KNOWLEDGE AND PRACTICES REGARDING PARTOGRAPH AMONG STAFF NURSES WORKING IN LABOR ROOM

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ABSTRACT

*Inadequate care during labor results in threats to the life of the mother and fetus. In order to prevent complications during labor and for a better outcome, it is essential to follow the simple and effective tool such as a Partograph, by the health care providers with an adequate knowledge and skill. Partograph represent graphical record of cervical dilation during labor. **Design:** Pre experimental one group pre test post test design was used to assess the Effectiveness of Self Instructional Module (SIM) on Knowledge and Practice regarding Partograph. Convenient sampling techniques were used to select sample. Informed written consent was taken from each Staff Nurses. A structured questionnaire and checklist were used to assess the knowledge and practice. **Result:** The findings of the study revealed that pre test knowledge 70% had inadequate, 30% had moderate knowledge and pre test practice 65% had poor 35% had average practice regarding Partograph among staff nurse. Post test knowledge 67% had adequate knowledge, 33% had moderate knowledge and post test practice 78% good practice, 22% had average practice regarding Partograph among staff nurse. Knowledge was significantly associated with educational qualification 0.016 at significance of p<0.05 level. There is no association was found between knowledge and other demographic variables like age, total working experience, experience in maternity unit, work place and attended any in-service education on monitoring labor process. In practice, experience in maternity unit was significant 0.045 at p<0.05 level and attended any in-services education on monitoring labor was 0.021at p< 0.05 level. No association found between practice and other demographic variables like age, education qualification, total working experience, work place etc. **Conclusion:** Self instructional module will be effective in improving knowledge and practice regarding Partograph among staff nurses in recognized at Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli.*

Keywords: Labor, Physiologic Process, Complications, Partograph, Cervical Dilation

INTRODUCTION

A Partograph is one of the valuable appropriate technologies in use for improved monitoring of labor progress, maternal and fetal wellbeing. It is an important tool for managing labor. This is through enabling clinicians (midwives and doctors) to plot examination findings from their assessments on the Partograph. The belief that its use was applicable in developed and developing settings led to its introduction worldwide .A number of common Partograph designs incorporates an alert and action line. The development of the Partograph provided health professionals with a pictorial overview of labor progress, maternal and fetal condition to allow early identification and diagnosis of pathological labor. Its use is critical in preventing maternal and perinatal morbidity and mortality.

Globally, there were an estimated number of 287,000 maternal deaths or a maternal mortality ratio (MMR) of 210 maternal deaths per 100,000 live births in the year 2014. The estimated total number of 287,000 maternal deaths.

Worldwide, 85% (245,000) .The majority of maternal deaths and complications attributable to obstructed and prolonged labor could be prevented by cost-effective and affordable health interventions like the use of partograph.

Therefore the Partograph should be used for all women admitted in established labor. The Partograph serves as an "early warning system" and assists in early decision on transfer, augmentation and termination of labor. It also increases the quality and regularity of all observations on the fetus and the mother in labor and aids early recognition of problems with either. Prolonged labor in the developing world is commonly due to cephalo-pelvic disproportion which may result in obstructed labor, maternal dehydration, exhaustion, uterine rupture and vesico-vaginal fistula.

METHODOLOGY

Research design:

One group pre test post test experimental group design was adopted to accomplish the main objective of the study i.e, to assess the effectiveness of the SIM on knowledge and practice regarding Partograph.

Selection of field for study:

The study was conducted on staff nurses working in maternity unit in recognized hospital. The

investigator had selected 60 staff nurses from Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli.who all are working in maternity units. The rational for selecting the samples from these recognized hospitals was the researcher familiarity with setting area, availability of the subjects and feasibility of conducting the study.

Hypotheses

H1: There will be significant difference in pre test and post test knowledge regarding Partograph among staff nurses in recognized hospitals at Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli.

H2: There will be significant difference in pre test and post test practice regarding Partograph among staff nurses in recognized hospitals at Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli.

