SYRUP. (4)	DON'T KNOW 8		
X22	During the whole pregnancy, for how many days did you take the tablets or syrup? (4,5) IF ANSWER IS NOT NUMERIC, PROSE FOR APPROXIMATE NUMBER OF DAYS.	DAYS DON'TKNOW 998	3	
X23	During this pregnancy, did you take any drug for intestinal worms?	YES		
×24 (6)	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES		
×25 *(6)	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAF A CHLOROQUINE B OTHER X (SPECIFY) DON'T KNOW Z		
×26 *(6)	CHECK X25: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE A' CODE CIRCLED CIRCLED (SKIP TO X30)		

404	FROM 212 AND 216	NAME	NAME	NAME
		LIVING P DEAD P	LIVING P DEAD P	LIVING P DEAD P
X27 (6)	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES		
X28 (6)	CHECK X09: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER 'B' OR 'C' CIRCLED (SKIP TO X30)		
X29 (6)	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6		
X30	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE
X31	Was (NAME) weighed at birth?	YES	YES	YES
X32	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD KG FROM RECALL DON'T KNOW 999\$8	KG FROM CARD KG FROM RECALL DON'T KNOW 999\$8	KG FROM CARD KG FROM RECALL DON'T KNOW 99958
X33	Who assisted with the delivery of (NAME)? (2) Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND .E OTHER X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER	HEALTH PERSONNEL DOCTOR A NURSE/MDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND . E OTHER

404	FROM 212 AND 216	NAME	NAME	NAME
		LIVING P DEAD	LIVING P DEAD	LIVING P DEAD P
X34	Where did you give birth to (NAME)? (2) PROBE TO IDENTIFY THE TYPE OF SOURCE.	HOME YOURHOME *11 (SKIP TO 438) ← OTHER HOME *12 PUBLIC SECTOR	HOME YOUR HOME *11 (SKIP TO 448) +- OTHER HOME *12 PUBLIC SECTOR	HOME YOURHOME 11 (SKIP TO 448) ← OTHERHOME 12 PUBLIC SECTOR
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.	GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC	GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC	GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. HEALTH POST 23 OTHER PUBLIC
	(NAME OF PLACE)	SECTOR 26 (SPECIFY)	SECTOR 26 (SPECIFY)	SECTOR 26 (SPECIFY)
		PRIVATE MED. SECTOR PVT. HOSPITALI CLINIC	PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC	PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINC
		OTHER	OTHER	OTHER 56 (SPECIFY) (SKIP TO 448)
X34A	How long after (NAME) vias delivered did you stay there? IF LESS THAN ONE DAY,	Page Reval	5	
	RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	DONTKNOW 958		
X35	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
X36	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES		
X37	Did anyone check on your health after you left the facility?	YE5		
X38	I would like to talk to you about checks on your health after	YES		

404	FROM 212 AND 216	NAME	NAME	NAME
X39	Who checked on your health at that time? (2) PROBE FOR MOST QUALIFIED PERSON.	MEALTH PERSONNEL DOCTOR		
X40	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW 9\$8		
X42	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	NO (SKE-TO X 6) E	e 6	
X43	How many hours, days or weeks after the birth of (NAIME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BRTH 1 DAYS AFTER BRTH 2 WKS AFTER BRTH 3 DON'T KNOW 9\$8		
X44	Who checked on (NAME)'s health at that time? (2) PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR		

404	FROM 212 AND 216	NAME	NAME	NAME
		LIVING DEAD	LIVING DEAD	LIVING P DEAD P
X45	Where did this first check of (NAME) take place? (2) PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. (NAME OF PLACE)	HOME YOUR HOME *11 OTHER HOME *12 PUBLIC SECTOR GOVT. HOSPITAL *21 GOVT. HEALTH CENTER *22 GOVT. HEALTH POST *23 OTHER PUBLIC (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC *31 OTHER PRIVATE MED. *56 (SPECIFY) OTHER *65 OTHE		
X46	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES	. 7	<u> </u>
X53	Did you ever breastfeed (NAME)?	YES	YES	YES 1 NO 2
X5X	CHECK X04: IS CHILD LIVING?	(SKIP TO X80) (GO BACK TO X05 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO NEXT SECTION)		
X55	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	MMEDIATELY 000 HOURS 1 DAYS 2		



⁽¹⁾ Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2014 or 2015, the year should be 2009 or 2010, respectively.

⁽²⁾ Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

⁽³⁾ Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder (X) Syrup should be deleted in countries where syrup is not used.

⁽⁵⁾ In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.

⁽⁶⁾ The question should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.

