Midwives knowledge of the use of the Partograph in the regional training Hospital in Namibia.

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Presentation outline

• Background of the study
• Objectives of the study
• Methodology
• Findings
• Recommendations
• Conclusion
Population (2.1 Million)
Namibia size 823,700 square km
GDP 12.81 US$ wealthier(minerals, fish)
14 Administrative regions
Fertility rate 2.41 children per woman
Life expectancy: Total population 52.17
Male 52.47 years, Female 51 years
Maternal and child health

- In Namibia (90%) of the birth occur in hospital with midwives assistance.

- Only 5% occur in health centers (emergencies) with assistance of midwives.

- Neonatal mortality in Namibia contributes to 52.2% of infant mortality.
Maternal Mortality Ratio, 1992 - 2006, Namibia

Ratio per 100,000 LBs

1992: 225
2000: 271
2006: 449

NDHS 2006/7
Figure 6b: Direct causes of maternal mortality, Namibia 2005

- Severe pre-eclampsia / eclampsia: 26.1%
- Obstructed / prolonged labor: 21.7%
- Hemorrhage: 34.8%
- Complications of abortion: 4.3%
- Ectopic pregnancy: 4.3%
- Others: 8.7%
Significances of the partograph on labor

• In Namibia the partograph is used as an observational tool to assess the progress of all women during the first stage of labor.

• The quality and regularity of all observations done on the fetus and mother in labor are recorded.
Significances of partograph in labor cont...

• The partograph serves as an early warning tool system and assist in early decision making about augmentation of labor.

• The Partograph enables practicing midwives to identify impending problems during management of labor in the mother as well the fetus.
Justification

• Incomplete recording of the management of the first stage of labor has implications for maternal and neonatal morbidity

• The correct application of the partograph likely to improve the management of the first stage of labor
Objectives of the study

• To assess and describe midwives ‘knowledge regarding the management of the first stage of labor.

• To develop guidelines for midwives and educators for continuous education in the use of the partograph
Methodology

• **Research design:**
  A Quantitative, descriptive design were conducted

• **Population:**
  All midwives allocated in maternity department of the regional training hospitals

• **Sampling procedures**
  Sample consisted of (n=70), which were drawn randomly

• **Data collection**
  Structured questionnaires administered personally by the researcher
Data Collection

Section A: Personal details, biography and characteristics of the midwives (qualifications, institution, length of training years, years of experience)

Section B: Recording and plotting on the partograph designs

Section C: Management of progress of labor during latent phase and active phase of the first stage of labor

Section D: Monitoring maternal vital signs/conditions and management during labor

Section E: Management Fetal vital signs/condition monitoring and during labor.
Data analysis

- Statistical package for the social sciences (SPSS) was used to analyze the data

- For comparison of proportion chi-square test & fisher exact test using a level of significant of \( p < 0.05 \)

- Relevant inferences were drawn to establish any relationship of midwives knowledge in the use of the partograph

- Descriptive statistic and inferential statistic was used
Findings of the study

Section A. The study found that midwives' current qualification, length and institute of training had an influence \( (p=0.01;0.001) \) on their

- Knowledge of plotting and recording a partograph,
- And of maternal monitoring and management of labor
- But reflect less knowledge of fetal monitoring
Findings of the study cont...

Section B. Asses knowledge on recording and plotting on the two partographs designs by hospitals

- Midwives indicated that the partograph design that include only the active phase of labor was incomplete and difficult to interpret.

- The midwives from Windhoek and train at University of Namibia had a better knowledge, while those train else where score very low.
Findings of the study

Section C. Knowledge regarding the progress and management of the first stage of labor

• The majority of the respondents (89%) indicated correctly that the partograph is a chart to record progress of labor together with maternal and fetal conditions

• A partograph with a combination of latent and active phases and all observations ensures quality care of a woman during labor
Psychological support

- Psychological support to the mother during labor (63.1%) of the midwives indicated that the patient must be comforted and reassured, someone she knows should stay with her or midwives.

- Twenty two (22%) said in cases of severe pain from uterine contractions the patient should receive analgesia.
Findings of the results

Section D. Knowledge of maternal vital signs /conditions monitoring and management during labor

• In the study, it was noted that of the midwives over (70%) Windhoek and (58%) Oshakati had knowledge of the normal temperature and pulse rate, blood pressure rise during labor
Findings of the study cont...

• Section E. Assess knowledge on fetal vital signs monitoring and management during labor

• A reduction in the normal supply of oxygen to the fetus causes fetal hypoxia and that results in high morbidity and mortality

• Ninety percent (90%) of the midwives identify this incorrectly and only (9%) responded correctly.
Guidelines in the use of partograph

Based on the findings of the study, guidelines were developed with the following components:

- Assess the progress of latent and active phase of labor
- Monitor and manage fetal condition during labor
- Manage and monitor maternal condition during labor
- Assist midwives in decision making/action on prolonged latent and active phases
Recommendations

• The WHO model-Partograph should be used in all Hospitals and health facilities.
• Introducing an pre- in-service training program on the use of the cardiotococograph in all training hospitals to monitor fetal heart rate during labor.
• Implement guidelines developed in the use of WHO Partograph to ensure uniformity.
Conclusion

- The study concludes that more refresher courses, skill workshops on the recording, plotting, and interpretation of maternal and fetal observations on the partograph in all training hospitals and health centres are critical.
- Therefore, the guidelines in the use of the partograph were developed for midwives.