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APPLICATION OF PARTOGRAPH FOR LABOR MANAGEMENT AMONG HEALTHCARE PROVIDERS IN HEALTHCARE

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Introduction-

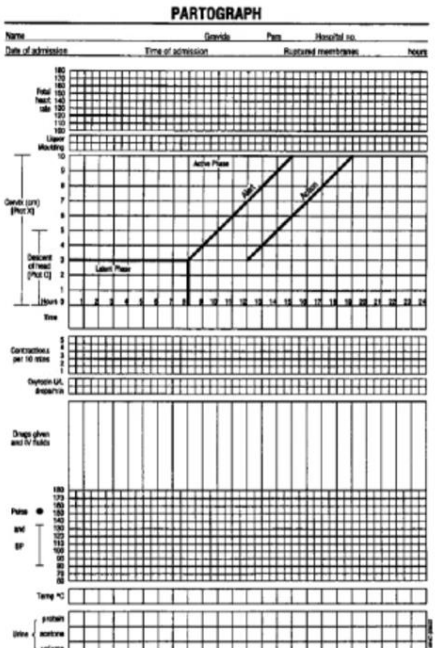
The partograph, commonly referred to as the partogram, is a graphical record that has been widely acknowledged and recognized as the foremost labor monitoring instrument across the globe. The World Health Organization (WHO) has recommended partograph usage during the active phase of labor as it aids in the timely detection of abnormal labor progress and facilitates immediate interventions, if necessary. The primary objective of utilizing the partograph is to monitor the maternal and fetal conditions as well as the progress of labor. WHO modified the partograph in 2000, focusing on labor progress, including cervical dilation, head descent, and contractions. The fetal condition is assessed by heart rate, amniotic fluid color, and fetal skull molding. Maternal condition is monitored by vital signs, urine output, urine tests for protein and acetone, drugs, IV fluids, and oxytocin administered during labor.

Partograph is a cost-effective instrument that aids healthcare professionals by utilizing it as an early warning system for enhancing decision-making in labor management. Additionally, it plays a crucial role in facilitating prompt and appropriate intervention in the event of abnormal labor. Maternal and neonatal mortality could be reduced with access to high-quality maternal care throughout the perinatal period. Early detection of abnormal labor progress using a partograph is important for preventing delays in managing labor complications and improving maternal and neonatal health outcomes. Effective and timely detection of abnormal labor progression and proactive measures to prevent prolonged labor are crucial in mitigating the potential risks associated with

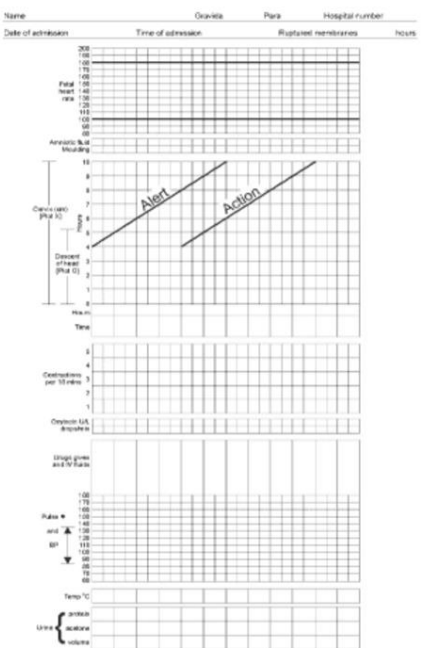
postnatal hemorrhage, sepsis, obstructed labor, uterine rupture, and its subsequent complications.

Despite the partograph being used for 40 years, the persistence of mortality resulting from obstructed labor has raised concerns that the partograph is not reaching its potential in enabling the detection of deviations from normal labor and timely intervention. Several research studies have been conducted in our nation to provide evidence regarding the utilization and challenges associated with partograph practices in India. The findings of the studies revealed that most healthcare providers possessed average to good knowledge regarding the partograph. However, their implementation of partograph practices was found to be insufficient. A study that evaluated the partograph practices in 507 case records revealed that only 8.1% of the records included partograph plotting, and furthermore, most healthcare providers exhibited a negative attitude towards the utilization of the partograph.

a. Composite partograph (WHO 1994)



b. Modified partograph (WHO 2000)



Objectives of The Study

1. Assess the pre test knowledge on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

2. Assess the post test knowledge Application of Partograph for Labor Management Among Healthcare Providers in Healthcare
3. Compare the pre and post test knowledge on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare
4. Associate the pre test level of knowledge on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

Research hypotheses

H_1:- There is significant difference between pre-test and post-test knowledge score on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare at 0.05 level of significance.

