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"A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE LEVEL OF NURSING STAFF REGARDING PARTOGRAPH OF VARIOUS HOSPITALS IN SASARAM, BIHAR, WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET."

BY

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Thesis submitted for the partial fulfilment of the requirement for the degree of

POST BASIC B.SC NURSING

Dissertation submitted to the

SHERSAH MEDICAL RESEARCH AND TRAINING SANSTHAN, ROHTAS, SASARAM, BIHAR

Under the guidance of

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ABSTRACT

Statement of the problem

"A descriptive study to assess the knowledge of nursing staff regarding partograph of various Hospital in Sasaram, Bihar with a view to develop an information booklet".

Background of the study

The partograph is recommended by the World Health Organisation (WHO), for monitoring labour wellbeing and progress. Concerns about limitations in the way the partograph is used in the clinical context and the potential impact on its effectiveness have led to this realist systematic review of partograph use.

Objective of the study

1. To assess the knowledge level of nursing staff regarding partograph.
2. To assess the existing knowledge regarding plotting of partograph among the nursing staff.
3. To find out the association between the knowledge score with selected demographic variables.

Methodology

The research approach with descriptive design having one point data collection was used.

The study was conducted at selected Hospital in Sasaram Bihar. The sample consists of 60 subjects. The sampling technique was used to select the subject was convenient sampling technique.

RESULTS

THE MAJOR FINDINGS OF THE STUDY

- Most of the samples (25%) were in the age group 21-25 years, 31.67% had completed B.Sc. (N), 66.66% of samples were equally divided in the categories < 5 years and 11-15 years, 56.67% of them had not attended in- service programme on partograph.
- In the pre-test on partograph, 33.3% of the staff nurses had inadequate knowledge, 60% of them had moderately adequate knowledge and 6.7% of them had adequate knowledge.
- There was significant association between the pre-test knowledge of the staff nurses with the demographic variables namely educational qualification, years of experience and exposure to in-service education. There was no significant association between the pre-test knowledge of the staff nurses with the demographic variable “age”.

CONCLUSION:

The study is based on the fact that “improving the professional competencies of the staff nurses by educating them about the current innovations is very essential”. This study could be considered as a part of continuing professional development of the staff nurses. Self- instructional module on partograph served that purpose and was effective in increasing the knowledge of staff nurses.

Key words:

Staff nurses, knowledge, self- instructional module, partograph, maternity hospitals, professional competency.

CHAPTER – 1

INTRODUCTION



INTRODUCTION

The partograph is a graphical representation of the events in labour, as part of the safe motherhood initiative launched in 1987, the world health organization (WHO) has produced, promotes, modified the partograph and recommends its use in labour, in order to improve labour management and reduce maternal and fetal morbidity and mortality.

Maternal mortality remains between 500 to 1000 death for 100,000 live birth in developing countries, India ranks very higher on the list of countries with high maternal mortality at 420 per 100,000 live births.

Maternal morbidity and mortality rate increases because of insufficient facilities in health care settings and inadequate knowledge and attitude of plotting the partograph. During child birth, complication cannot be predicted or prevented.

Prolonged labour and obstructed labour are major causes of maternal and new-born morbidity and mortality; they can lead to ruptured uterus, postpartum haemorrhage, infection, obstetric fistula and fetal injury or death. Thus, all women should be assessed by skilled birth attendance and timely emergency care.

"The partograph (sometimes known as partograph) is usually a pre-printed paper form on which labour observation are recorded. The aim of partograph is to provide a pictorial overview of labour, to alert midwives and obstetricians to deviations in maternal or fetal wellbeing and labour progress. Partograph contain pre-printed alert and action lines. Hence skilled assistance during labour is the rates of maternal mortality and morbidity rates. So, the aim of study is to assess the knowledge regarding partograph among staff nurse.

