

Effect of Intervention Package On Partograph Documentation Ability of Obstetric Care Workers in Selected Health Facilities in Saki Oyo State, Nigeria

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Abstract:

Partograph is a pictorial graphical representation of a woman's progress of labour and a warning document signaling complications during labor. Studies had revealed that inadequate knowledge of parameters documentation on partograph of obstetric care workers results in prolong labour, obstructed labour and eventual increase in maternal and infant mortality. Hence this study assessed the effect of intervention package on partograph documentation ability of obstetric care workers in selected health facilities in Saki Oyo state, Nigeria. This study adopted a one group pretest - post-test quasi experimental research design. The population comprised 120 obstetric care workers. A purposive non-probability sampling technique was used to select 48 participants for the study group. Test paper on Knowledge of Partograph documentation (T-KPC) was used for data collection. Data were collected over four weeks in three sessions of pre- intervention, intervention and post intervention stages. Data were analyzed with descriptive and inferential statistics. The results revealed that the knowledge of partograph documentation scores among the obstetric care workers at the pre-intervention stage shows that they had a

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mean score of 15.94 (53.1%) while knowledge of partograph documentation mean score (26.81; 89.4%) after intervention was good. The study also revealed that there was significant difference in the pre and post intervention mean score on knowledge of partograph documentation among the participants (mean difference = 10.87, $t_{(46)} = 9.657$, $p = .000$). The study concluded that the intervention package improved the knowledge of partograph documentation of OCWs. Therefore, OCWs should be provided with appropriate in-service training on documentation of partograph regularly.

Keywords: Intervention Package, Obstetrics Care Workers (OCWs), Partograph Documentation Ability,



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Introduction

Labour curve, partogram or partograph is a blended record of fetal, maternal and progress of labour information during labour recorded against time on a single sheet of paper, made to provide accurate data of the progress in labour such that delay or deviation from normal are quickly detected and promoted actions are taken (Kenny & Myers, 2017). Partograph is made as a simple tool to monitor the fetal wellbeing, maternal wellbeing as well as progress of labour, visualize the progress of labour at a glance, easy recognition of failure to progress, and very simple to use. Kaura (2019) opined that partograph is valuable in the improvement of maternity services which allow the obstetric care provider to depict intrapartum details in a pictorial view.

Nigeria and India had the highest estimated numbers of maternal death accounting for estimated one third (35%) of estimated global death in 2017 with approximately 67,000 and 35000 maternal deaths that are really preventable. Nigeria was among the 15 countries considered to be 'very high alert' by the fragile state index (WHO, 2019). These alarming figures are heart wrecking when compared with 8,600 maternal deaths per 100,000 live births in America and 1,400 maternal deaths per 100,000 live birth in Europe where lifetime risk of maternal death is 1 in 4,300. Majority of these deaths are attributed to direct obstetric death, mostly Postpartum hemorrhage, uterine rupture which are consequences of obstructed labor and prolonged labour which can be prevented by skilled birth attendants using appropriate tool (partograph) to monitor the progress of labour.

It has been established since 1994 that partograph is a very important tool to monitor the normal progress of labour, monitor the fetal and maternal wellbeing in labour and detect early deviations from normal in the active phase of labour. Partograph is used to detect and prevent life threatening complications such as prolonged labour in which a woman experiences obstructed labour dehydration, maternal distress, rupture of the uterus, infection, hemorrhage and death of the mother (Maternal Mortality) also fetal distress neonatal infection and still births (Gupta, et al 2020). In spite of the huge advantages of partograph in prevention and detection of complications in the management of labour, obstetric care workers were observed not to be utilizing the tool while monitoring the parturient women, various factors were identified for non-utilization and poor documentation ability of the obstetric care workers such as attitude of the midwives not attaching importance to partograph use, shortage of man power, hospital policy not enforcing its use, with knowledge of documentation that has gone in to extinction. These inadequacies result in non- utilization of partograph which in turn adversely affecting students performances during examination (Adele, 2017). This observation is in line with what the researcher has been observing over the past five years that after teaching the student midwives the use of partograph in the management of women in the active phase of first stage of labour, the researcher expected students to have gained mastery (proficiency in its use after clinical posting, but each year they come back performing woefully when they were examined on the knowledge and documentation of parameters on partograph.

