

Use of the partogram by doctors and midwives at a district hospital, in Gauteng, South Africa

Indiran Govender

Sefako Makgatho Health Sciences University, South Africa

Introduction: There has been a 44% decline in global maternal mortality rates between 1990 and 2015. This achievement is attributed in part to the use of the partogram. The Safe Motherhood Initiative program in South Africa concluded that partograms reduced maternal and foetal morbidity and mortality. Doctors and midwives' use of the partogram at Odi Hospital has been reported as inadequate. Some doctors lack interest in the use of the partogram and do not use it except when checking on midwives' findings. We investigated the use of partograms among doctors and midwives in Odi Hospital.

Methods: The research approach was mixed. A self-administered questionnaire based on the guidelines for maternity care in South Africa was developed. Knowledge of partogram was categorized in inadequate and adequate knowledge. Correct responses of 75% and above were deemed to represent adequate knowledge. The open-ended question on the questionnaire was analyzed using thematic content analysis.

Results: Most doctors were medical officers and family medicine registrars. All but one participant heard about partograms; 57 (83.8%) had some form of training on partograms. Most participants 54 (79.4%) routinely use the partogram. Reasons for not using the partogram included being unsure how to use the partogram (13%), unavailable partogram charts (8.7%), the partogram takes too long (21.7%), being too busy (26.1%), and it is the nurses' job to complete the partogram, 26.1%. All but one participant knew that abnormal progress of labour can be detected with the partogram. Most participants do not know the symbols and codes used on the partogram. Overall knowledge of partograms seems to be similarly inadequate irrespective of profession, gender, age group and clinical experience. Doctors and midwives with clinical experiences of over six years demonstrate significantly more knowledge in the application of partogram. The themes from the open-ended question were; the partogram is poorly used; in-service training needed; doctors don't plot the partogram, and spoiled partograms from local clinics.

Conclusion: Although doctors and midwives are aware of and use the partogram on a daily basis, they have equally inadequate knowledge of the partogram. In-service training on partogram is essential both in the hospital and at the clinics from which patients in labour are referred.

indiran.govender@gmail.com