Indicator definitions

Main indicators

Information from the following sources was used to specify the indicators: DHS Guide to Statistics (2006)¹⁹, WHO Indicator and Measurement Registry (version 1.7.0)²⁰, and UNICEF MICS4 women's questionnaire. The differences in reference periods are reflected in the indicators specifications: the reference period for DHS relates to women with births in the last five or sometimes three years preceding the survey, the MICS period is the last two years, and WHO GHO period is the last two, three and five years, depending on the indicator.

A. ANC coverage

Name	ANC provider source
Definition	- Percentage of women with a birth in the last five (two, three) years,
	distributed by highest type of provider of antenatal care
	- Percentage of women with a birth in the last five (two, three) years
	who received ANC by a skilled provider †
Numerator	- Number of women who were attended for antenatal care for their
	last birth, distributed according to the type of provider with the
	highest level of qualification
	- Number of women who were attended for antenatal care for their
	last birth by a skilled provider †
Denominator	Number of women who had a live birth in the five (two, three) years
	preceding the survey
Reference	Women with one or more births in the last five (two, three) years
period/pop base	
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 100

Standard response categories for provider types include Doctor, Nurse/midwife, Community health worker, Traditional birth attendant, Other and No one.

- The category "Nurse/midwife" includes only medically trained and licensed personnel. Traditional birth attendants are not included, whether trained or untrained.
- The category "Traditional birth attendant/other" includes auxiliary health personnel and cases where the respondent did not know the level of qualification.

Name	Number of antenatal care visits and timing of first visit
Definition	- Percentage of women with a birth in the last five (two, three) years,
	with at least one/at least four antenatal visits

¹⁹ http://dhsprogram.com/publications/publication-dhsg1-dhs-questionnaires-and-manuals.cfm

[†] A skilled provider includes doctor, nurse, or midwife

²⁰ http://apps.who.int/gho/indicatorregistry/App_Main/browse_indicators.aspx

	- Number of months pregnant at time of first antenatal visit
	- Median number of months pregnant at time of first antenatal care
	visit ‡
Numerator	- Numbers of women who received antenatal care for their last birth,
Numerator	·
	according to grouped number of visits (none, 2-3, 4+)
	- Numbers of women who were attended for antenatal care for their
	last birth, according to grouped number of months they were
	pregnant at time of first visit
	- Numbers of women who were attended for antenatal care for their
	last birth according to the single number of months they were
	pregnant at time of first visit
Denominator	- Number of women who had a birth in the five (two, three) years
	preceding the survey
	- Number of women with a birth in the last five (two, three) years who
	received antenatal care for their last birth
Reference	Number of women with one or more births in the last five (two, three)
period/pop base	years
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 101

- ‡ To compute the median number of antenatal care visits for live births in the five (two, three) years preceding the survey, and median number of months of pregnancy at the time of the first visit, first calculate percentages of single months pregnant at first visit by:
- 1. Dividing the numerator (number of women with a birth in the reference period) by the denominator (number of women with a birth in the reference period who received ANC for their last birth);
- 2. Cumulate the percentages by single months starting with the lowest value;
- 3. Linearly interpolate between the number of months immediately before and after where the cumulated distribution exceeds 50 percent to determine the median (DHS 2006, p 104).

B. ANC components

Name	Antenatal care content	
Definition	- Percentage of women who received key components of ANC:	
	Informed of signs of pregnancy complications; Weight measured,	
	Height measured, Blood pressure measured, Urine sample taken,	
	Blood sample taken.	
	- Percentage of women who took iron supplements	
	- Percentage of women who took anti-malarial drugs	
	- Percentage of women who took deworming medicine	
Numerator	- Number of women who received antenatal care for their last birth	
	and who received key components of ANC	
	- Number of women who took iron tablets or syrup	
	- Number of women who took anti-malaria drugs	
	- Number of women who took deworming medicine	
Denominator	- Number of women who had a birth in the five (three) years	
	preceding the survey	
	- Number of women with a birth in the last five (three) years who	
	received antenatal care for their last birth	

Reference	Number of women with one or more births in the last five (three)
period/pop base	years
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 103

Name	Prenatal tetanus toxoid injections	
Definition	Percentage of women with a birth in the last five (two, for MICS 4)	
	years, distributed by number of tetanus toxoid injections received	
	furing the pregnancy of the most recent birth	
Numerator	Numbers of women distributed, according to the number of tetanus	
	toxoid injections received during the pregnancy of the most recent	
	birth	
Denominator	Number of women with a birth in the last five (two) years	
Reference	Number of women with one or more births in the last five (two) years	
period/pop base		
Data sources	Population-based household survey: woman respondent age 15-49	

