Short report

Effectiveness of knowledge and Utilization of Partograph among midwifery in labour ward at Ashwin hospital, Coimbatore

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ABSTRACT

Background: Partograph is a pictorial representation used during the birthing process for the Shepherding Mother. It is mainly used to prevent prolonged and obstructed labour. Globally, maternal morbidity and mortality affected 13.6 million mothers. Most of these deaths occurred in countries with limited resources. Because midwives can improve outcomes and predict the course of labor using a partograph during labor, this can help the mother and baby to heal and reduce the baby’s risk factor. Method: A study conducted on a partograph among nurses at Ashwin Hospital using a pre-experimental one-group pre-test post-test design was adopted. Non-probability convenience sampling was used to select 40 samples. Self-administered questionnaires were used to assess knowledge on the partograph. Direct observations based on control were made to all midwife participants to determine the actual practical use of the partograph. Data were analyzed using descriptive and inferential statistical methods and interpretations were made based on the objectives of the study. Result: In this study, 22 (55%) of the 40 study participants used the partograph. After gaining knowledge and training, there were positive predictors of partograph use. The average knowledge score in the pretest was 6.2 and in the posttest was 12.1, and the obtained use of the partograph in the pretest was 6 and in the posttest was 12.5. Conclusion: Educational measures show that during childbirth it is important to significantly improve knowledge about the use of the partograph and a realistic review of the rendering partograph among nurses, which will prevent complications for both mother and child.

1. Introduction

Childbirth is the process when women give birth to a child, the most beautiful time in a woman’s life is during childbirth, because women and their families experience the greatest expectations during childbirth. (1) The expected period of uncertainty, anxiety and fear ends with the beautiful birth of a baby.

An Indian hospital study shows that the maternal mortality rate is 4.21/1000 live births. 50-98% of maternal deaths are due to non-deviant obstetric causes. 50% of maternal deaths caused by sepsis or related to illegitimate induced abortion. (2)

An international survey shows that more than 50 million women suffer as a result of serious diseases or dysfunctions related to pregnancy. (3) At least 1.2 million newborns die as a result of inadequate and untrained care they receive at the time of birth, and it is estimated that that more than 585,000 women die worldwide each year from complications related to pregnancy and childbirth (4)

METHODOLOGY:

Partograph study among midwifery nurses at Ashwin Hospital using pre-experimental one-group pre-test post-test was adopted. Non-probability convenience sampling was used to select 40 samples. This study was conducted at Ashwin Hospital from April 2023 to June 2023. Self-administered questionnaires were used to assess knowledge on the partograph. Direct observations based on control were made to all midwife participants to determine the actual practical use of the partograph. Data were analyzed using descriptive and inferential statistical methods and interpretations were made based on the objectives of the study.

DATA COLLECTION

All midwives who were involved in the study were directly observed by data collectors to check whether they were using and filling in the partograph parameters correctly or not. Observation was carried out until the end of delivery. An observation checklist was created as a partographic aid for direct observation of study participants during labor. Data were then collected using a structured questionnaire on partograph use by midwives and a realistic survey, inform about consent and completed questionnaires to maintain confidentiality. Partograph users were considered midwives who completely and correctly recorded at least the fetal heart rate, cervical dilation, uterine contraction, vital
signs, amniotic fluid, and descent of the fetal head in all laboring mothers. Nine questions on partographer knowledge were prepared to estimate overall partographer knowledge, and midwives who answered five or more were considered to have a good level of knowledge unless they were reported to have a low level of knowledge. Data were analyzed using descriptive and inferential methods.

RESULTS:
Assessment of pre and post test level of knowledge of partograph among midwifery Nurses n-40

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>S.D</th>
<th>'t' value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>6.7</td>
<td>2.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>13.3</td>
<td>2.5</td>
<td>14.17*</td>
<td>P&lt;0.05</td>
</tr>
</tbody>
</table>

Significant 0.05%
Comparison of post test value between the knowledge and utilization of partograph among midwifery nurses. (n-40)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>S.D</th>
<th>Paired 't'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>13.3</td>
<td>2.5</td>
<td>19.18</td>
</tr>
<tr>
<td>Utilization of partograph</td>
<td>12.5</td>
<td>1.75</td>
<td>14.17</td>
</tr>
</tbody>
</table>

DISCUSSION
In this study, there were six independent variables, namely Type of labor facility, supportive supervision, mentoring, partograph training, number of midwives working per shift, Partograph knowledge was significantly associated with partograph use. This means that supportive supervision and mentoring are key determinants, as professionals would support, teach, discuss and review the system and practice of midwives in their own health facilities. Health-care staff should be updated by providing training and asking them about the difficulties faced at their health center. Then only the real potential of this wonderful tool will be maximally utilized. (8) This study is the path breaking, which targeted the midwifes who working in the delivery room. The current intervention reported was improved the plotting of partograph in delivery room. Most of the time statistically significant differences are the only things that draw attention to published this type study to improve the quality of maternal health. It can be identified the progress of labour and also prevent the morbidity and mortality. (9)

CONCLUSIONS:
Most important is the use of a partograph during labor to reduce morbidity and mortality. About a third of the midwives did not use the partograph and had incomplete records. (10) Midwives' knowledge of the partograph showed a positive association with use. It forms a reinforced training system; regular supportive supervision; professional mentoring; sustainable supply of partographic sheets; recruitment of midwives in acceptable numbers; a spirit of commitment by administrative authorities to improve maternal health and further studies on predictors for use of the partograph are recommended. (11)

References