CAPACITY BUILDING FOR MIDWIVES AND NURSES IN EFFECTIVE MANAGEMENT OF POST-PARTUM HAEMORRHAGE (PPH) IN GHANA

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Background
Postpartum haemorrhage (PPH) is defined as blood loss in excess of 500 mL within 24 hours after birth and it is known to be the leading cause of maternal deaths worldwide (WHO, 2018). PPH accounts for 25% of maternal mortality in Africa and it places a heavy burden on national health systems. In Ghana, haemorrhage (39%) continues to be the leading cause of maternal death in the country (Family Health Division Annual Report, Ghana Health Service, 2016).

Project Setting
Obstetric and Gynaecological Department of the Greater Accra Regional Hospital, Accra-Ghana

Methodology
A cross-sectional design was used to access midwives and nurses in the obstetric department of the Greater Accra Regional Hospital.

Data Collection: Questionnaires were used to assess midwives and nurses’ knowledge of PPH, pre- and post training intervention. Implementation of interventions: The approach of Kouzes and Posner’s Leadership was used to model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart

Findings
Analyses of the project data establishes that more than 75% of midwives and nurses are aware of PPH protocol availability, 25% of midwives and nurses lack the skills, competencies, and efficiency in effective management of PPH. Overall, 57.9% of nurses and midwives working in the obstetric and gynaecological departments were trained in the effective management of PPH. Based on these findings, the nurses and midwives were further trained in Life Saving Skills and Obstetric Emergencies to facilitate the improvement of PPH management. The Leadership Model was found to be a valuable approach to guide the project.

Research Objectives
i. Identify contextual factors that impact the occurrence of PPH
ii. Build the capacity of nurses and midwives in the effective management of PPH
iii. Improve nurses and midwives’ utilization of tools for blood loss estimation
iv. Develop alternative strategies for mobilizing and stockblood and other blood products
v. Identify sources of referral facilities that require support in appropriate use of the partograph and active management of the third stage of labour (AMSTL)

Conclusion
Training of frontline health care providers in maternal health care delivery is critical for preventing PPH and its complications and related deaths. Delayed access to timely emergency obstetric care, transportation challenges and referral gaps, care provider inadequacies are contextual factors that impact the occurrence of PPH. Health system support, care provider competencies on effective management, and family health literacy on PPH prevention are critical for saving women’s lives.

Skills competency & Efficiency in Managing PPH

Available but not easily accessible
Available and easily accessible
Not available
Not available but not easily accessible
No response

Training Sessions with Nurses and Midwives on PPH Management

References