

Beyond the Call of Duty

Midwives Work to Improve Care in Ugandan Hospital

Every day, in a suburb of Kampala, Sara Nakkazi says goodbye to her three young children and makes the hour-long trip to Kampala's Nsambya Hospital. There, she and her colleague, Alice Asio, spend their days providing midwifery services in the hospital's antenatal care and labor and delivery units. And, for the past 2 years, they have spent their evenings and personal time poring over medical records and reading about evidence-based clinical practices—all in an effort to evaluate and improve Nsambya's maternal and neonatal healthcare services.

As head midwives at Nsambya, Sara and Alice are in a unique position to understand and influence the hospital's management of maternal healthcare services. Recognizing this, their mentor, Dr. Pius Okong, the head of Nsambya Hospital's Obstetrics/Gynecology Department, suggested that Sara and Alice initiate research to learn more about the hospital's performance in their area of expertise, midwifery services. Sara, who is the midwife in charge of labor and delivery at Nsambya, began studying the hospital's use of one of midwifery's most important tools—the partograph. Alice, the midwife in charge of the antenatal clinic, began looking at the management of antenatal patients.

Training for Competent Use of the Partograph

In 1994 the World Health Organization (WHO) issued a recommendation that the partograph, a simple chart used to record the progress of labor and to signal the need for more expert care if labor is not progressing normally, be used in all labor wards and health facilities as a way to identify labors that might require interventions. Use of the partograph saves women's lives by ensuring that labor is closely monitored and that life-threatening complications such as obstructed labor are identified and treated. However, despite the WHO recommendation, the partograph is still not widely used in Africa or elsewhere in the

developing world. Midwives often feel that completing the partograph is an additional time-consuming task, and they do not always understand how it can save women's lives.

Sara Nakkazi's interest in studying the partograph grew out of her responsibility for training Nsambya's new midwives in using the tool. Although only about half of the health units in Uganda routinely use the partograph, Nsambya Hospital has used it since 1987. Most new midwives at the hospital have had some classroom instruction in the partograph. But because the instrument has been modified a number of times and midwives receive little practical clinical training in its use, inservice training is essential to make sure that midwives' skills and understanding of the tool are updated.

Sara's research, an audit of 1,000 partographs for patients in labor at Nsambya Hospital between June 1998 and June 1999, looked at the use of the partograph as an indicator of the hospital's quality of care. The completion of a partograph is considered an important indicator of quality because it means that a skilled attendant has been with the expectant mother throughout the labor process. Sara wanted to know whether partographs were being used consistently on her unit and whether midwives and doctors were using them correctly.

Sara's and Alice's efforts demonstrate the influence that an individual can have on making safe motherhood a reality.

Sara found that hospital staff did indeed use the partograph for the majority of labors and that most of the partographs were completed correctly. However, a few partographs had errors that might have contributed to poor labor outcomes, and Sara found that these errors were made by trainees and new doctors and midwives who had never used a partograph outside of the classroom. Based on her findings, she recommended that senior staff on the unit take a more active role in supervising and supporting new staff in using the partograph. She also recommended that partograph audits be performed routinely to monitor the unit's quality of care.

Sara is quick to acknowledge that her research work has demanded a significant commitment of time and the support of her family. Although her children (ages 1, 4 and 9) are too young to understand the importance of her work, the oldest was very impressed when her mother was asked to travel to the United States to present her findings.

Evaluating the Risk-Factor Approach to Management of Care

Alice Asio lives on the Nsambya Hospital campus. As the midwife in charge of the hospital's antenatal clinic, Alice starts her days early and finishes late. Although the clinic closes at 5:00 p.m., Alice's administrative responsibilities require her to work well into the evening. Only then, after she has prepared the clinic for the following day, is she able to turn her attention to her research.

Alice's study focused on Nsambya Hospital's management of care for women in the antenatal clinic. She studied 150 hospital records from December 1999 to find out whether the identification of risk factors in pregnant women correlated with their pregnancy outcomes. What she found reinforced many of the studies she had read in preparation for her research: Planning women's care based on their risk factors did not correlate with improved pregnancy outcomes for the women. Nearly a third of the Nsambya patients who initially were identified as "low-risk" developed complications, while more than 40 percent of women identified as "high-risk" did not develop complications. The early identification of risk factors did not help to predict complications during labor, delivery or the postpartum period.

The **Maternal and Neonatal Health (MNH) Program** promotes the use of the partograph and focused antenatal care as part of its essential maternal and neonatal care (EMNC) interventions, a set of evidence-based practices for care during pregnancy, labor and childbirth, and the postpartum period.

The partograph is a vital tool for providers who need to know how to make a timely identification of complications in childbirth and refer women to more expert care. Because competent use of the partograph can help to identify obstructed labor, a leading cause of maternal deaths, the MNH Program includes the partograph in its clinical skills training programs for doctors and midwives.

Focused antenatal care emphasizes the quality instead of the quantity of visits and recognizes that every woman, not just those with identifiable risk factors, is potentially at risk for complications. The goal of focused antenatal care is to use every visit to prepare for birth, to promote health and to prevent, detect and prepare for possible complications.

Traditionally, all of Nsambya's antenatal patients were scheduled for monthly visits, but many of them could not afford to keep the appointments. In addition, physicians would see only those patients with identifiable problems; new complications in patients identified as "low-risk" sometimes went undetected. Based on her findings, Alice recommended that all women in the antenatal clinic receive consistent attention from the clinic's providers, whether they are identified as "high-risk" or "low-risk."

Alice's findings are consistent with WHO's recommendation that providers abandon the "risk approach" and recognize instead that all women are at risk of developing a life-threatening complication. WHO encourages antenatal care providers to emphasize the quality of each antenatal consultation rather than requiring a specific number of routine antenatal visits.

Advancing the MNH Program Agenda

Sara Nakkazi and Alice Asio exemplify healthcare providers who are committed to making a difference in their hospitals. Their efforts demonstrate the influence that an individual can have on making safe motherhood a reality. As part of the Maternal and Neonatal Health Program's global leadership effort to disseminate clinical knowledge and cost-effective approaches, Sara and Alice presented their results in May and June 2001 at JHPIEGO, the Global Health Council annual conference and the American College of Nurse-Midwives annual meeting.

For more information about the MNH Program visit our website:
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