H_2:- There is significant association of pre test knowledge score on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare at 0.05 level of significance.

Materials and Methods

Research approach

An experimental research approach was selected to evaluate the effect of structured teaching programme on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

Research design

In present study pre-experimental one group pre-test, post-test design was used to observe the effect of structured teaching programme among Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

Variables

Independent variable

Structured teaching programme on Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

Dependent variable

Knowledge of auxiliary nurse midwives Application of Partograph for Labor Management Among Healthcare Providers in Healthcare

Sample

In this study sample is a part of population which consists of auxiliary nurse midwives who fulfils the inclusive criteria.

Sampling technique

Health Care provider who fulfilled the inclusion criteria and working in the selected community health centres are selected as sample by non-probability convenient sampling technique because of the availability of subjects according to the inclusive sampling criteria within the limited time period.

Criteria for sample selection

Inclusive criteria

1. Health Care provider who are willing to participate in study.
2. Health Care provider who are available at the time of data collection.
3. Health Care provider who has at least 1 year of experience.

Exclusive criteria

Health Care provider who had special exposure or in-service training on partograph.

Development of tool

On the basis of the objectives of the study and review of literature, tools are developed. The tool for the study are:

1. Structured teaching programme on Application of Partograph for Labor Management
2. Close ended questionnaire to assess the knowledge regarding Application of Partograph for Labor Management

Description of tool

Structured teaching plan

Structured teaching plan was organized for enhancing knowledge among health care provider consisting of introduction, definition, purpose, labour, principles of assessing partograph, components of partograph, process of partograph recording, advantages of partograph and conclusion.

Closed ended questionnaire

It was prepared to assess the knowledge of Health Care provider regarding Application of Partograph for Labor Management.

The closed ended questionnaire consists of 2 parts.

1. Part A: It consists of structured questionnaire to collect demographic data**.** It contains eleven items to obtain information regarding age, marital status, basic qualification, professional qualification, clinical experience, experience in labour room, practice of partograph in labour room, previous information and its source, supply of partograph, use of partograph and their confidence in using partograph.
3. Part B: It consists of structured questionnaire to assess knowledge on Application of Partograph for Labor Management The structured questionnaires regarding Application of Partograph for Labor Management consist of thirty multiple choice questions under aspects such as introduction, definition, purposes, stages of labour, principles, charting of partograph.

Conclusion-

On the basis of the findings of the study, the following conclusions were drawn:

Highest percentage of Health care provider (38.3%) were in the age group >35 years and (88.3%) were married. Highest percentage of Health care provider (66.6%) were having high school basic qualification and (85%) were from 18 months revised Health care provider (F). Highest percentage of Health care provider (58.3%) had 9 years and above total clinical experience, (41.6%) had 7 and above years of experience in labour room and (33.3%) Health care provider had seldom used partograph in labour room.

Highest percentage of Health care provider (86.6%) had previous source of information during training. Highest percentage of Health care provider (46.6%) agreed that partograph sheet is been supplied by the concerning department, (75%) agreed that use of partograph is allowed by medical officers / gynaecologists where (63.3%) are confident in using partograph.

Prior to the administration of structured teaching plan, the highest percentage of Health care provider (51.7%) had inadequate knowledge whereas highest percentage of Health care provider (60%) had satisfactory knowledge after administration of structured teaching plan.

The mean pre test knowledge score was 10.65 whereas the mean post test knowledge score was 19.17. The post test scores proved that the structured teaching programme given by the investigator, helped Health care provider to improve their knowledge.

There is no significant association of pre test knowledge score on Application of Partograph for Labor Management with their selected demographic variables of Health care provider except the allowance of using partograph by medical officers / gynaecologists with chi square value 4.869 at 0.05 level of significance.

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