Knowledge and Practice on Partogram among Staff Nurses

Geetha.C1, Saranya. S2

1Associate Professor, Kasturba Gandhi Nursing College-Puducherry, India
2Lecturer, Kasturba Gandhi Nursing College-Puducherry, India

Abstract: The study was aimed to assess the knowledge and practice on Partogram among staff nurses in Mahatma Gandhi Medical College And Research Institute at Pondicherry. Non-experimental descriptive design was used. 30 Staff nurses were selected as samples by random Sampling Method. A structured questionnaire on knowledge, and checklist for practice was administered to assess the knowledge. The major findings of the study related to knowledge on Partogram, 9 (30.0%) of respondents belongs to good, 17 (56.7%) of respondents belongs to poor, and 4 (13.3%) of respondents belongs to very poor level of knowledge on Partogram and Findings related to practice on Partogram, 15 (50%) of respondents belongs to good, 14 (46.7%) of respondents belongs to average, and 1 (3.3%) of respondent belongs to poor level of practice regarding Partogram.

Keywords: Knowledge, Practice, Partogram, Staff nurses

1. Introduction

The WHO Maternal and child health and family planning programme, Geneva 1989, states that the tragedies of obstructed labour and rupture of the uterus comprise one of the five major causes of maternal mortality and morbidity in developing countries.

The number of maternal deaths due to rupture of the uterus and/or obstructed labour varies between 4% and 70% of all maternal deaths amounting to a maternal mortality rate of as high as 410/10,000 live births. In addition significant maternal morbidity is associated with prolonged labour post-partum haemorrhage and infection both being more common that among women with short labours.

The major constraint to the prevention of prolonged and obstructed labour is the accurate and early recognition of possible cephalo-pelvic disproportion [CPD] either before or during the labour. Particularly in developing world, all labours should be considered a trial of labour as cephalo-pelvic disproportion 

2. Literature Survey


Review of relevant literature is an analysis and synthesis of research sources to generate a picture of what is known about a particular situation and knowledge gaps that exist in the situation

Nyangtema AS et.al, Tanzania, (2008), conducted a study to evaluate the Partogram use in the maternity hospital of Dar es salaam, of all Partograms reviewed, 50% had no records of duration of labour. Although cervical dilatation and fetal heart rates were recorded in 97%and 94% of the Partograms respectively, 63% and 91% of these were judged to be prolonged labour and include amniotomy, intravenous hydration, analgesia, oxytocic infusion and operative delivery has not been subjected to rigorous evaluation.

The Dublin group have proposed that an active management package which relies on early identification of prolonged labour with early correction by oxytocin reduces caesarean section rate.

The Partogram is considered a valuable tool in the improvement of maternity service by allowing midwives and obstetrician to display intrapartum details in a pictorial manner. It is conventionally placed a number of hours to the right of another line, the alert line which describes the rate of cervical dilatation of the slowest 10% of primigravida. The timing of intrapartum interventions which may correct
substandard. Substandard monitoring of fetal temperature, and pulse rates were not recorded in 47%-76% of Partograms. These findings reflected poor management of labour and indicate urgent in-service training to address the importance of documentation and regular Partogram audit in-service training to reduce maternal and perinatal deaths.

Harvey SA et.al, Bethesda,(2011), conducted a study to find out whether the skilled Birth Attendants (SBA) are really skilful and competent enough to manage common life-threatening obstetric complications. The WHO integrated management of pregnancy and childbirth (IMCP) guidelines served as the competency standard. They tested a purposive sample of 166 SBAs in Benin, Ecuador, Jamaica and Rwanda.

Their average skills scores by area were: active management of the third stage of labour-46% immediate new born care-71%, and neonatal resuscitation- 55%. These findings denoted that there was a wide gap between current evidence-based standards and provider competence to manage selected obstetric and neonatal complication.

3. Problem Statement

A Study to assess the knowledge and practice on Partogram among staff nurses in Mahatma Gandhi Medical College And Research Institute at Pudhucherry.

4. Objectives of the Study

- To assess the existing knowledge on Partogram among staff nurses in Mahatma Gandhi Medical college And Research Institute.
- To assess the practice on Partogram among staff nurses in Mahatma Gandhi Medical college And Research Institute.
- To associate the knowledge and practice on Partogram with selected demographic variables.

5. Methodology

The researcher obtained permission from concerned authority. The investigator introduced herself to subject and explained the purpose of the study to the subject. Informed written consent was taken from each subject. Non-experimental descriptive design was used. 30 Staff nurses from Mahatma Gandhi Medical college And Research Institute were selected as samples by random Sampling Method. A structured questionnaire on knowledge, and checklist on practice was administered to assess the knowledge and practice on Partogram. The tool was organized into Section A: socio demographic variables of staff nurse, Section B: knowledge of staff nurse regarding Partogram, Section C: practices of staff nurses regarding Partogram The data collected was analyses by using descriptive statistics and inferential statistics. Frequency and percentage distribution was used for demographic variables and assessing the knowledge and practice on Partogram among staff nurses. Chi-square test was used to find out association between knowledge and practice on Partogram among staff nurses and selected demographic variables.

