

STANDARD SECTOR INDICATOR CODE: HE-081	Able to Identify Warning Signs Indicating Initiation of Labor and the Need to Seek Care: Number of individuals who are able to identify 3 or more warning signs indicating the initiation of labor and the need to seek care at the birth facility.	
HEALTH SECTOR	Sector Schematic Alignment Project Area: Maternal, Neonatal, and Child Health Project Activity Area/Training Package: Maternal and Neonatal Care	
Type: Short-term Outcome	Unit of Measure: Individuals	Disaggregation: Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

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

- Must have received training on essential maternal care services that covers the topic of signs and symptoms of initiation of labor.
- The training must have been provided by the PCV or their partner in an individual or small group setting. Research shows ideal group size is 25 individuals or less, although in some instances group size can be significantly larger. PC/Post staff determines what comprises a small group setting.
- Attendance at educational session/s must be documented by the Volunteer or their partner
- Based on results of a pre/post-test, must have identified at least 3 signs of labor and the need to consult a provider (see list below).

Definitions:

Labor is a physiologic process during which the products of conception (i.e., the fetus, membranes, umbilical cord, and placenta) are expelled outside of the uterus.

Onset of labor is defined as regular, painful uterine contractions resulting in progressive cervical effacement and dilatation. Cervical dilatation in the absence of uterine contraction suggests cervical insufficiency, while uterine contraction without cervical change does not meet the definition of onset of labor.

Signs of labor are divided into 2 categories; early signs that occur several weeks before the onset of labor, and signs that indicate impending onset of labor.

1. **Lightening** - is the process of the baby lowering into the pelvis until the head is engaged. This process usually occurs over several weeks before the onset of labor
2. **Effacement** is the softening or thinning of the cervix and is one of the first signs of labor. The cervix progressively effaces over a few weeks and at delivery it is 100% effaced (effacement is assessed by a health care provider)
3. **Dilation or opening of the cervix** is the process of the cervix opening in preparation for childbirth it begins several weeks before the onset of labor and continues until the cervix is dilated to 10cm at birth (this is determined by a health care provider)
4. **Loss of mucus plug** is typically seen as a brownish or blood tinged thick mucus discharge occurring one to three weeks prior to the initiation of labor
5. **Rupture of the membranes** is also known as “water breaking”. It usually occurs spontaneously and may be a sudden gush of fluid or a trickle of fluid. Labor should begin within 24 hours of rupture of the membranes. Women should seek care immediately if more than 24 hours has elapsed
6. **Contractions** that come at regular intervals, last about 30-70 seconds and as time progresses, they get closer together, increase in strength, don’t go away with rest or change of position and usually start in the lower back and move to the front of the abdomen herald the onset of labor.

Rationale: It is important for individuals to recognize very early labor symptoms in order to ensure that birth arrangements are in place and that the woman has the supplies that will be needed. If labor symptoms are occurring earlier than expected the woman should consult a health care provider as soon as possible.

Measurement Notes:

- 1. Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. A data collection tool to measure this indicator could be based on one of the following methods—pre/post-test—though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see **Appendix I in the MRE Toolkit**. Also be sure to check **this link** on the intranet page as sample tools are regularly uploaded for post use. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.
- 2. General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
- 3. Activity-Level Baseline Data Collection:** This indicator builds off of indicator **HE-079: Educated Women on Essential Maternal Care Services**, as it measures an increase in knowledge following training on essential maternal care. Therefore, baseline data collected in the form of a pre-test for HE-079 would apply to this indicator as well.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

- 4. Frequency of Measurement:** After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), to assess whether they are able to identify at least 3 signs of labor that indicate the need to seek immediate care at a birth facility. This measurement is typically taken after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with

activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);

- Volunteers may want to enhance their own learning and the implementation of their activities by using the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;
- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

- 5. Definition of Change:** The minimum change to report against this indicator is an individual was able to identify at least 3 signs of labor that indicate the need to seek immediate care at a birth facility. In the case of this indicator, if the person the Volunteer/partner works with identified at least 3 of these labor signs during the pre-test, then the Volunteer would not be able to count him/her for this activity because the person already had this knowledge prior to working with the Volunteer. However, if as a result of working with the Volunteer/partner, the individual 's knowledge on this topic increased, that would count because the Volunteer's work provided the individual with the training needed to be able to identify at least 3 signs of labor indicating the need to seek immediate care at a birth facility
- 6. General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number of individuals who, after working with the Volunteer/partner, identified at least 3 signs of labor indicating the need to seek immediate care at a birth facility. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by 1) male and female, and 2) 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No Link