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Effectiveness of Use Partograph during Labour among Staff Nurses

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Abstract:- Events such as pregnancy and childbirth affect almost every fact of the human experience. Pregnancy alters a woman's body and mind. A partogram, also known as a partograph, is a single sheet of paper that has a composite graphical record of important labor-related data (fetal and maternal) entered against time. Statistics like cervical dilation, fetal heart rate, labor time, and vital signs are examples of pertinent metrics. The partograph is an invaluable tool for identifying indicators of maternal anxiety, irregular labor progress, and fetal distress. The partograph is intended to record the following: the mother's identity, the fetal heart rate, the color of the amniotic fluid, the fetal skull's molding, cervical dilatation, the fetal descent, the uterine contractions, and whether oxytocin was given or not.

- ***Objectives:***

Determine staff nurses in the experimental and control groups' degree of expertise & efficiency about using partograph during labor.

- ***Methodology:***

- **Research Design: True experimental research design used in study,**
- **Sampling technique & Population. . A basic random sample procedure was used to choose the 60 staff nurses for the study (30 in the experimental group and 30 in the control group). A study was conducted using a standardized interview schedule. .**

- ***Result:***

In experimental group of staff nurses had 70% of adequate knowledge about partograph in post test and in control group 30 % of staff nurses only have adequate knowledge about partograph in post test .

- ***Conclusion***

The study helped the researcher to finalize the importance & use of partograph in labour among staff nurses in progress of labour. partograph is an invaluable tool for identifying indicators of maternal anxiety, irregular labor progress, and fetal distress.

I. INTRODUCTION

For women, especially those giving birth for the first time, labor may be a very scary process. Women will also feel bodily sensations that range from mild discomfort to excruciating pain. Reducing the physical and mental pain and discomfort of labor and delivery can be achieved by supporting the mother in becoming as relaxed and aware of her circumstances as feasible. Providing women with appropriate care throughout labor and delivery, along with timely information, comfort, support, and reassurance, can aid with this. The three intermediate causes of maternal mortality—haemorrhage, infection, obstructed labor, and unsafe abortion—have a strong correlation with prolonged labor among the five main causes of maternal mortality in developing nations like Ethiopia. In particular, if labor lasts longer than 18 to 24 hours, postpartum hemorrhage and postpartum sepsis (infection) are frequently experienced.

The direct result of abnormally extended labor is obstructed labor. A chart known as a partograph will assist you in recognizing the unusual progression of a labor that is prolonged and maybe obstructed, helping you prevent such issues. Additionally, it will warn you of any fetal distress symptoms. A partogram, also known as a partograph, is a single sheet of paper that has a composite graphical record of important labor-related data (fetal and maternal) entered against time. Statistics like cervical dilation, fetal heart rate, labor time, and vital signs are examples of pertinent metrics. The partograph is a pictorial representation of the fetal and maternal conditions during labor as well as the progression of labor. It is the most effective method for determining whether labor is progressing as it should.

Studies have indicated that when the birth attendant used a partograph to track the course of labor, there was a lower incidence of mother and fetal problems resulting from protracted labor. Because of this, whether you are attending a woman in labor at home or in the hospital, you should always utilize a partograph. The partograph is intended to record the following: the mother's identity; the fetal heart rate; the color of the amniotic fluid; the fetal skull's molding; cervical dilatation; the fetal descent; the uterine contractions; the administration of oxytocin or intravenous fluids; the maternal vital signs; and the urine output.

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II. STATEMENT OF THE PROBLEM

A study to assess the knowledge and effectiveness regarding partograph during labour among staff nurses at a selected hospital in Chennai.

➢ *Objectives of the Study*

- To determine staff nurses in the experimental and control groups' degree of expertise about using partograph during labor.
- To evaluate the efficacy of staff nurses in the experimental and control groups using partographs during labor.
- To compare staff nurses' understanding of partograph use during labor between the experimental and control groups.
- To correlate staff nurses in the experimental and control groups' demographic data with their degree of partograph usage knowledge during labor.

➢ *Hypotheses*

There will be a significant difference in knowledge level regarding use of partograph during labour among staff nurses in the experimental and control groups.

III. RESEARCH METHODOLOGY

To evaluate the usefulness and knowledge of partograph use in labor, a true experimental study was selected. A basic random sample procedure was used to choose the 60 staff nurses for the study (30 in the experimental group and 30 in the control group). A study was conducted using a standardized interview schedule.

IV. MAJOR FINIDINGS OF THIS STUDY

- Of the experimental group, four (13.3%) had only a rudimentary understanding of the pretest. With a standard deviation of 9.68 and a mean value of 3.70, respectively, 16 (53.3%) and 10 (33.3%) demonstrated adequate and modest knowledge.