The delivery register revealed recurrent incidence of still births, Primary Postpartum hemorrhage due to labour prolongation which can easily be prevented if partograph were used in monitoring the progress of labour; the researcher went further to encourage its usage



in the health facilities but discovered poor knowledge among the obstetric care workers. Studies published and unpublished had been carried out in Saki on partograph but no one did an intervention study to remind or brought in to remembrance the knowledge that has gone in to extinction on partograph documentation ability. Research has shown that repetition aid learning and to reduce maternal mortality to less than 70/100,000 live birth in 2030, knowledge of obstetric care providers must be improved and midwifery skills promoted, to ensure skilled attendance during labour and delivery of the parturient women, maternal mortality due to prolonged and obstructed labour are preventable and that acquisition of adequate knowledge and proper utilization of the partograph would culminate in an excellent reduction in its occurrence (Sama, et al, 2017).

Kaura (2019) conducted a quantitative research with descriptive design to assess the knowledge of staff nurses regarding partograph. The study was conducted at tertiary care Medical institute Vallah, Amritsar India. Convenience samplings were used to select 40 study respondents. Data were gathered through a self-structured questionnaire; organized and analyzed by SPSS version 16. The result revealed that 57.5% staff nurses had average knowledge, 25% staff nurses had good knowledge, 17.5% staff nurses had poor knowledge. The researcher concluded that partograph is a valuable tool in the improvement of maternity service which allows midwives and obstetrician to depicts intrapartum details in a pictorial view.

Melese and Bekiru (2019) examined knowledge of partograph utilization and its associated factors among obstetric care providers. All obstetric care providers working in the Zone were included in the study. Data were generated through a pretested, structured self-administered questionnaire. Logistic regression was utilized to identify significant factor. Knowledge of obstetrics care provider in the study area was 72.6%, the result expresses that obstetrics care provider with no formal education on partograph is 0.27 times less likely to have good level of knowledge.

Based on the aforementioned the study examined the effect of intervention package on partograph documentation ability of obstetric care workers in selected health facilities in Saki Oyo state, Nigeria. Specific objectives were to:

1. determined the pre-intervention and post intervention mean scores of the participants' skill of partograph documentation; and
2. examined the difference between the pre-intervention and post intervention mean scores of the obstetric care workers skill of partograph documentation.

Research Questions

The following research questions were answered in the study;

1. What is the pre intervention mean score on knowledge of partograph documentation among the participants?
2. What is the post intervention mean score on knowledge of partograph documentation among the participants?
3. What is the difference between the pre-intervention and post intervention mean scores of the participants' knowledge of partograph documentation?

Research Hypothesis

This research hypothesis was formulated for the study;



1. There is no significant difference between the pre-intervention and post-intervention mean scores on knowledge of partograph documentation.

Methodology

The study utilized a quantitative research adopting one group pretest - post-test quasi experimental research design to assess the outcome of training of obstetric care workers in selected health facilities in Saki West Local Government area of Oyo state on partograph documentation ability; total number of Obstetric Care Workers in these facilities was one hundred and twenty. State Hospital Saki was unanimously chosen as the study center. A purposive non-probability sampling technique was used to select 48 participants for the study group.

The study employed Test paper on Knowledge of Partograph documentation measures to generate data. The instruments were subjected to face and content validity, through diligent appraisal and corrections by experts of Tests and Measurement. The experts expressed acceptance of the instrument to measure the knowledge of obstetric care workers documentation on partograph. The corrected and validated edition of T-KPC was administered to 10 Obstetric care workers in Tede, Atisbo local government of Oyo State. A value of 0.75 Cronbach's Alpha was obtained to ensure internal consistency of the instrument.

Data collection involved three main stages namely pre-intervention, intervention and post-intervention. The quantitative data was coded and analyzed using SPSS version 23. The research questions were analyzed descriptively with percentages, frequencies, and measures of central tendency. The only hypothesis was analyzed inferentially with t-test at 0.05 level of significance.

