

Improving intrapartum care with better use of the partogram

By

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Outline

- Background of study
- Materials and methods
- Data analysis
- Ethical considerations
- References
- Conclusion

Background

- WHO recommendation on partogram use
- Partogram influences decision-making (1)
- Systematic reviews found little or no difference in caesarean section rates (2,3) and no influence on neonatal outcome (3)

Objective

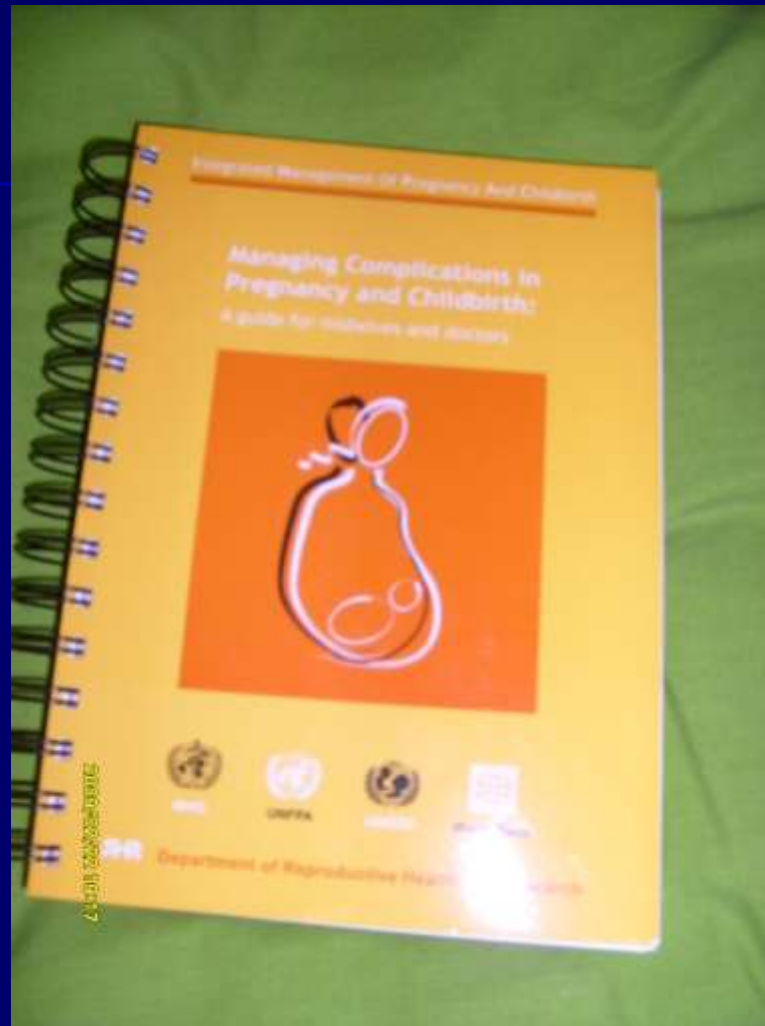
- To evaluate the utilization of the partogram at the Federal Medical Centre Katsina.

Specific objectives

- To determine the characteristics of health workers who attend to deliveries.
- To assess the knowledge of staff.
- To assess the use of the partogram.
- To assess the effect of the training.

Materials and methods

- A “before and after” study would be done.
- Assess knowledge of partogram.
- Assess use of the partogram.
- Intervention: Training on partogram use (WHO manuals).
- Repeat assessment.



Study population

- Health workers who attend to deliveries at the Federal Medical Centre Katsina, Nigeria

Data analysis; criteria for partogram analysis

- Spontaneous labour.
- Cervical dilatation is $\geq 4\text{cm}$ - $\leq 8\text{cm}$.
- Pregnancy is ≥ 37 completed weeks (38 weeks).
- Cephalic presentation of the fetus.
- Exclusion criteria:
 - antepartum haemorrhage, breech presentation, multiple pregnancy, preterm labour, severe preeclampsia/eclampsia, labour induction.

Data analysis; criteria for Standard record

- Cervical dilatation monitored 4 hourly.
- Fetal heart rate, blood pressure, temperature monitored at least 1 hourly.
- Apgar score records on partogram.
- Where there are no records, it will be explicitly stated as so (4).

Data analysis; outcome measures

- Incidence of prolonged labour.
- Augmentation rate.
- Caesarean section rate.
- Apgar score at 5 minutes.

Data analysis; prescription to clinical scenario

	Before Training		After training		P Value
	No	%	No	%	
Correct					
Incorrect					
Incomplete					

Ethical considerations

- Clearance from the Ethics committee.
- Consent from health workers (confidentiality).
- Partogram from medical records department.
- No undue inference with patients' mgt.

Financial Implications

- 1,893,280 Naira = 11,833USD

References

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3. Lavender T, Hart A, Smyth RMD. Effect of partogram use on outcomes for women in spontaneous labour at term. *Cochrane Database Syst Rev*. 2008;(4):CD005461.
4. Nyamtema AS, Urassa DP, Massawe S, Massawe A, Lindmark G, van Roosmalen J. Partogram use in the Dar es Salaam perinatal care study. *Int J Gynaecol Obstet*. 2008 Jan;100(1):37-40.

Conclusion

- Current evidence does not support recommendation of partogram use.
- Research; Proper evaluation of partogram use.

Acknowledgement

- GFMER
- WHO
- Other course participants

Thank you for your
attention!