Fig.1.1 WHO Modified partograph

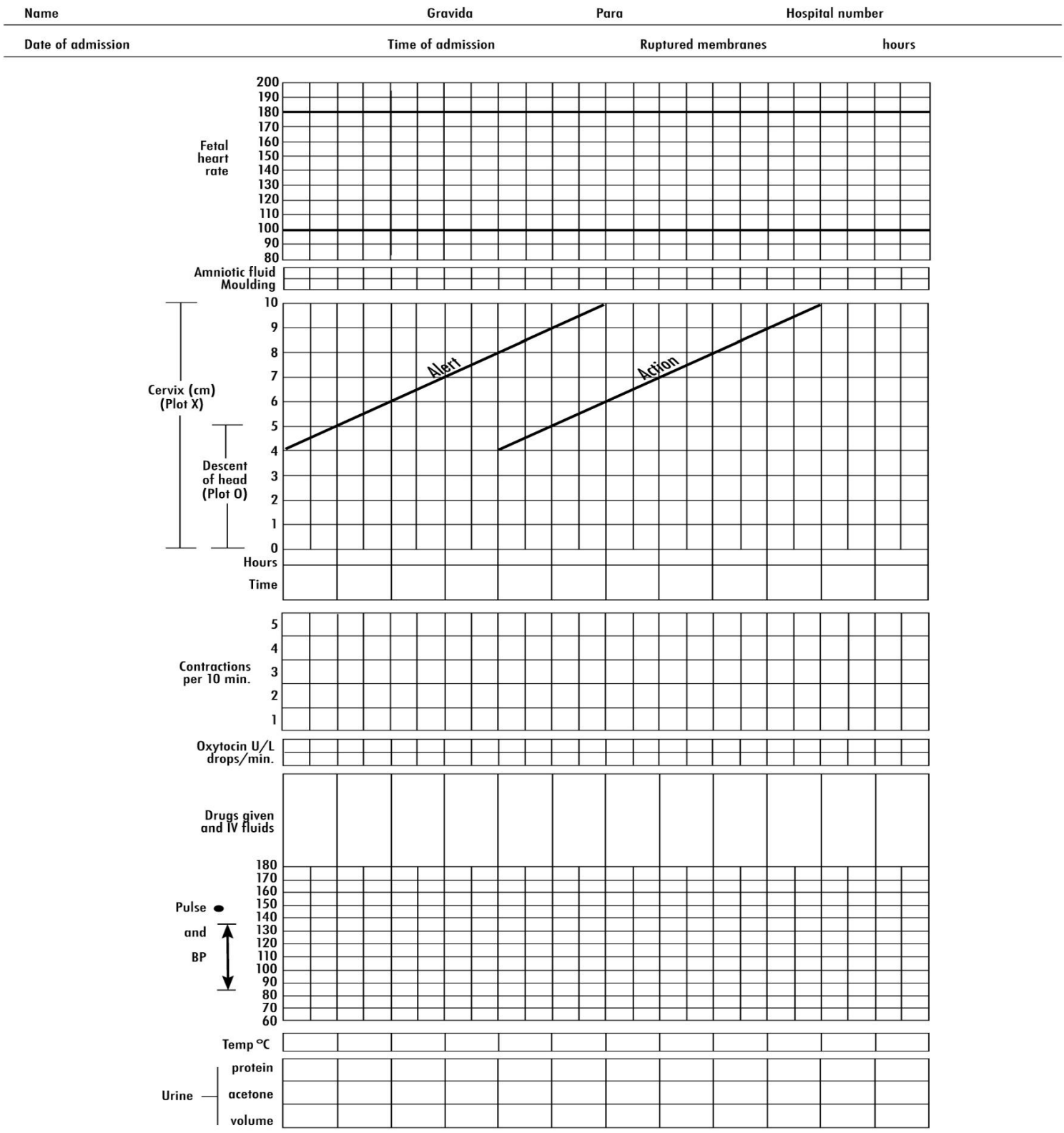