Results

Research Question 1: What is the pre intervention mean score on knowledge of partograph documentation among the participants?

Table 1: Pre intervention mean score on knowledge of partograph documentation

S/N	Knowledge	Pre Intervention			
		Correct		Not Correct	
		F	%	F	%
1	Partograph is a graphic record of vital observations to assess progress during labor	48	100.0	-	-
2	Partograph is a simple tool that is used to monitor the fetal and maternal well-being and progress of labor.	23	47.9	25	52.1
3	Partograph is a tool that enables easy recognition of failure to progress labor	28	58.3	20	41.7
4	The partograph visualizes the progress of labor at a glance	23	47.9	25	52.1
5	Partograph is initiated when the Cervix is . 4cm dilated	23	47.9	25	52.1
6	The partograph is used only in the active phase of labor.	29	60.4	19	39.6
7	The fetal part of the partograph is where the fetal heart rate, liquor and moulding of the fetal head are recorded	25	52.1	23	47.9
8	The maternal part contains, cervical dilatation, Descent of the Head, time, contractions, medications, blood pressure, maternal pulse, temperature and	23	47.9	25	52.1



	Urine				
9	Progress of labour include, rate of cervical dilation, nature of contractions and descent of fetal head.	31	64.6	17	35.4
10	Partograph is used at all level of health care facilities with the objective of identifying abnormal labour, preventing complications and reducing maternal and infant mortality.	48	100.0	-	-
11	All Skilled Obstetric Care Workers are eligible to use the Partograph	30	62.5	18	37.5
12	Partograph is divided into three main components	16	33.3	32	66.7
13	There are basically 14 parameters to be documented on Partograph	21	43.8	27	56.3
14	There are basically 3 parameters to be documented on WHO Modified Partograph	20	41.7	28	58.3
15	Fetal Heart Rate (FHR) is checked every 30minutes if other parameters are normal.	22	45.8	26	54.2
16	FHR of 170b/m and meconium stained liquor is an indication of fetal distress and the baby must be delivered immediately	20	41.7	28	58.3
17	FHR is recorded with "X" on the partograph	40	83.3	8	16.7
18	Descent is recorded with "0" on Partograph	23	47.9	25	52.1
19	Deep transverse arrest leads to obstructed labour and uterine rupture	21	43.8	27	56.3
20	Normal moulding allows for easy passage of fetal head through the birth canal and it is recorded with+ on partograph.	26	54.2	22	45.8
21	Vaginal Examination is checked every 4hours when cervical dilatation is 8cm.	30	62.5	18	37.5
22	Descent of fetal is first checked abdominally before checking vaginally for accurate estimation.	20	41.7	28	58.3
23	Head is said to be engaged when 2/5 th is palpable abdominally	28	58.3	20	41.7
24	Uterine contraction of less than 20 seconds is mild while more than 40 seconds is strong	26	54.2	22	45.8
25	Each square represent 1 contraction while 5squares represent 5contractions	19	39.6	29	60.4
26	Mild contraction is plotted with dots, Moderate with diagonal lines while strong contractions are shaded with solid colour on the squares.	27	56.3	21	43.7
27	Pulse rate of 100b/m and above indicate anxiety, pain, exhaustion, pyrexia or shock	22	45.8	26	54.2
28	High Blood Pressure is a normal occurrence in the active phase of labour, so there is nothing to worry about.	20	41.6	28	58.4
29	Acetone in urine is a sign of dehydration or diabetes, so immediate action must be taken.	26	54.2	22	45.8
30	For Partograph to be meaningful, adequate knowledge, accurate documentation, correct interpretation and recording of the findings are the golden rules.	48	100.0	-	-

Table 1 shows the pre intervention mean score on knowledge of partograph documentation among the participants. Their responses to the question on knowledge of partograph documentation at pre-intervention stage revealed that to an extent they were still lacking basic knowledge of the subject matter. For instance, 23(47.9%) participants see partograph as a simple tool that is used to monitor the fetal and maternal wellbeing and progress of labor.



