

USE OF PARTOGRAM AND ITS EFFECT ON LABOUR OUTCOMES AMONGST WOMEN DELIVERING AT AMANA HOSPITAL, ILALA MUNICIPALITY, DAR ES SALAAM, TANZANIA.FROM 1ST APRIL 2012-31ST DECEMBER 2012.

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ABSTARCT

Background:

The World Health Organization has been advocating the use of Partograph as a necessary tool in the management of labour and recommends its universal use during labour. However, some health-care practitioners, especially in high-income countries, have questioned its effectiveness.

Objective: The aim of this study was to assess practices in the use of Partogram and its effect on labor outcome amongst women.

Materials and Methods:

This Cross sectional comparative study with a prospective follow up of Labor and Delivery till twenty four hours post delivery was conducted from April to December 2012 t6 women who delivered at Amana Municipal Hospital, Ilala district, Dar-es-salaam. The • Partographs from attached Case Notes and Antenatal Cards were retrieved and reviewed for the necessary information including partogram filling components and the labor (Maternal and Fetal outcomes). A total of 1249 patients were recruited in the study and only 702 Patients/Partographs were available for analysis. The rest were either in the lost to follow up, some left before twenty four hours and others misplaced partographs and etc.

Results:

A total of 661 (942%) Partographs were incompletely filled. In this study it was revealed that all participants with bad maternal outcomes had incomplete Partograph and result was significant at ($p < 0.05$). This was not true for fetal outcomes which showed no statistical significance. On the other side, among all participants whose Partographs were completely,

filled there was one who had bad Maternal outcome. Assessment of Contractions once every hour in four hours intervals 423(60.3%) and taking blood pressure at least once every hour 658(93.7%) were the most Partograph components which were not done. Ninety four percent (94%) with perineal tears and eighty nine (89%) with Postpartum hemorrhage; the contractions component was not assessed as needed for at least once in 4 hours intervals ($p < 0.0001$). The results also showed that out of 702 Participants, 89(12.7%) crossed the Action Line before delivery. The main clinical decision made after crossing the Action Line was Augmentation 60 (64%) and Caesarean Section was which was done in 21 (23.6%).

Conclusions and Recommendations: This study revealed that The Partograph tool was not properly used and therefore the outcome of that malpractice was associated with bad maternal outcomes though didn't show significant association with fetal outcomes.

Despite the above findings the health-care practitioners should not be discouraged from the utilization of the Partograph to reduce poor maternal outcome and fetal outcome as well. This study will encourage further research to come up with more evidence based results on the effectiveness of the Partograph in prevention of both poor maternal and fetal outcome.