H3: There will be significant association between the post test knowledge, and practice regarding Partograph among staff nurses with their selected demographic variables.

Sample and sampling technique:

The sample size for the final study consists of 60 Staff Nurses working in maternity unit in recognized hospitals. Convenient sampling technique was used to select the sample. The rational was the number of staff nurses working in maternity units was limited.

Tools for data collection:

Section a: Selected demographic variables

Section b: Prepared SIM on Partograph

Section c: Structured questionnaire to assess knowledge regarding Partograph.

Section d: Checklist to assess expressed practice regarding Partograph.

Description of tool:

The tool has been developed to assess the effectiveness of self instructional module.

Section a: This is prepared to collect the data regarding Age (in years), Educational qualification, Total working experience, Experience in maternity unit, Workplace, Attended any in-service education on monitoring labor process.

Section b: self instructional module it is a study material on WHO modified Partograph.

Section c: This section deals with structured knowledge questionnaire. It consist 27 questions

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which was used to assess the level of knowledge regarding Partograph among staff nurses in recognized hospitals Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli.

Each correct response carries one (1) mark, incorrect responses carries zero (0) marks.

Section d: This section deals with a checklist for assessing the expressed practice regarding Partograph among staff nurses in recognized hospitals Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli. Each 'YES' response carries one (1) marks and 'NO' carries zero (0) mark.

RESULTS

Major findings:

The analysis of data revealed the following headings:

Age (in years), majority of percentage (53.33%) of staff nurses were in the age group of 20-29 years. Educational qualification, majority of percentage (53.33%) of staff nurses were in the age group general nursing midwifery (GNM). Total working experience, majority of percentage (61.66%) of staff nurses were having a experience less than 5years. Experience in maternity unit, majority of percentage (48.33%) of staff nurse had a experience in between 1-5 year. Attended any in-service education on monitoring labor process, majority of percentage (85%) of staff nurses those who are not attended any in service education program.

TABLE 1: Mean pre test knowledge score of staff nurses regarding Partograph N=60

	Mean	SD	Range
Knowledge of staff nurses regarding Partograph.	8.75	± 3.14	4-18

Pre test knowledge among staff nurse 70% had inadequate knowledge and 30% had moderate knowledge regarding Partograph among staff nurse. Pre test practice among staff nurse 65% had poor practice and remaining 35% had average practice regarding Partograph among staff nurse. Post test knowledge 67% staff nurses had adequate knowledge and remaining 33% had moderate knowledge regarding Partograph among staff nurse.