Table 2: Summary of the pre intervention scores on knowledge of partograph documentation

The knowledge of partograph	Category of scores	Pre- intervention	
		Freq.	%
Poor documentation skill	1-10	15	31.2
Moderate/Fair documentation skill	11-20	26	54.2
Good documentation skill	21-30	7	14.6
Total		48	100.0
Mean (%)	15.94 (53.1)		
Standard dev.	4.86		
Maximum	26.00		
Minimum	9.00		

Source: Researcher's Field Report 2021

Table 2 presents the pre intervention mean score on knowledge of partograph documentation. At the pre-intervention stage, knowledge of partograph documentation scores among the obstetric care workers revealed 54.2% had moderate/average knowledge, 31.2% had poor knowledge, and 14.6% had good knowledge level. The obstetric care workers' general knowledge of partograph at pre-intervention level shows that they have a mean score of 15.94 (53.1%). Thus, it could be said that the obstetric care workers' mean score on knowledge of partograph documentation before intervention was average.

Research Question 2: What is the post intervention mean score on knowledge of partograph documentation among the participants?

Table 3: Post intervention mean score on knowledge of partograph documentation

S/N	Knowledge	Post Intervention			
		Correct		Not Correct	
		F	%	F	%
1	Partograph is a graphic record of vital observations to assess progress during labor	F	%	F	%
2	Partograph is a simple tool that is used to monitor the fetal and maternal well-being and progress of labor.	48	100.0	-	-
3	Partograph is a tool that enables easy recognition of failure to progress labor	40	83.3	8	16.7
4	The partograph visualizes the progress of labor at a glance	43	89.6	5	10.4
5	Partograph is initiated when the Cervix is . 4cm dilated	40	83.3	8	16.7
6	The partograph is used only in the active phase of labor.	41	85.4	7	14.6
7	The fetal part of the partograph is where the fetal heart rate, liquor and moulding of the fetal head are recorded	43	89.6	5	10.4
8	The maternal part contains, cervical dilatation, Descent of the Head, time, contractions, medications, blood pressure, maternal pulse, temperature and Urine	48	100.0	-	-



9	Progress of labour include, rate of cervical dilation, nature of contractions and descent of fetal head.	44	91.7	4	8.3
10	Partograph is used at all level of health care facilities with the objective of identifying abnormal labour, preventing complications and reducing maternal and infant mortality.	48	100.0	-	-
11	All Skilled Obstetric Care Workers are eligible to use the Partograph	40	83.3	8	16.7
12	Partograph is divided into three main components	48	100.0	-	-
13	There are basically 14 parameters to be documented on Partograph	46	95.8	2	4.2
14	There are basically 3 parameters to be documented on WHO Modified Partograph	44	91.7	4	8.3
15	Fetal Heart Rate (FHR) is checked every 30minutes if other parameters are normal.	40	83.3	8	16.7
16	FHR of 170b/m and meconium stained liquor is an indication of fetal distress and the baby must be delivered immediately	46	95.8	2	4.2
17	FHR is recorded with "X" on the partograph	46	95.8	2	4.2
18	Descent is recorded with "0" on Partograph	48	100.0	-	-
19	Deep transverse arrest leads to obstructed labour and uterine rupture	43	89.6	5	10.4
20	Normal moulding allows for easy passage of fetal head through the birth canal and it is recorded with+ on partograph.	48	100.0	-	-
21	Vaginal Examination is checked every 4hours when cervical dilatation is 8cm.	45	93.8	3	5.2
22	Descent of fetal is first checked abdominally before checking vaginally for accurate estimation.	48	100.0	-	-
23	Head is said to be engaged when 2/5 th is palpable abdominally	43	89.6	2	4.2
24	Uterine contraction of less than 20 seconds is mild while more than 40 seconds is strong	48	100.0	-	-
25	Each square represent 1 contraction while 5squares represent 5contractions	44	91.7	4	8.3
26	Mild contraction is plotted with dots, Moderate with diagonal lines while strong contractions are shaded with solid colour on the squares.	40	83.3	8	16.7
27	Pulse rate of 100b/m and above indicate anxiety, pain, exhaustion, pyrexia or shock	43	89.6	5	10.4
28	High Blood Pressure is a normal occurrence in the active phase of labour, so there is nothing to worry about.	48	100.0	-	-
29	Acetone in urine is a sign of dehydration or diabetes, so immediate action must be taken.	44	91.7	4	8.3
30	For Partograph to be meaningful, adequate knowledge, accurate documentation, correct interpretation and recording of the findings are the golden rules.	41	85.4	7	14.6

Table 3 shows the post intervention mean score on knowledge of partograph documentation among the participants. Their responses to the question on knowledge of partograph documentation at post-intervention stage revealed that a great improvement in knowledge. For instance, 40 (83.3%) sees partograph as a simple tool that is used to monitor the fetal and maternal wellbeing and progress of labor.