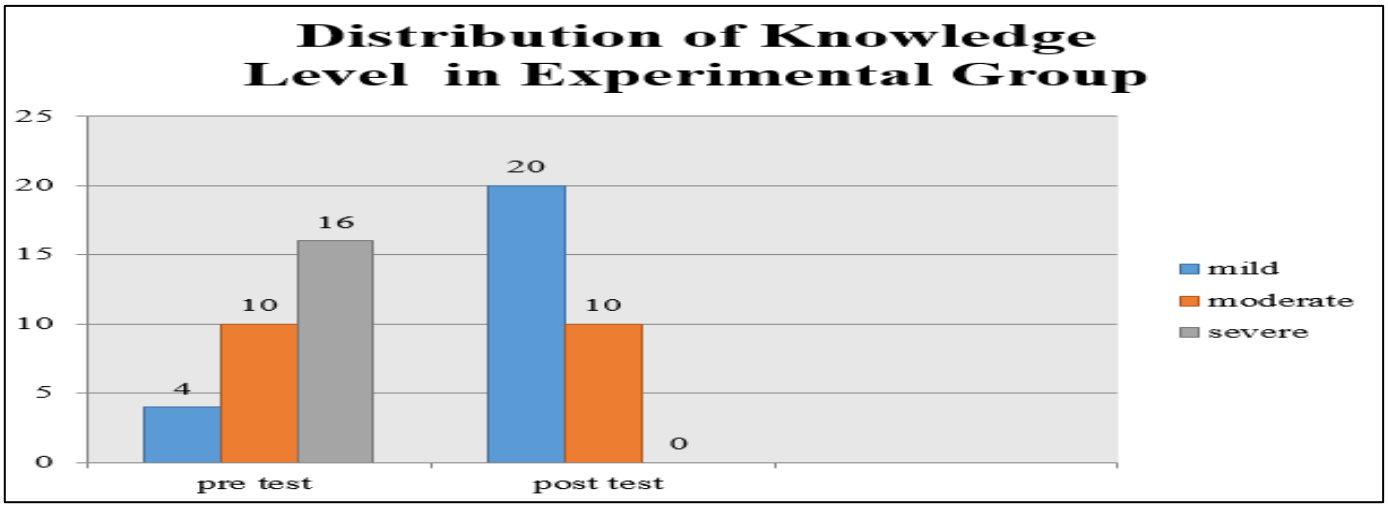

Fig 1: Distribution of Knowledge Level in Experimental Group

- In the pretest, 21 (70.0%) had severe knowledge and nine (30.0%) had moderate knowledge in the control group. The mean score was 37.23 with a standard deviation of 5.30.

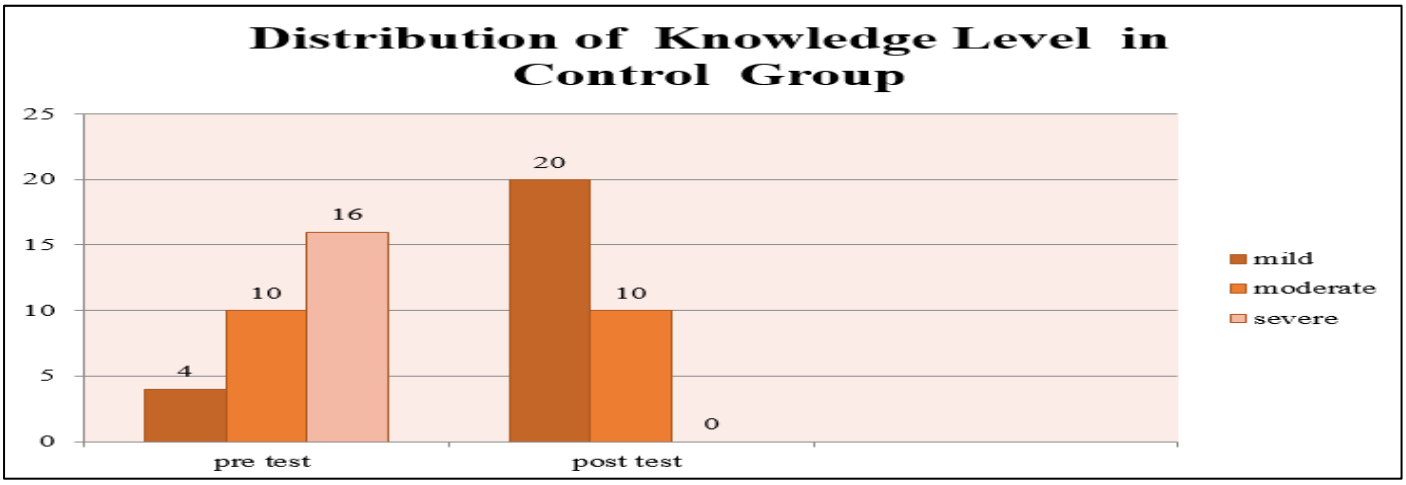

Fig 2: Distribution of Level of Knowledge in Control Group

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- The control group's post-test mean score was 13.03 with a standard deviation of 3.24, and 29 people (96.7%) had mild knowledge and one person (3.3%) had moderate knowledge.
- The experimental group's post-test results showed that nine people (30%) had moderate knowledge, 21 people (70%) had adequate knowledge, and the mean value was 38.37 with a standard deviation of 5.63.
- The pretest paired "t" value for the effectiveness of using a partograph in labor among staff nurses was 2.79, and the posttest paired "t" value was 1.62; in the posttest, there was a significant difference ($p<0.05$) between the experimental and control groups.
- Among staff nurses, there is no significant correlation at the $p>0.05$ level between the demographic characteristics such as age, religion, education, occupation, income, kind of marriage, type of family, gestational age, and level of expertise and effectiveness of using partograph.

V. DISCUSSION

In this study the experimental group of staff nurses had 70% of adequate knowledge about partograph in post test and in control group 30 % of staff nurses only have adequate knowledge about partograph in post test. The study helped the researcher to finalize the importance & use of partograph in labour among staff nurses in progress of labour . partograph is an invaluable tool for identifying indicators of maternal anxiety, irregular labor progress, and fetal distress. The technique of using a pratograph during labor was shown to be highly beneficial and to have improved staff nurses' knowledge of how to care for laboring mothers. It is a useful tool for identifying aberrant labor progress, fetal distress, and indications that the mother is having difficulties is the partograph.

VI. CONCLUSION

The partograph is an invaluable tool for identifying indicators of maternal anxiety, irregular labor progress, and fetal distress. The partograph is intended to record the following: the mother's identity; the fetal heart rate; the color of the amniotic fluid; the fetal skull's molding; cervical dilatation; the fetal descent; the uterine contractions; the administration of oxytocin or intravenous fluids; the maternal vital signs; and the urine output.

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