Post Test Knowledge
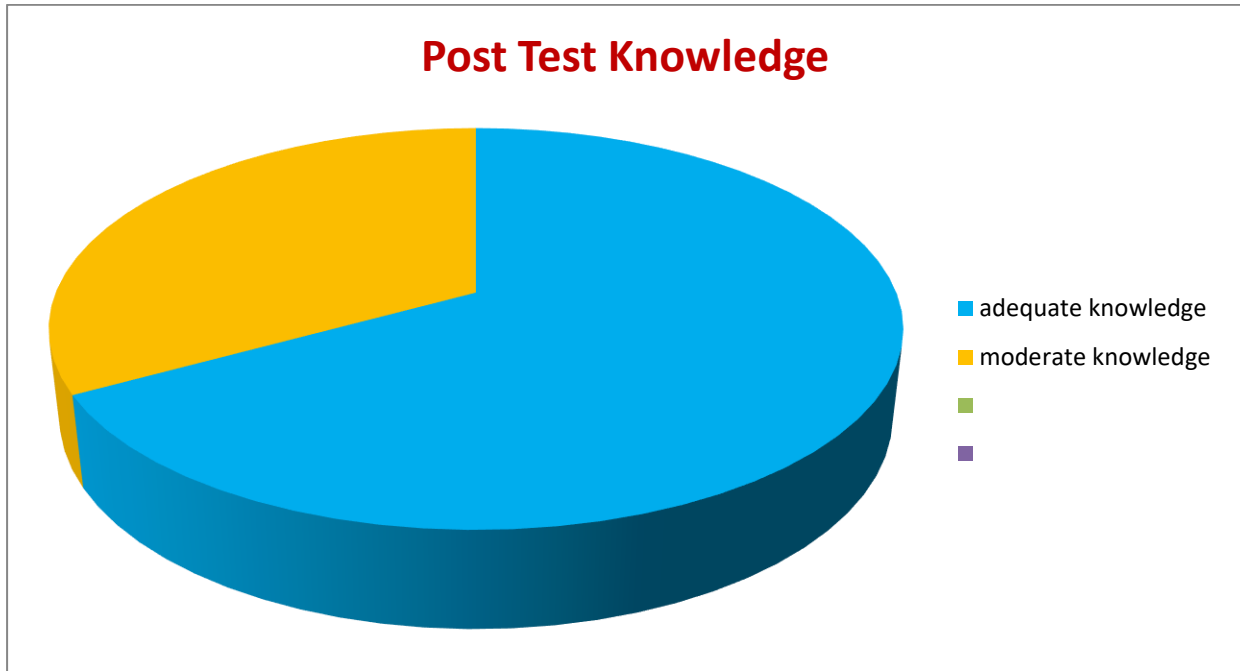
Post test practice 78% staff nurses had good practice and 22% had average practice regarding Partograph among staff nurse.
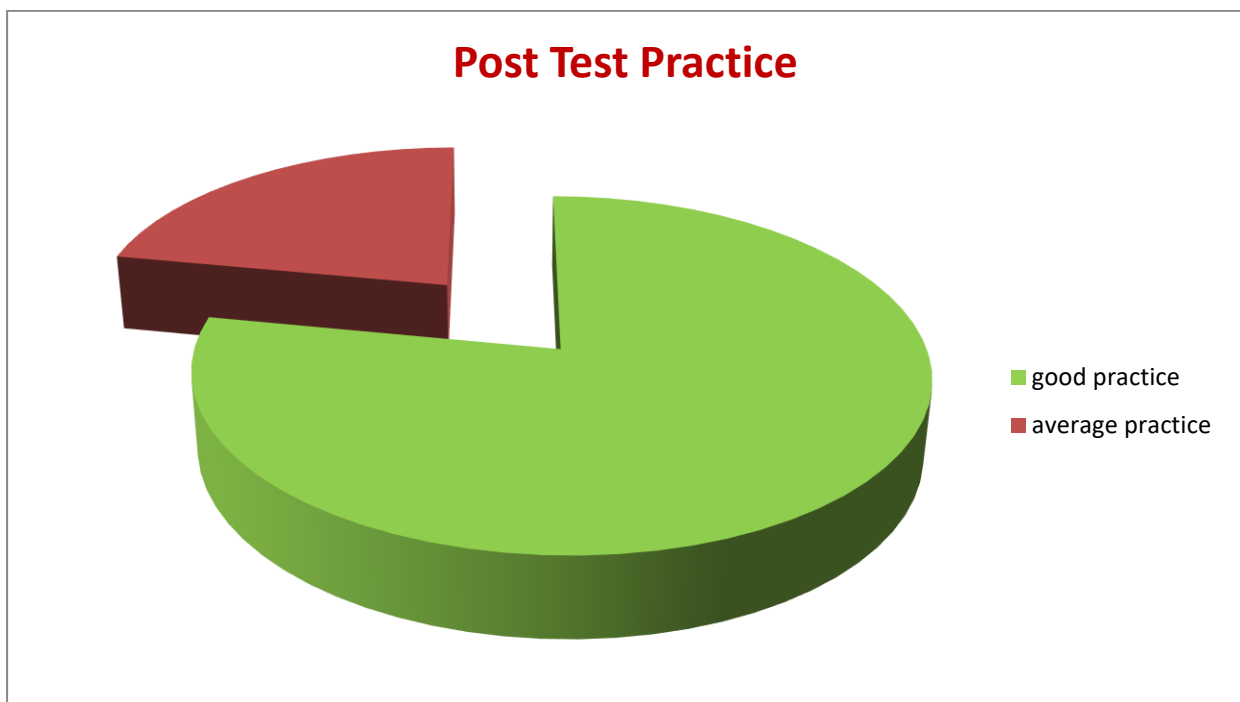
Post Test Practice

Association of post test knowledge regarding Partograph among staff nurses with selected demographic variables. Educational qualification was found statistically significant at of 0.006 $p<0.05$.