Table 4: Summary of the post intervention scores on knowledge of partograph documentation

The knowledge of partograph	Category of scores	Post- intervention	
		Freq.	%
Poor	1-10	-	-
Average	11-20	-	-
Good	21-30	48	100.0
Total		48	100.0
Mean (%)	26.81 (89.4)		
Standard dev.	4.08		
Maximum	30.00		
Minimum	21.00		

Source: Researcher's Field Report 2021

Table 4 presents the post intervention mean score on knowledge of partograph documentation. At the post-intervention score on the knowledge of partograph documentation; it was revealed that the knowledge of partograph documentation was improved as all the participants had good knowledge of partograph documentation. Thus, it could be said that the obstetric care workers' knowledge of partograph documentation mean score (26.81; 89.4%) after intervention was good.

Research Question 3: What is the pre-intervention and post intervention mean scores of the participants' knowledge of partograph documentation?

Table 5: Summary of the pre and post intervention scores on knowledge of partograph documentation

The knowledge of partograph	Category of scores	Pre- intervention		Post- intervention	
		Freq.	%	Freq.	%
Poor	1-10	15	31.2	-	-
Average	11-20	26	54.2	-	-
Good	21-30	7	14.6	48	100.0
Total		48	100.0	48	100.0
Mean (%)	15.94 (53.1)			26.81 (89.4)	
Standard dev.	4.86			4.08	
Maximum	26.00			30.00	
Minimum	9.00			21.00	

Source: Researcher's Field Report 2021

Table 5 presents the pre and post intervention mean score on knowledge of partograph documentation. At the pre-intervention stage, knowledge of partograph documentation scores among the obstetric care workers revealed 54.2% had moderate/average knowledge, 31.2% had poor knowledge, and 14.6% had good knowledge level. The obstetric care workers' general knowledge of partograph at pre-intervention level shows that they have a mean score of 15.94 (53.1%). Thus, it could be said that the obstetric



care workers' mean score on knowledge of partograph documentation before intervention was average.

On the other hand, the post-intervention score on the knowledge of partograph documentation; it was revealed that the knowledge of partograph documentation was improved as all the participants had good knowledge of partograph documentation. Thus, it could be said that the obstetric care workers' knowledge of partograph documentation mean score (26.81; 89.4%) after intervention was good.

Test of Hypothesis

Ho1: There is no significant difference between the pre-intervention and post-intervention mean scores on knowledge of partograph documentation.

Table 6: Independent t-test to shows the difference between the pre intervention mean score and post intervention mean score on knowledge of partograph documentation

	N	Mean	Std. Deviation	Std. Error Mean	df	T	Mean diff	Sig
Pretest	48	15.94	4.86	.569	46	9.657	10.87	.000
Posttest	48	26.81	4.08	.610				

Results in Table 6 indicated a significant difference in the pre and post intervention mean score on knowledge of partograph documentation among the participants (mean difference = 10.87, $t_{(46)} = 9.657$, $p = .000$). Based on this, the earlier set hypothesis that stated "There is no significant difference between the pre and post intervention mean score on knowledge of partograph documentation among the participants" is rejected. Therefore, there is a significant difference between the pre and post intervention mean score on knowledge of partograph documentation among the participants. It could be deduced from this finding that the difference observed in the pre and post-intervention mean scores on knowledge of partograph documentation could not have been by chance but as a result of the educational intervention the participants were exposed to. Going through the knowledge mean scores as shown above, one can say that the mean score (26.81) at post intervention is significantly higher than the pre-intervention score of (15.94).