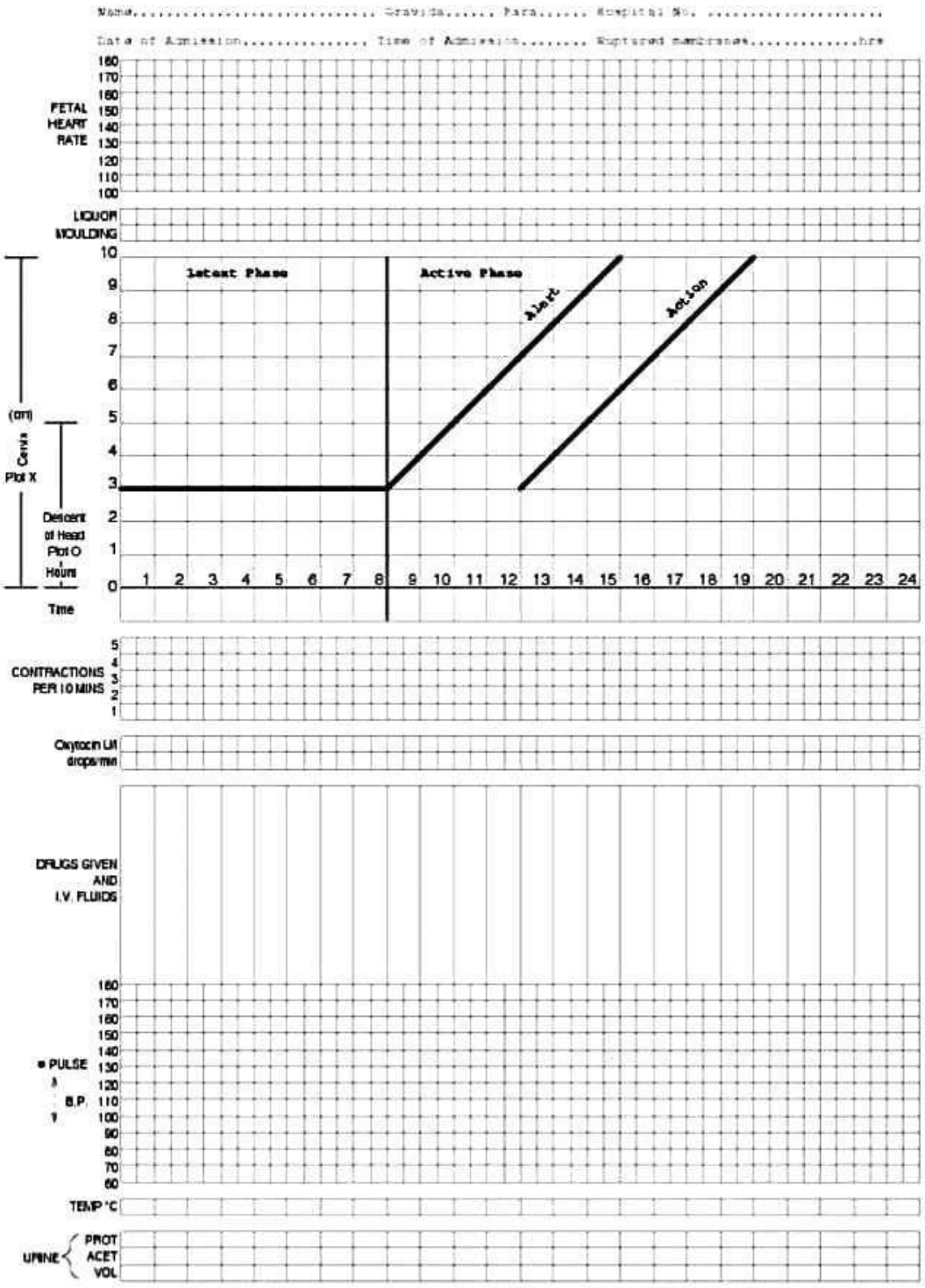


