Abstract

Background: Post-partum haemorrhage (PPH) is a major obstetric emergency and a direct cause of maternal deaths worldwide. Of the 14 million cases of obstetric haemorrhages that occur each year globally, PPH is the most complex but commonest cause of mortality. In Ghana, PPH is the leading cause of maternal mortality. However, frontline healthcare providers do not have adequate skills to manage this obstetric emergency. Therefore the Purpose of this quality improvement project is to build the capacity of nurses and midwives in the effective management of PPH.

Methods: Pre-test on midwives and nurses’ knowledge was conducted using a questionnaire followed by 2 days training and skill acquisition sessions on the standard PPH management protocol. The sessions focused on partograph usage, active management of the third stage of labour, appropriate estimation of blood loss, bimanual compression, and condom tamponade. This was followed up with a post-test, as well as ongoing implementation of the protocols. Results: Of the 99 (N = 99) midwives and nurses trained in the effective management of PPH, 75% had prior knowledge of the existence of the standard PPH management protocol. Whilst 57.9% of the respondents had expert knowledge on application of the standard PPH management protocol, 68% had very good knowledge on the PPH management protocol adherence; and 6% had fair knowledge on the protocol application. At the end of the training and skill acquisition sessions, 89% of the participants applied the protocols effectively whilst 11% demonstrated moderate efficiency in PPH management. Conclusions: The study findings establish the need for further research into midwives and nurses’ non-adherence to the standard PPH management protocol in daily practice. Obstetric care managers need to intensify monitoring and evaluation on adherence to PPH management protocol. Implications: Policy directives for newly qualified midwives and nurses on PPH protocol adherence relating to high-risk women in emergency situations need to be established. Healthcare administrators must ensure optimal orientation for newly posted frontline healthcare providers, and supervision of obstetric staff in birth settings and continuum of care. Sustainable training of midwives, nurses, and medical doctors is needed on birth complication readiness and lifesaving skills in satellite clinics and all birth settings.

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