Discussion

The study revealed that at the pre-intervention stage, knowledge of partograph documentation scores among the obstetric care workers revealed 15(31.2%) poor knowledge, 26(54.2) average knowledge, and 7(14.6%) good knowledge level for the obstetric care workers. The obstetric care workers' general knowledge of partograph at pre-intervention level shows that they have a mean score of 15.94 (53.1%). Thus, it could be said that the obstetric care workers' mean score on knowledge of partograph documentation before intervention was fair (average).

The outcome of this study revealed that to an extent the obstetric care workers still lack some basic knowledge of the partograph documentations. Thus, it could be said that the obstetric care workers' mean score on knowledge of partograph documentation before intervention was fair. This might explain why maternal mortality rate is still a bit high in this



part of the world. The only adduced knowledge is poor knowledge of health workers on documentation of parameters on Partograph. This finding is similar to that of Konlan, et al (2019) who documented that health workers have difficulties in documenting and interpreting findings on Partograph accurately; the researchers associated these observations to poor knowledge, lack of continuous refresher courses and periodic seminars on management of labour.

On the other hand, the post-intervention score on the knowledge of partograph documentation; revealed that the knowledge of partograph documentation was improved as all the participants had good knowledge of partograph documentation. Thus, it could be said that the obstetric care workers' knowledge of partograph documentation mean score (26.81; 89.4%) after intervention was good. The post-intervention score on the knowledge of partograph documentation revealed that the knowledge of partograph documentation was improved and all the participants had good knowledge of partograph documentation. Over three-quarter of the obstetric care workers' had an improved knowledge of partograph documentation after intervention. This established the fact that poor documentation ability of health workers while using partograph to monitor women in the active phase of labour, therefore to utilize partograph it requires, knowledge, skills training and re-training. This is supported by the study done in northwest and southwest Cameroon on knowledge and utilization of partograph among obstetric care providers by Sama, et al (2017) that regular in service training, periodic workshop and seminar on the use of partograph for obstetric care workers are vital steps towards ensuring the safety of women in labour. Also, in another study of Obande, et al (2020) on knowledge of partograph among obstetric care providers in Gwagwalada, Nigeria confirm that non utilization of available partograph sheet, is closely related to lack of knowledge and poor documentation skills among the obstetric care givers in Nigeria.

Results showed a significant difference between the pre and post intervention mean score on knowledge of partograph documentation among the participants. It could be deduced from this finding that the difference observed in the pre and post-intervention mean scores on knowledge of partograph documentation could not have been by chance but as a result of the intervention package the participants were exposed to. This shows that intervention through education was productive in improving the level of knowledge of the participants. This lends credence to the findings Archa and Smitha (2021) that intervention through education was productive in improving the level of knowledge of their participants. Also, Al-Dainee, Abdulkarim and Yasir (2017) study showed that the participants in their study demonstrated good knowledge about the partograph.

Summary of Findings

1. The knowledge of partograph documentation scores among the obstetric care workers at the pre-intervention stage shows that they have a mean score of 15.94 (53.1%).
2. The knowledge of partograph documentation revealed that the obstetric care workers' knowledge of partograph documentation mean score (26.81; 89.4%) after intervention was good.



3. There was significant difference in the pre and post intervention mean score on knowledge of partograph documentation among the participants (mean difference = 10.87, $t_{(46)} = 9.657$, $p = .000$).

Conclusion

The study concludes that the intervention package improved the documentation knowledge of partograph among obstetric care workers. Therefore, obstetric care workers should be provided with appropriate in-service training on documentation of partograph regularly.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. The head of the obstetric units through the hospital administrations should ensure that obstetric care providers receive timely on job training so that they are empowered with necessary knowledge that are linked to job responsibilities and roles.
2. The head of the obstetric units should carry out regular supportive supervision in labor wards and put in place practical guidelines on the use of partogram. This will promote the use of partographs using the laid guidelines and standard operation procedures in maternity units.
3. The hospital managers should make a proposal to the policy makers in the ministry of health on the need to employ more nurses in order to address the issue of understaffing in labor wards towards improving utilization of partograph in management of women in labor.

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