Source: DHS Guide to Statistics (2006) p. 104

C. Delivery care and postnatal care

Name	Place of delivery
Definition	Percent distribution of live births in the last five (two, three) years
	preceding the survey, by place of delivery
Numerator	Numbers of live births distributed according to whether the delivery
	took place in a public health facility, private health facility, at home, or
	in another place
Denominator	Number of live births in the last five (two, three) years
Reference	Live births to interviewed women who had one or more births in the
period/pop base	five (two, three) years preceding the survey
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 105

Name	Assistance during delivery
Definition	Percent distribution of live births in the last five (two) years preceding
	the survey, by type of assistance during delivery
Numerator	Numbers of live births distributed according to type of person
	providing delivery assistance: doctor, nurse/midwife/auxiliary,
	traditional birth attendant, relative/other, no one
Denominator	Number of live births in the last five (two) years
Reference	Live births to interviewed women who had one or more births in the
period/pop base	five (two) years preceding the survey
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 106

Name	Characteristics of delivery
Definition	Percent distribution of live births in the last five (two, three) years
	preceding the survey by whether the delivery was by caesarean

	section, and by birth weight and the mother's estimate of baby's size at birth
Numerator	- Number of live births delivered by caesarean section - Numbers of live births distributed according to birth weight and whether weighed at birth ± - Numbers of live births distributed according to mother's estimate of baby's size at time of birth
Denominator	Number of live births in the last five (two, three) years
Reference	Live births to interviewed women who have had one or more births in
period/pop base	the five (two, three) years preceding the survey
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 107

 \pm The category "Not weighed" is no longer included in the distribution of birth weight.

Name	Postnatal care visit (for mother) within 2 days
Definition(s)	- Percent Distribution of Women, by Time Since Delivery at First
	Postnatal Checkup
	- Percentage of mothers who received postnatal care within two days
	of childbirth (WHO definition).
Numerator	Number of women with a delivery outside of a health facility*,
	distributed by the number of days since delivery at time of first
	postnatal checkup
Denominator	Number of women with a live birth in the last five years, which was
	not delivered in a health facility*
Reference	Women who had a live birth outside of a health facility in the five
period/pop base	years
	preceding the survey*
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 108

Definitions for additional indicators:

Name	Postpartum vitamin A supplement
Definition(s)	Percentage of women took worm medicine during the last pregnancy
Numerator	
Denominator	
Reference	See above, Antenatal Care Content
period/pop base	
Data sources	

Name	Mother's estimate of baby's size at birth and birth weight in kilograms
Definition(s)	See above, Characteristics of Delivery

^{*} The WHO definition is corresponds all women who age 15-49 with a live birth [some number of years] prior to the survey, *regardless of place of delivery*. This differs from the DHS definition that only takes into account women who delivered outside of a facility. Either indicator can be produced using the questions in the core module

Numerator
Denominator
Reference
period/pop base
Data sources

Name	Timing of the first postnatal care visit (for newborn)
Definition(s)	Percentage of live births in the last five years preceding the survey that
	had a postnatal checkup
Numerator	Number of live births distributed according to the number of hours or
	days since birth that a postnatal check was received
Denominator	Number of live births in the last five (three) years
Reference	Live births to interviewed women who have had one or more births in
period/pop base	the five (three) years preceding the survey
Data sources	Population-based household survey: woman respondent age 15-49

Note: Indicator specification not published elsewhere, Guinea DHS 2012 results were used as a model

Name	Vitamin A supplement after delivery
Definition(s)	- Percentage of Women who received at least one dose of vitamin A
	within two months after the last delivery
Numerator	Number of women who received vitamin A, in any form, within two
	months of the last delivery
Denominator	Number of women with a live birth in the last five years
Reference	Women who had a live birth in the five years preceding the survey
period/pop base	
Data sources	Population-based household survey: woman respondent age 15-49

Note: Indicator specification not published elsewhere, Guinea DHS 2012 results were used as a model

Name	Initial breastfeeding
Definition(s)	- Percentage of children ever breastfed
	- Percentage of children who started breastfeeding within one hour
	and one day of birth
	- Percentage of children who received a prelacteal feeding.
Numerator	- Number of children ever breastfed
	- Numbers of children who started breastfeeding within one hour of
	birth and within one day of birth.
	- Number of children given something other than breast milk during
	the first three days of life before they started breastfeeding regularly.
Denominator	- Number of children born in the five years preceding the survey to
	interviewed women.
	- Number of children born in the five years preceding who were ever
	breastfed.
Reference	- Children born in the five years preceding the survey, surviving and
period/pop base	dead.
	- Children born in the five years preceding the survey, surviving and

	dead, who were ever breastfed.
Data sources	Population-based household survey: woman respondent age 15-49

Source: DHS Guide to Statistics (2006) p. 121