Births attended by skilled health personnel (%)

Rationale for use

All women should have access to skilled care during pregnancy and at delivery to ensure detection and management of complications. Moreover, because it is difficult to measure accurately maternal mortality and model-based maternal mortality ratio (MMR) estimates cannot be used for monitoring short-term trends. The proportion of births attended by skilled health personnel is used as a proxy indicator for this purpose.

Definition

Percentage of live births attended by skilled health personnel in a given period of time.

Associated terms

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, and 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 centre, depending on availability and need, and WHO does not recommend any particular setting for giving birth. Home delivery may be appropriate for a normal delivery, provided that the person attending the delivery is suitably trained and equipped and that referral to a higher level of care is an option.

Live births (see Probability of dying under age 5 years).

Data sources

Household surveys: They constitute an important source of information on maternity care on ad hoc basis and, for many countries, they are the main source of information on births attended by a skilled health personnel.

When using survey data, absolute numbers and confidence intervals should be reported to indicate the reliability of the data and facilitate interpretation of trends and differentials.

Health services statistics: As the point of contact with women, this is the main and most obvious routine source of information for the numerator. However, health service information cannot provide accurate size of the denominator population. Census projections or in some cases vital registration data are used to provide the denominator (numbers of live births).

Methods of estimation

Empirical data from household surveys are used. At global level, facility data are not used.

Disaggregation

By place of delivery, type of skilled health personnel, location (urban/rural, major regions/provinces) and socio-economic characteristics (e.g. education level, wealth quintile)

References


Database

Under development.

Comments

While efforts are made to standardize definitions of skilled birth attendants, it is probable that these could differ in different countries. The information mainly from household surveys relies on women’s self-reports on who had helped them during delivery which may not always reflect the characteristics of the delivery attendant correctly. Moreover, skilled health workers’ ability to provide appropriate care in an emergency depends on the environment in which they work.