Midwives Utilization of Life Saving Skills for Prevention and Management of Haemorrhage in Nigeria

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- **Sponsorship/Commercial Support:** None

### Learners goal

- **To discuss the midwives’ practice in preventing and managing postpartum haemorrhage (PPH).**
- **Objectives**
  - Describe the midwives’ knowledge of life saving skills (LSS) for prevention and management of PPH.
  - Explain how midwives use LSS in their practice.
  - List factors that hinder the midwives from utilizing LSS in their practice.
Every day, approximately 830 women die worldwide due to complications of pregnancy and child birth (WHO, 2016)
- 1 woman dies every 2 minutes
- 14% of these deaths, (58,000) occur in Nigeria (National Population Commission, 2014; WHO, 2015).

Obstetric haemorrhage, in the form of postpartum haemorrhage (PPH), is the most frequent cause
- Accounts for 23.73% of maternal death in Nigeria (Ezugwu, et al, 2014)
- PPH commonly occurs as a result as a uterine atony (Deneux-Tharaux, et al, 2014) and retained placenta (Ajenifuja, et al, 2010)
- PPH can only be predicted in 10% of women with three or more risk factors (Prata, et al, 2011)
Life Saving Skills

- Skilled care before, during and after childbirth can save the lives of women.
- Life Saving Skills (LSS) are set of actions that helps healthcare provider prevent, recognize and manage life threatening emergencies (Marshall, et al, 2008).
  - The LSS measure for prevention of PPH is Active Management of Third Stage of Labour (AMTSL).
  - LSS measure for treatment of PPH: bimanual compression of the uterus (BCU), manual removal of placenta (MROP), and manual removal of clots and product of conception (MRCP).
Study Questions

- What is the knowledge of midwives on LSS for prevention and management of haemorrhage?
- To what extent is LSS by midwives?
- What factors influences the midwives’ practice of LSS?

Hypothesis

- There is no relationship between the midwives’ knowledge and practice of LSS.
- The midwives’ knowledge of LSS does not differ by their level of education.
- The midwives’ LSS practice does not differ by the years of midwifery experience.
Methodology

- **Design**: a clinical-based descriptive observational study
- **Ethical clearance**: granted by the University of Ibadan/University College Hospital Ethical Review Committee
- **Settings**: Anambra state, in south eastern states in Nigeria with 178 active Primary Health Centers (PHC)
- **Instrument**: a questionnaire (54 questions) and an observation checklist (11 items)
- **Participants**: All the midwives working in the 126 purposively selected PHCs were informed of the study
  - 15 busiest PHCs in each local government were purposively selected for observation
  - 177 midwives participants
  - 60 of the midwives were observed
Methodology

- **Data collection:** self administered questionnaire was distributed to the participants
  - Four visits were made to each PHC and a midwife observed per visit by the PI and four research assistants.

- **Data analysis:** statistical analysis conducted using SPSS version 16. Evaluated with the following criteria:
  - Knowledge
    - high knowledge (score of ≥ 70%)
    - moderate knowledge (score of 50% - 69%)
    - poor knowledge (score of < 50%)
  - Utilization
    - high utilization is a score of > 50%
    - low utilization is a score of < 50%.
## Demographic results

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of respondents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 - 30 years</td>
<td>30</td>
<td>16.9%</td>
</tr>
<tr>
<td>31 - 40 years</td>
<td>77</td>
<td>43.5%</td>
</tr>
<tr>
<td>41 – 50 years</td>
<td>51</td>
<td>28.8%</td>
</tr>
<tr>
<td>51 – 60 years</td>
<td>19</td>
<td>10.7%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>177</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>18</td>
<td>10.2%</td>
</tr>
<tr>
<td>Married</td>
<td>159</td>
<td>89.8%</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
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<td></td>
</tr>
<tr>
<td>Christianity</td>
<td>177</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Academic qualification</strong></td>
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<td></td>
</tr>
<tr>
<td>RM</td>
<td>12</td>
<td>6.8%</td>
</tr>
<tr>
<td>RN, RM,</td>
<td>115</td>
<td>65%</td>
</tr>
<tr>
<td>RN, RM with other qualifications</td>
<td>33</td>
<td>18.6%</td>
</tr>
<tr>
<td>RN, RM, BNSc</td>
<td>14</td>
<td>7.9%</td>
</tr>
<tr>
<td>RN, RM, CHO, BNSc with graduate qualifications</td>
<td>3</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Years of experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 7 years</td>
<td>22</td>
<td>12.4%</td>
</tr>
<tr>
<td>8 – 14 years</td>
<td>55</td>
<td>31.1%</td>
</tr>
<tr>
<td>15 – 21 years</td>
<td>48</td>
<td>27.1%</td>
</tr>
<tr>
<td>22 – 28 years</td>
<td>44</td>
<td>24.9%</td>
</tr>
<tr>
<td>29 – 35 years</td>
<td>8</td>
<td>4.5%</td>
</tr>
</tbody>
</table>
Midwives knowledge of LSS for prevention and management of haemorrhage
Level of practice of LSS for prevention and management of haemorrhage
Factors influencing the use of LSS
Results of hypothesis

- **First hypothesis:**
  - a significant relationship between the midwives’ knowledge and LSS practice
  - $r = 0.440$, $P < 0.05$
    - Every 1 unit increase in knowledge, there is 0.440 unit increase in LSS practice

- **Second hypothesis:**
  - $\chi^2$ test on midwives’ LSS knowledge and level of education differs significantly
  - $\chi^2 = 23.254$, $P < 0.05$

- **Third hypothesis:**
  - $\chi^2$ analysis on their LSS practice and years of midwifery experience did not vary significantly
  - $\chi^2 = 8.493$, $P > 0.05$
Conclusion

- An inconsistency with the midwives stated practice and their actual practice was observed
  - a gap between their actual practice and the expected evidence standard practice.
- Recommendations based upon findings:
  - continue training midwives who can easily adjust their practice and adapt the current evidence based guideline
  - frequently monitoring and supervision
    - Announced and unannounced observations
  - Optimal midwife staffing to improve quality of care, patients outcome and reduce midwife burnout
References

Thank YOU