Fig.1.2. Traditional partograph

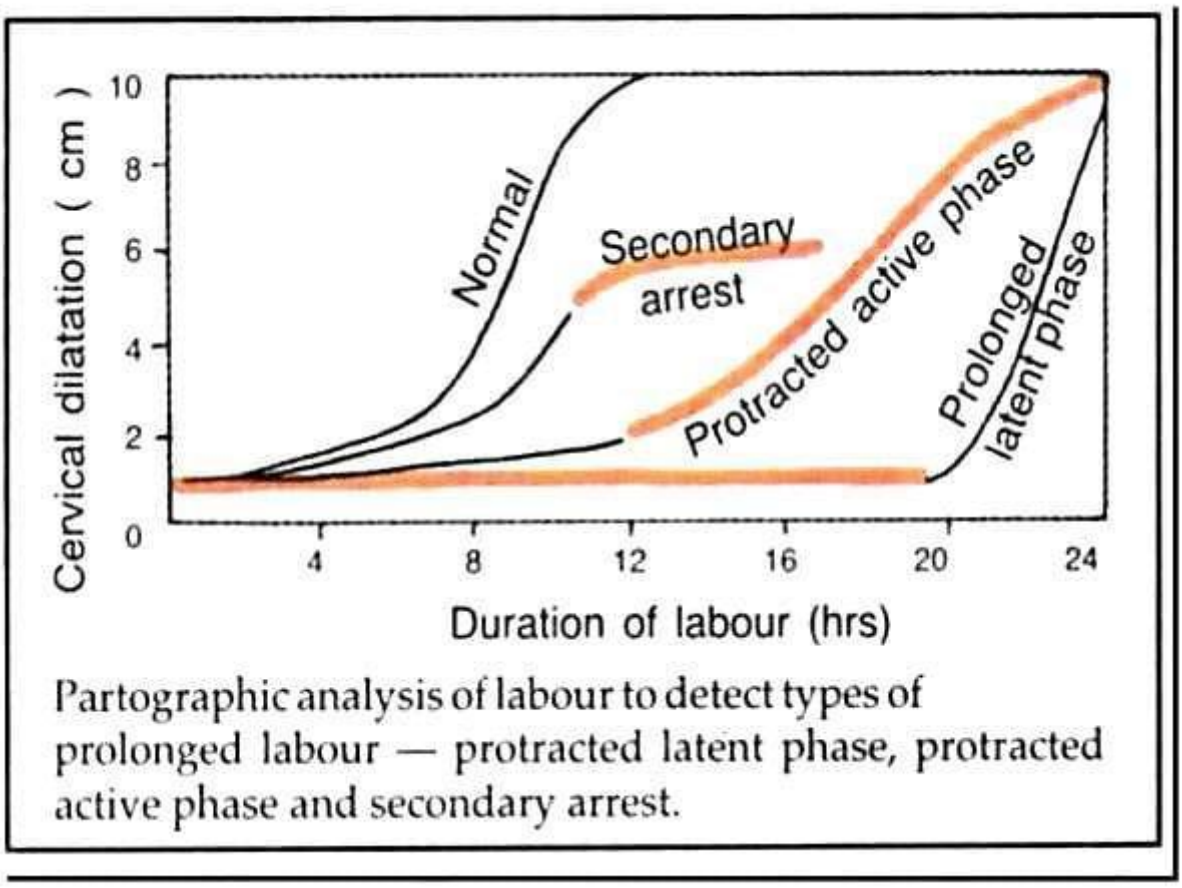


NEED FOR STUDY: -

Every year, out of an estimated 120 million pregnancy that occur world-wide, about half million women die because of complication of pregnancy and child birth. So, there is need of skilled assistant during labour is the very important and key service to reduce the rates of maternal mortality and morbidity rates.

The partograph or partograph is an inexpensive tool to provide a continuous pictorial overview of labour and is essential to monitor and manage labour. The partograph is a single sheet of paper from which all information related to labour is obtained. Partograph is designed for all maternal setting, and has different levels of functions at different levels of health care. It serves as an “early warning system” and assists in an early decision making on referral, augmentation and termination of labour. Partograph also increases the quality and regularity of all observations of the fetus and the mother in labour, and aids in early recognition of problems with either.

Fig.1.3. This diagram reveals the importance of partograph in identification different types of prolonged Labour.



A study has done to assess the use of partograph on outcome of labour among mothers, primigravida mothers who are above 38 weeks, without any high risk. The outcome of labor score was good 50 % and 20% in control group. There was significant difference between experimental control group regarding outcome of labor. There was significant association between demographic characteristics and outcome of labor. There is no significant association between other demographic characteristics and outcome of labour.

The WHO partograph is the best known and the most widely used, in under developed countries. WHO modified partograph excludes the latent phase and the active phase of labor and starts at 4 cm cervical dilation.[39] Studies have shown that using the WHO partograph can be highly effective in reducing complications from prolonged labor for the mother (postpartum hemorrhage, sepsis, uterine rupture and its sequence) and for the newborn (death, anoxia, infections, etc.). It helps to assist in making the correct decisions regarding the transfer, Caesarean section, or other life-saving interventions.

