

Knowledge of private hospital midwives on the use of the partogram

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Faculty Disclosure

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Objective

The aim of the study was to explore and describe the knowledge of midwives on the use of the partogram in a private maternity hospital

The authors declare that they have no competing interests.

Introduction

The partogram is a pictorial overview of:

- Foetal condition
- Progress of labour
- Maternal condition

The partogram is a simple and inexpensive chart that serves as an early warning system to identify, diagnose, prevent and treat prolonged and pathological labour

Introduction (continued)

- The institutional maternal mortality ratio in South Africa decreased from 176.22/100000 live births in 2008-2010 to 154.06/100000 live births in 2011-2013 (↓ 12.6%).
- iMMR ↓ in district and tertiary hospitals
- iMMR ↑ in regional hospitals
- The 'Big 5' causes of maternal deaths in South Africa
 - HIV (34.7%)
 - obstetric haemorrhage (15.8%)
 - complications of hypertension in pregnancy (14.8%)
 - medical and surgical disorders (11.4%)
 - pregnancy related sepsis (9.5%)

Introduction (continued)

Year	Perinatal deaths	Stillbirths	Early neonatal deaths
1997	13 020	5 982	7 362
2001	19 885	14 184	5 701
2005	23 702	13 828	9 874
2009	25 287	14 277	11 010
2013	22 116	14 604	7 512

Statistics South Africa

Research problem

- Poor knowledge of the partogram observed
- Incorrect completion and interpretation of the partogram

Little is known about the level of knowledge of midwives in private hospitals on the:

- Purpose of the partogram
- Knowledge of the recommendations on the use of the partogram
- Signs of true labour
- When the partogram should be completed
- Monitoring of maternal and foetal wellbeing
- Person responsible for plotting of the partogram



Methodology

Design: Explanatory mixed methods design

Setting: Private maternity hospital in Gauteng Province, South Africa

Sample: Purposive sample to include all the midwives and advanced midwives working in the labour ward of the private hospital

Data

Collection: Questionnaires

Semi-structured in-depth interviews

Data analysis: Verbatim transcription
 Thematic analysis

Trustworthiness: Truth value
 Credibility (prolonged engagement)
 Applicability
 Transferability (triangulation, sampling)
 Consistency
 Dependability (dense description)
 Neutrality
 Confirmability (reflexivity)

Ethical consideration

Findings

Setting: \pm 180 deliveries per month
60% caesarean section rate

Sample size: 14 midwives

Qualification

- 11 Midwives
- 3 Advance Midwives

Years of experience

- Two to five years: 6 Midwives
- More than five years: 5 Midwives
3 Advanced Midwives

Findings (continued)

Purpose of the partogram

	Midwives	Advanced Midwives
Observes the maternal condition	10	2
Observes the foetal condition	9	2
Identifies the progress of labour	11	3
Identifies all treatment given during labour	8	2
Summarises the findings during labour	11	3

“The partogram is a legal document which indicates the progress of labour.”

“If done correctly it is the best tool to indicate maternal and fetal wellbeing.”

“The partogram indicates when action should be taken if the active phase of labour is not progressing well enough.”

Findings (continued)

Where to find recommendations on partogram use

	Midwives	Advanced Midwives
Saving Mothers Reports	2	2
Saving Babies Reports	2	
Essential Steps in the Management of Common Conditions associated with Maternal Mortality	5	
Guidelines for Maternal Care in South Africa	11	3
Saving Lives at Birth	4	1

- “They’re in our files here in the cupboard.”
- “I have not actually read what it says specifically about the partogram.”
- “You can get them from the Department of Health although they are a bit, they are not so um, forthcoming.”

Findings (continued)

Signs of true labour

	Midwives	Advanced Midwives
Lower abdominal pain	3	1
Dilatation and effacement of the cervix	11	3
Rupture of the membranes	3	1
A low presenting part		
A show	7	1

- “It will be the show.”
- “Rupture of membranes, we’ve seen it a lot of times, is not a reliable factor.”
- “True signs of labour is the patient who’s having low abdominal pains radiating to the back, then, whereby the cervix is starting to efface and dilate and then there might be a show on a glove when you PV the patient.”

Findings (continued)

When to complete the partogram

	Midwives	Advanced Midwives
Admission in the labour ward	1	
The latent phase of labour	2	
The active phase of labour	5	2
The latent and active phase of labour	4	1
After the birth of the baby	1	

- “When the patient is in active phase of labour, from 4 cm.”
- “You start it as soon as the patient is in active labour and you complete it when the baby is born.”
- “The time that the patient was fully dilated, and your, your time of delivery and sex of the baby.”

Findings (continued)

When to stop completing the partogram

- “The time that the patient was fully dilated, and your, your time of delivery and sex of the baby.”
- “You are going to write there ‘patient went for a caesarean section.’”
- “On my partogram write delivered, or fully dilated at, delivered at, and then record all my delivery notes in the cardex.”

Findings (continued)

Monitoring of maternal wellbeing

- “On our partogram you’re supposed to do it half hourly, but we do it hourly to two hourly...We are constricting patients on a bed by doing blood pressures and temperature monitoring the whole time.”
- “You are going to do your BP, temperature and maternal pulse hourly and then you will act on what your findings are.”
- “We do the blood pressure every time we’ve done the e, every time we do a PV examination.”
- “You are supposed to test urine during, during labour, but I must say that’s not, it’s not done here.”

Findings (continued)

Monitoring of foetal wellbeing in active labour

	Midwife	Advanced Midwives
2 hourly	2	
4 hourly		
Every 30 minutes	9	2
hourly		1
Before, during and after every contraction	4	1

- “We do intermittent CTG’s mainly two hourly and then hourly or half-hourly depending on how you’re feeling about the previous CTG and the condition of the baby.”
- “You can just auscultate the foetal heart as well before a contraction, during a contraction and after a contraction.”

Findings (continued)

Person responsible to plot the partogram

	Midwife	Advanced Midwives
Midwives	9	3
Student midwives	4	1
Obstetrician	3	1
Medical students	3	
The person who examines the patient	9	2

- “The obstetrician’s, they don’t fill in the partograms.”
- “There is one doctor whom I’ve seen plotting on a partogram, but that was the only doctor. But they normally don’t.
- “If the doctor tells me the patient is 4cm dilated I will go and do the examination myself.”
- “It’s the doctors that make the decision and I can’t. I can’t truly say that they go according to the partogram.”

Recommendations

- Periodic on-job training regarding partogram use should be provided to all maternal care providers
- Address conflicting training messages regarding completion of the partogram
- Regular supportive supervision during completion of the partogram

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