

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 trail of labour as cephalo-pelvic disproportion which is the most common reason for intervention in the course of labour. In many societies in the majority of primigravidas the fetal head is engaged at the onset of labour even though the pelvis is adequate for this reason, all labours should be monitored closely in order to identify delay at an early stage the Partogram acts as an “early warning system” in the early detection of cephalo-pelvic disproportion and may be used to assist

- Referral decisions in rural maternity centres.
- Intervention decisions in hospitals.
- On-going evaluation of the effect of interventions.

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

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.

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

Fatusi AO et.al, Nigeria, [2008], evaluated the impact of training on use of the Partogram for labour monitoring among various categories of primary health care workers. 56 health workers offering delivery services in primary health care facilities were trained to use the Partogram and were evaluated after 7 months. A total of 242 Partograms of women in labour were plotted over a 1- year period. 76.9% of them were correctly plotted. Community health extension workers (CHEW s) plotted 193 (79.8%) Partogram and nurse/midwives plotted 49(20.2%). No statistically significant difference was recorded in the rate of correct plotting and consequent decision- making between nurse/midwives and the CHEW s. they concluded that even the lower cadres of primary health care workers can be effectively trained to use the Partogram with satisfactory results, and thus contribute towards improved maternal outcomes in developing countries with scarcity of skilled attendants.

Nyamtema 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

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 (IMPAC) 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 analysed 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

Level of knowledge	Frequency	Percentage%
12-17 good	9	30.0%
7-11 poor	17	56.7%
<7 very poor	4	13.35%
Total	30	100.0%

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

Level of practice	Frequency	Percentage%
7-10 good	15	50.0%
4-6 average	14	46.75%
<3 poor	1	3.3%
Total	30	100.0%

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 25 years, 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.

Nursing Administration

The nurse as an administrator organizes and conducts teaching programmes for nurses regarding on Partogram. In service programmes can improve the knowledge and practices of the staff nurse on Partogram.

Nursing Research

Research is a strong foundation for evidence based nursing. Hence nursing staffs and students should be encouraged to conduct research. Research provides knowledge and practice among staff nurses on Partogram

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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.