6. Result/Discussion

Table1: Level of knowledge regarding Partogram among staff nurses N=30

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>12-17 good</td>
<td>9</td>
<td>30.0%</td>
</tr>
<tr>
<td>7-11 poor</td>
<td>17</td>
<td>56.7%</td>
</tr>
<tr>
<td>&lt;7 very poor</td>
<td>4</td>
<td>13.3%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 1 Depicts that 9 (30.0%) of respondents belongs to good , 17 (56.7%) of respondents belongs to poor , and 4 (13.3%) of respondents belongs to very poor level of knowledge on Partogram.

Table 2: Level of practice among staff nurses regarding Partogram

<table>
<thead>
<tr>
<th>Level of practice</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-10 good</td>
<td>15</td>
<td>50.0%</td>
</tr>
<tr>
<td>4-6 average</td>
<td>14</td>
<td>46.75%</td>
</tr>
<tr>
<td>&lt;3 poor</td>
<td>1</td>
<td>3.3%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 2 depicts that 15 (50%) of respondents belongs to good, 14 (46.7%) of respondents belongs to average, and 1(3.3%) of respondent belongs to poor level.

7. The Major Findings of the Study

Findings related to socio demographic variables
- Among the study group 17 (56.7%) were in the age group of below 25years, 11 (36.7%) were in the age group of 26-30 years and 2 (6.7%) were in the age group of 31-35 years.
- In this group 20 (66.7%) were not married and 10 (33.3%) were married.
- In this group 14 (46.7%) of subjects were categorised degree and 16(53.3%) were categorised diploma qualification
- Among this group 5 (16.7%) of them were having less than 1yr experience, 16 (53.3%) of them were having 1-5yrs of experience, 6 (20.0%) of them were having 6-10yrs of experience and only 3 (10%) of them were having more than 10yrs of experience.
- This present study represents that 17 (56.7%) samples were not attended in service education on Partogram, 13 (43.3%) were attended in service education on Partogram.
- The study shows that 14 (46.7%) were having working experience in labour ward and 16 (53.3%) were not having working experience in labour ward.

Findings related to knowledge on Partogram

- Among the subjects, 9 (30.0%) of respondents belongs to good, 17 (56.7%) of respondents belongs to poor, and 4 (13.3%) of respondents belongs to very poor level of knowledge on Partogram
Findings related to practice on Partogram
- Among the subjects 15 (50%) of respondents belongs to good, 14 (46.7%) of respondents belongs to average, and 1(3.3%) of respondent belongs to poor level

Findings related to association between knowledge on Partogram and demographic variables
There was no significant association between knowledge and demographic variables like age, marital status, educational Qualification, Duration of experience, in service education, and previous experience in labour ward.

8. Conclusion
The present study revealed that, 9 (30.0%) of respondents belongs to good, 17 (56.7%) of respondents belongs to poor, and 4 (13.3%) of respondents belongs to very poor level of knowledge on Partogram and 15 (50%) of respondents belongs to good, 14 (46.7%) of respondents belongs to average, and 1(3.3%) of respondent belongs to poor level of practice. Thus it would be essential to improve the knowledge of staff nurses to provide quality of care.

9. Future Scope
Recommendation
- A similar study can be conducted for a large group of sample there by findings can be generalized.
- Similar study can be conducted in other hospital setting.
- Planned periodic in service education programme may be provided for staff nurses on partogram.
- Continuing education to staff nurses in the area of labour ward.
The findings of study has implications in different branches of nursing profession i.e., nursing practice, nursing education, nursing administration and nursing research.

Nursing practice:
The nurse plays a vital role in providing care during labour. She is the one who works to immediate environment with the patient and hence there she has all the opportunity to identify the needs and problems of the client to improve the quality of life. Periodical appraisal should be conducted for all nursing personnel to empower their knowledge and skills.

Nursing Education
The nursing students should be encouraged to maintain Partogram during conduction of labour under the supervision of nursing educator. By adopting, the different teaching strategies like lecture, discussion, and demonstration of maintaining Partogram can be disseminated effectively. The findings can be utilized to prepare the nursing students to acquire adequate knowledge on Partogram. Nurse educator can encourage the students to do a project on Partogram.

References
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Author Profile
Mrs. Geetha.C is working as Associate professor, department of child health nursing in Kasturba Gandhi Nursing College, Puducherry
Ms. S. Saranya is working as lecturer, department of child health nursing in Kasturba Gandhi Nursing College, Puducherry.