The partograph can enhance the communication among providers, increase the interaction between providers and the laboring women, promote the continuity of care across the providers and encourages team work. The partograph provides information about deviation from the normal progress of labor and about the abnormalities of maternal or fetal conditions during labor.

It alerts providers when women may need an intervention and facilitates ongoing evaluation of the effects of those interventions.

A study was aimed to determine the uses of modified WHO partograph. The course of labor of 100 women with uncomplicated full-term pregnancies with cephalic presentation in active labor was studied using modified WHO partograph. The emergency caesarean section rate was reduced from 44% to 21%. None of the cases had labor beyond 12 hours. Neonatal intensive care admissions decreased from 17% to 6 % indicates an improved maternal and neonatal outcome.

CHAPTER – 2

REVIW OF LITERATURE



REVIEW OF LITERATURE

Review of literature is a systematic search of published work to gain information about a research topic.

Review of literature provides basis for future investigation testifies the replication, throw light on feasibility of the study and constraints of data collection, relates the findings from the study to another with a hope to establish a comprehensive body of scientific knowledge in a professional discipline from which valid and pertinent theories may develop.

Here the review of literature related to the purpose of the present study has been divided under the following areas.

PART A: - Literature related staff nurses' knowledge on partograph.

LITERATURE RELATED TO PARTOGRAPH: -

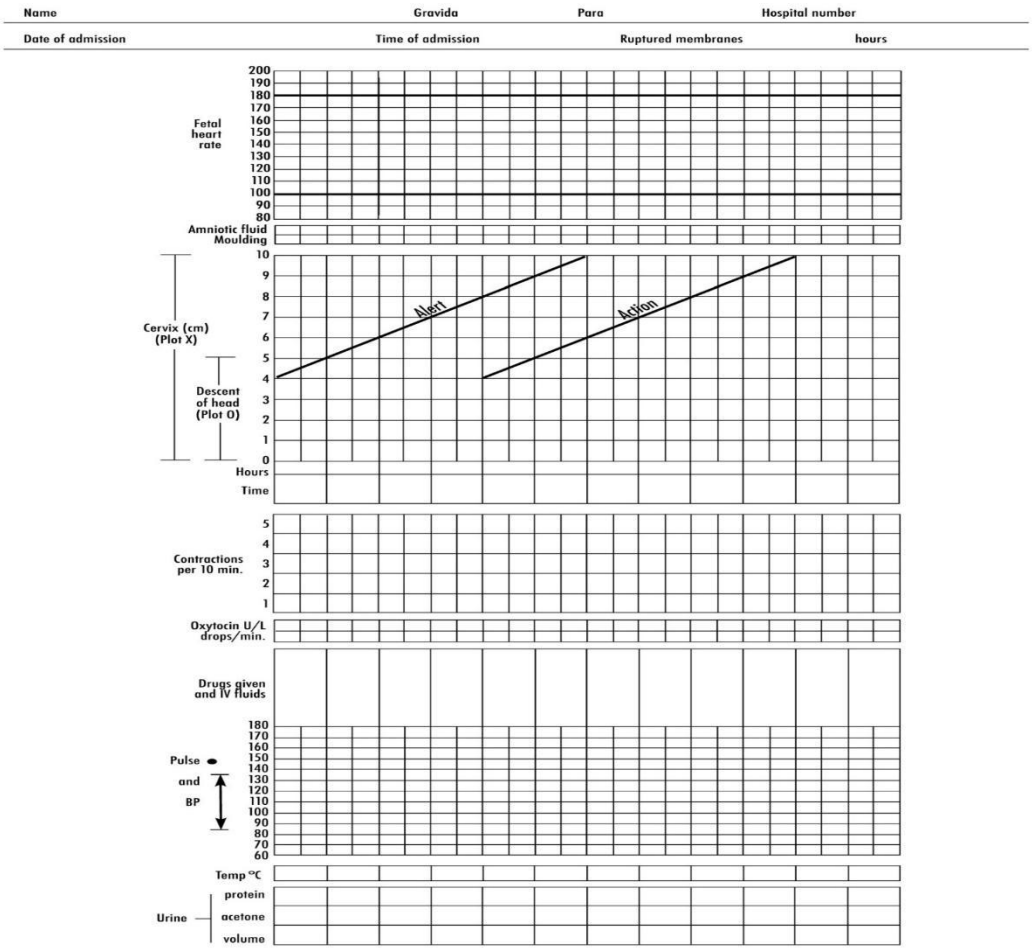


Fig.2.1.The partograph

STUDIES RELATED TO PARTOGRAPH

RAJBIR KAUR (MAY 2015) In tertiary care medical institute of Amritsar was conducted a study. total 40 staff nurses were selected by convenience sampling technique those were working in obstetrics and gynecological ward of SGRD hospital, vallah, Amritsar. The study concluded that 57.5% of staff nurses having average knowledge , 25% staff nurses having good knowledge and remaining , 17.5% staff nurses having poor knowledge regarding partograph.

SK MASUM BILLAH, ISHTIAQ MANNAN, JOSEPH DE JOHNSON (14 MARCH 2018) in Bangladesh was conducted a study among the primary health care workers regarding partograph, A total of 1,198 deliveries were managed at the study sites, of which 663 presented with cervical dilatation of 8 cm or less. Partographs were initiated in 98% of these cases. Indication of abnormal labour was found in 71 partographs (11%) and among them, only 1 was referred to a higher-level facility. Fetal heart rate and cervical dilatation were appropriately recorded in 61% and 70% of the partographs, respectively. Interviews with health workers revealed poor interpretation of referral indications from the partographs. Limited accessibility to the nearest EmOC facility, inadequate time for referral, and non-compliance to referral by clients were identified by the interviewed health workers as the key barriers for referral decision making.

