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Barriers and Enablers to the Use of the Partograph in Central Region, Ghana: A Qualitative Study Using In-Depth Interviews, Case Scenarios and Focus Group Discussions

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1. Introduction

The partograph is a useful tool for improving the quality of care during labour (pictorial overview of labour progress, clinical audit, training of health care workers and facilitating the transfer of care). The WHO recommends its use especially in under-resourced settings. Several studies have reported under-utilization of the partograph in such settings but there are limited studies to explore the reasons for this or factors to improve the use.

4. Results

- Eight out of 10 MCWs correctly completed the partograph based on the scenario, in line with WHO guidelines. This suggests that **training was not a significant problem** in this setting. *“Training, we have been trained already, for the partograph most of them know it well. There is no midwife that doesn't know it here.”*

Factors affecting use of the partograph

- **Lack of clear guidelines on diagnosis and management** of active labour including complications identified using the partograph, may contribute to poor decision making and lack of adherence to treatment protocols. *“Yes, we make our own decisions. We are those in the wards so we have to make decisions we will be comfortable working with”.*
- **Poor enabling environment** such as **staff shortages, lack of supplies and irregular supervision**. *“...I am saying that it is not extra work but in reality if you have a midwife with....4 people in labour, they don't do the regular 30 minutes check, so once you give them a charting sheet that demands that they should do that, they can't do it or they will falsify the information they put on. So it's not a problem with the partograph it's a problem with the health system and the workforce it's not the partograph.”*
- Midwives were likely to complete the partograph to impress supervisors and reported a general lack of support and motivation among their colleagues. *“...at least to tell us that they appreciate our efforts, but no. All you get is scolding from doctors and management when something goes wrong so your efforts are not recognized in anyway. When we are on night duty we use our own money to buy mosquito sprays”.*

Improvements of the partograph or work environment to promote its use

- Improved supervision and team work, especially the relationship between medical doctors and midwives are likely to improve the use of the partograph. *“As I said make sure that we are all using it, the midwife is using it, the doctor that is reviewing is using it, when I come I check, at my morning meetings we are asking for it. ‘You say you are doing 50 deliveries in this month, where are the 50 partographs?’ I mean find a way of making sure that people are doing what you are asking them to do.”*
- Task shifting can increase the rate of completed partographs. *“If they can train people to come and assist the midwives, it will be good. Like the ward aids can be trained so if the midwife you are doing your midwifery, doing the VE she can also be charting the partograph for her. That can really help since we don't have enough midwives.”*

2. Objectives

- To explore reasons for no or incorrect use of the partograph by maternity care workers (MCWs) in Central Region, Ghana.
- To identify factors that may enable MCWs to use the partograph correctly and consistently for monitoring labour.
- To explore improvements concerning the graph itself but also the work environment that could make it more user-friendly for different levels/cadres of MCWs using a participatory approach.



6. References

Lavender T, Hart A & Smyth RMD. 2013. 'Effect of partogram use on outcomes for women in spontaneous labour at term.' *Cochrane Database Syst Rev* 7, CD005461.

Ollerhead, E. & Osrin D, 2014, 'Barriers to and incentives for achieving partograph use in obstetric practice in low- and middle-income countries: a systematic review'. *BMC Pregnancy and Childbirth*,14:281.

3. Methods

- **Key informant interviews (KIIs), in-depth interviews (IDIs) and focus group discussions (FGDs)** were used
- **Ethical approval was** obtained from research and ethics committees of the Liverpool School of Tropical Medicine, Ghana Health Services and the University of Cape Coast.
- 32 MCWs from 14 facilities at different levels of health care services in Central Region Ghana, participated.
- Saturation was achieved at a sampling size of 10 IDI, 3 FGDs and 3 KIIs. All participants for IDIs were given a case scenario and were asked to complete the partograph.
- Data collection between June and August 2014.
- **Thematic framework approach** for analysis. Qualitative data and completed partographs were assessed by two members of the research team based on standard guidelines
- Manual coding of data with tabulation of emerging thematic categories and relevant quotes was carried out

5. Conclusions

Weak health systems with a lack of an enabling environment are a major barrier to the use of the partograph and contribute to sub-standard care. A **holistic approach** that involves supervision/mentoring, provision of protocols/guidelines and adequate working tools, as well as skills-based training is likely to enable health care providers use the partograph more effectively and deliver better quality of care.

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