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

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None

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cial Support**: None

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.

Background

- 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 results 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

- Early, aggressive, and coordinated intervention is critical in management PPH (Abdul-Kadir, et al, 2014).

- 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

Demographic characteristics	Frequency	Percentage%
Age of respondents		
21 - 30 years	30	16.9%
31 - 40 years	77	43.5%
41 – 50 years	51	28.8%
51 – 60 year	19	10.7%
Gender		
Female	177	100%
Marital status		
Single	18	10.2%
Married	159	89.8%
Religion		
Christianity	177	100%
Academic qualification		
RM	12	6.8%
RN, RM,	115	65%
RN, RM with other qualifications	33	18.6%
RN, RM, BNSc	14	7.9%
RN, RM, CHO, BNSc with graduate qualifications	3	1.7%
Years of experience		
Below 7years	22	12.4%
8 – 14 years	55	31.1%
15 – 21 years	48	27.1%
22 – 28 years	44	24.9%
29 – 35 years	8	4.5%

Midwives knowledge of LSS for prevention and management of haemorrhage

37.29%

10.17%

52.54%
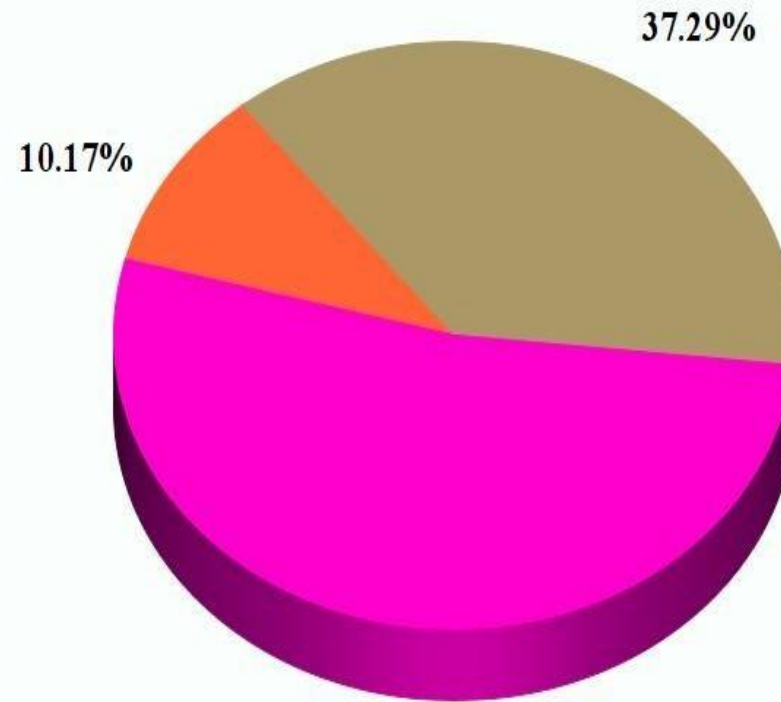
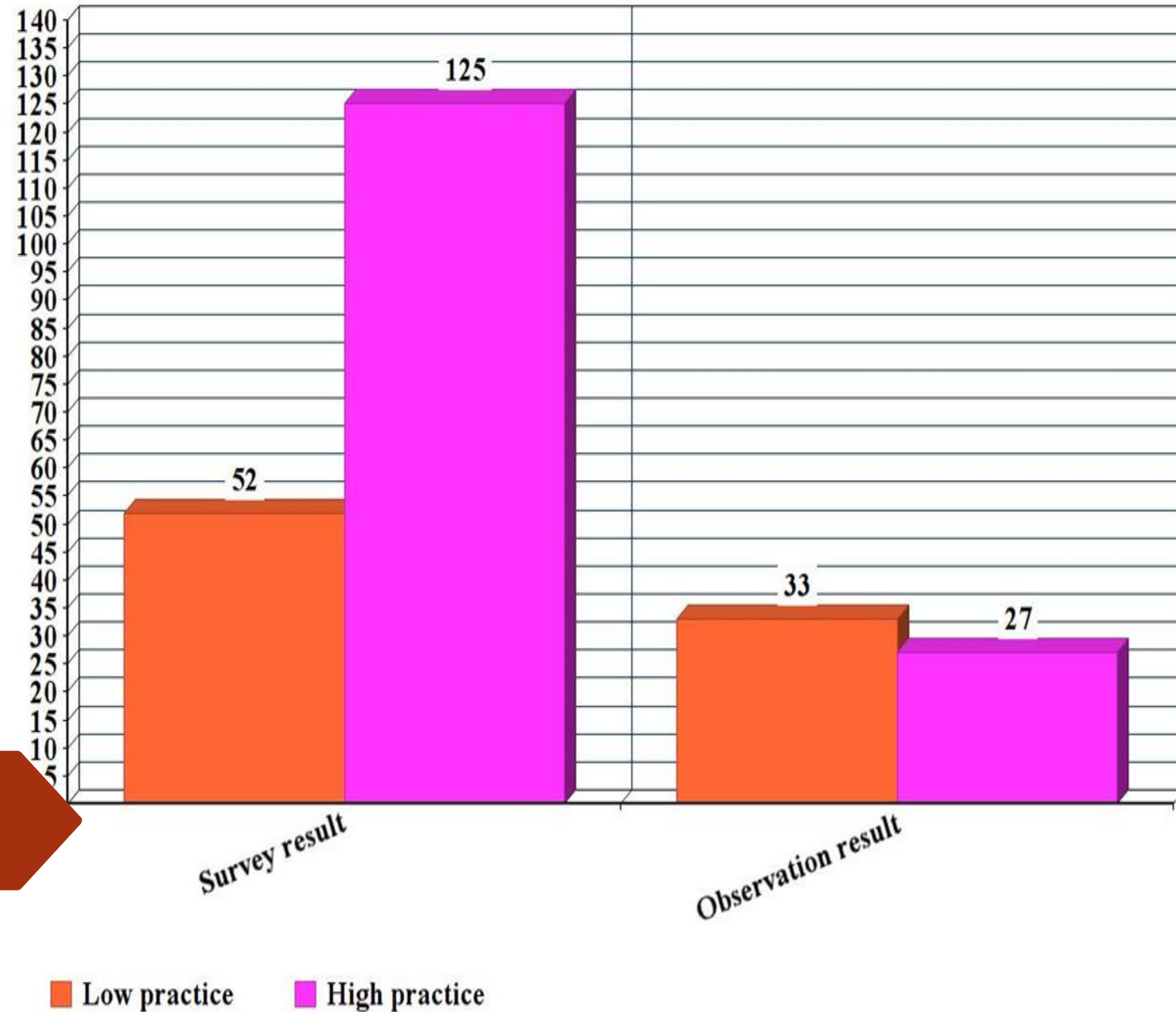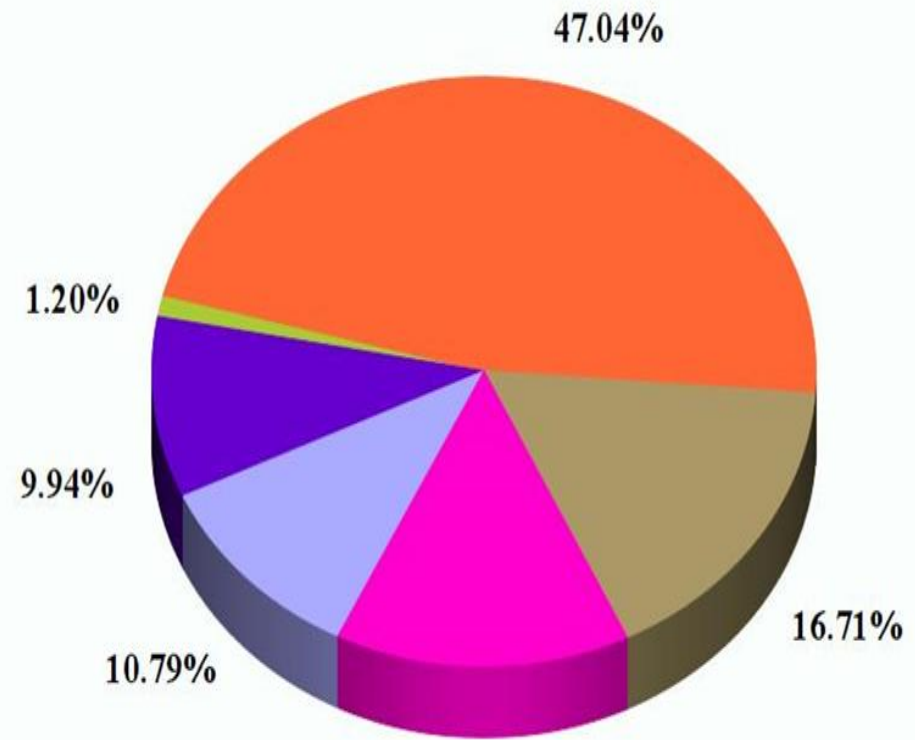Low knowledge of LSS   ▪ Moderate knowledge of LSS   ▪ High knowledge of LSS

Level of practice of LSS for prevention and management of haemorrhage

	Survey result	Observation result
Low practice	52	33
High practice	125	27

Factors influencing the use of LSS

47.04%

1.20%

9.94%

16.71%

10.79%

14.32%

- ■ Only midwife on duty
- ■ Only person on duty
- ■ Shortage of oxytocin
- ■ Patients uncooperative
- ■ Procedures is time consuming
- ■ no differnce with Traditional practice

Results of hypothesis

- **First hypothesis:**

  - a significant relationship between the midwives' knowledge and LSS practice

  - r=.440, P<0.05

    - Every 1unit increase in knowledge, there is 0.440 unit increase in LSS practice

- **Second hypothesis:**

  - x^2 test on midwives' LSS knowledge and level of education differs significantly

  - x^2=23.254, P<0.05

- **Third hypothesis:**

  - x^2 analysis on their LSS practice and years of midwifery experience did not vary significantly

  - x^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

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