

KAP STUDY OF THE LABOUR PARTOGRAPH IN YAOUNDE - CAMEROON

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Plan

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- 3. Literature review
- 4. Methodology
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Introduction I

- High maternal mortality rate in Cameroon 480 per 100,000 live births (Leke 2004).
- Prolonged labour is a contributing factor.
- Late referrals even in the big city of Yaounde where the roads are good.
- Midwife's advice will prevent the delay (Mohammad et al. 2005).

Introduction II

- Any means to alleviate the situation?
- Partograph is one of most important advances in modern obstetrics.
- Friedman in 1954 then Philpott in 1972 with the partograph
- WHO new version of partograph 2000.
- Referrals when labour crosses the alert line

Introduction III

- Has transformed the subjective management of labour into a more objective exercise.
- Partograph identifies women in need of an obstetric intervention (Bosse et al. 2002).
- Has varied applications especially in low resource settings.
- Inappropriate use will lead to wrong decisions

Main Objective

- To evaluate the Knowledge, Attitude and Practice of the labour partograph among birth attendants of the primary and secondary care level hospitals of Yaounde-Cameroon

Specific objectives I

- 1. Evaluate the birth attendants' knowledge about the labour partograph
- 2. Estimate the proportion of those with positive attitude towards the use of the partograph
- 3. Calculate the reported rate of use of the partograph

Specific objectives II

- 4. Evaluate the availability of the partograph
- 5. Evaluate the level of experience of the participants (years of work)
- 6. Assess the factors limiting the implementation of the partograph

Literature review I

- The implementation of the partograph has greatly improved labour outcomes
- It is efficient in the management of high risk labour cases
- The low resource settings will benefit more

Literature review II

- KAP studies show:
 - Very little knowledge of the partograph
 - Very low rates of implementation
 - Poor attitudes towards the partograph

Table 1. Professional characteristics of respondents (Umezulike et al.).

	Doctors (n=200)		Midwives (n=220)		
<i>Rank of doctors.</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Rank</i>
Consultant chief medical officer.	18	9	39	17.7	Matron.
Senior Registrar.	66	33	24	11	Senior nursing sister.
Registrar medical officer.	116	58	30	13.6	Nursing sister.
			127	57.7	Staff nurse midwife.

<i>Duration of practice (years.)</i>	D	%	N	%	
6	92	46	113	51.4	
6 – 10	64	32	55	25	
11 – 15	34	17	12	5.5	
16 – 20	10	5	9	4	
>20	-	-	31	14.1	

Table 2. Knowledge attitude and practice of the use of the partograph among respondents (Umezulike et al.).

QUESTIONS	DOCTORS n=200		MIDWIVES n=220	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
<i>Have you heard of the partograph?</i>				
Yes	190	95	184	83.6
No	10	5	15	6.8
No answer	-	-	21	9.6
<i>The partograph is useful.</i>				
Yes	185	92.5	209	95
No	8	4	11	5
No answer	7	3.5	-	-

J S DOHBIT, Geneva 2006.

Partograph study.

<i>Correct definition of the partograph.</i>	D	%	N	%
Yes	114	57	55	25
No	80	40	163	74.1
No answer	6	3	2	0.9
<i>The partograph is used to prevent prolonged labour.</i>				
Yes	58	29	102	46.4

<i>Do you routinely use the partograph?</i>	D	%	N	%
Yes	50	25	53	24.1
No	150	75	167	75.9
<i>Why is it not used routinely?</i>	<i>N=150</i>		<i>N=167</i>	
Little or no knowledge of it.	-	-	40	24
Partograph not available.	93	62	89	53.3
Others	57	38	38	22.3

<i>Do you desire training in the use of the partograph?</i>	<i>D</i> <i>N=200</i>	<i>%</i>	<i>N</i> <i>N=220</i>	<i>%</i>
Yes	93	46.5	194	88.2
No	85	42.5	20	9.1
No answer	22	11	6	2.7

Methodology I

- 1. Study Design: This is a survey study
- 2. Study Population: Midwives and doctors attending to women in labour in the primary and secondary care level hospitals of Yaounde
- 3. Inclusion criteria:
 - Every midwife or doctor attending to labour cases in the selected centers
 - Acceptance to participate in the study
- 4. Exclusion criteria:
 - Refusal to participate in the study
 - Students

Methodology II

- 5. Study procedure: We shall visit each institution physically and organize short meetings in collaboration with the heads of services to explain the study and how the questionnaires will be filled. Each participant will be requested to complete and drop the form in a box that will be kept in the office of the matron. The questionnaire will be bilingual, French and English. We shall then pass after a month to collect the forms
- High response rate will be ensured by regular weekly visits to remind and motivate the participants

Methodology III

- 6. Outcome measures:
 - Knowledge of the partograph
 - Correct use
 - When to refer
 - The level of acceptance of the partograph
 - The rate of use of the partograph
 - The response rate will be calculated with the number of questionnaires given out as the denominator

Results

- The analysis of data shall be done at the end of the study and the results expressed in percentages

Conclusion

- The situation needs to be improved upon
- We need to act now and fast
- The office work is enough, let us descend to the field
-*a knot in time saves nine*

Thank you for lending me your
ears

Je vous remercie pour votre aimable attention