Association of post test practice regarding Partograph among staff nurses with selected demographic variables such as age (in years). Maternity experience was 0.045, attended any in-service education was 0.021 on monitoring labor process was found statistically significant at

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$p<0.05$.

Association of post test knowledge regarding Partograph among staff nurses with selected demographic variables such as age (in years), total working experience, and workplace, maternity experience, attended any in-service education on monitoring labor process was not found statistically significant at the level of significance of $p<0.05$.

Association of post test practice regarding Partograph among staff nurses with selected demographic variables such as age (in years), total working experience, and workplace, Educational qualification was not found statistically significant at the level of significance of $p<0.05$.

SUMMARY

The study was conducted to assess the effectiveness of self instructional module (SIM) on knowledge and practice regarding Partograph among staff nurses in recognized hospitals at Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli ". Convenient sampling technique was used for selection of samples. Therefore conceptual framework was developed based on Daniel stufflebeam's evaluation model (CIPP model). The pilot study was conducted during the month of October 2022 and November 2022 on 06 Staff Nurses was selected in Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli. This procedure was done to ensure the reliability of tools and feasibility of study. Socio demographic variables like age, Educational qualification, Total working experience, Experience in maternity unit, Workplace, Attended any in service education on monitoring labor process, Structured questionnaire for knowledge and checklist for practice were used to assess the knowledge and practice regarding Partograph. The actual data collection procedure was carried out from December 2022 to January 2023. Total sample of 60 Staff Nurses were selected by using convenient sampling technique from recognized hospitals are Padma Bhushan Vasant Dada Patil Govt. Hospital, Sangli. Before collection of final data were taken informed consent were taken from Staff Nurses.

CONCLUSION

The Study concluded that there was a significant difference in knowledge and practice score of staff Nurses before and after administering the self instructional module (SIM) regarding Partograph. The association of post test knowledge and practice score regarding Partograph among staff nurses with selected demographic variables educational qualification was 0.006, experience in maternity was 0.045, attended any in-service education program was 0.021 found

significant at p<0.05 level of significance. It was proven that the effectiveness of self instructional modules was effective for staff nurses regarding partograph.

REFERENCES

1. Fischer M. Labor and delivery. MD India network for health. 2011. www.medline.net.
2. Kilpatrick SJ, Laros R K J. Character tics of normal labour. Obstetrical gynecology. 2002 July; 74(1): 85 – 87.
3. Mathai M. The Partograph for the prevention of obstructed labour .Clinical obstetrics and Gynecology. 2009; 52(2):256-269.
4. Javed I, Bhutta S, Shoaib T. Role of partogram in preventing prolonged labour, Journal of the Pakistan Medical Association.2007; 57(8):408-11
5. Pillitteri A. Introduction to Maternity: maternal and child health nursing. 5th ed. Philadelphia: Lippincott Williams and wilkins Publication; 2008. 102p.
6. Cartmill RS, Thornton JG. Effect of presentation of pratogram information an obstetric decision making. The lancet, 1992 June; 339 (8808): 1520 - 22.
7. WHO. World Health Organization Partograph in management of labour. Lancet. 1994; 343:1399–1404.
8. Opoku BK, Nguah SB. Utilization of the modified WHO Partograph in assessing the progress of labour in a metropolitan area in Ghana. Research journals of women's health.2015; 2(2):1-7.
9. Farideh AR , Maryam AG. A study to assess the effectiveness of planned teaching program on knowledge regarding partograph among 4th year B.sc nursing students of Karnataka College of nursing at Bangalore. Journals of environment, pharmacology and life science.2014;3(5): 25-26.