VALERY K. BANWE, UZERU FORCHU MELO, NOAH F. TAKAH (19 JUNE 2016) a cross sectional survey among obstetrics care provider in urban referral public health institution in north west Cameroon 79 eligible candidates participated, 71 (89.9%) took part in the study. The mean age of the respondents was 37.9±10.0 years with majority being female (85.9%). Less than one-third (29.6%) of the respondents had good knowledge on the partograph and only 23 (32.4%) routinely used it in monitoring labour. OCPs working in Maternal and Infant Welfare Clinics were about 4 times more likely than those working in Regional/District Hospitals to have good knowledge on the partograph [AOR = 3.88 (95% CI:1.07–14.04)], p = 0.04. Little or

no knowledge of the partograph and poor staff strength in the study centers were factors militating against its routine use.

RAJVIRKAUR (07 JUNE 2018) Sri Guru Ram Das college of nursing conducted a study knowledge regarding partograph among staff nurses, The study concluded that 57.5% of staff nurses having average knowledge, 25% staff nurses having good knowledge and remaining, 17.5 % staff nurses having poor knowledge regarding partograph.

JOHN MUKISA, ISHA GRANT (07 FEBRUARY 2019) Mulagi national referral and teaching hospital, Kampala, Uganda conducted a study on health care workers, a retrospective review of 355 files from the three labor wards in Mulago National Referral Hospital. About 60% (212/355) of the charts were obtained from the busiest ward among the three delivery wards. This was the most utilized public ward while the rest of the charts were obtained from the other smaller public ward 26% (94/355) and the private delivery ward 14% (49/355). Of the selected charts for review, none was missing from the hospital records team likely because of the short duration between previous use and storage.

MEENA, JOSEPH MARY, VASUNDHARA (JUNE 2018) chinakakani, Guntur, Andhra Pradesh conducted a descriptive study using stratified random sampling technique was conducted among 150 nurses in a selected Hospital, at Chinakakani, Guntur (Dt.) Andhra Pradesh, with an aim to assess the knowledge of nurses regarding partograph. Structured questionnaire consisting of 43 multiple choice questions was developed and utilized for collecting the data. Data were organized and analyzed by using descriptive and inferential statistics. Results: Study revealed that only 6.67% of nurses had adequate knowledge, 24.67% had moderate knowledge and majority of them (68.67%) had inadequate Knowledge.

RAJVIR KAUR (01 APRIL 2019) A Descriptive study was conducted at SGRD Hospital and Civil hospital, Amritsar, Punjab. Total 60 staff nurses working in the labor room of selected hospitals was taken by purposive sampling technique. the knowledge of staff nurses regarding partograph. Most of staff nurses (more than 80%) knew that partograph is graphical presentation (93.3%), it is invented by Friedman (85%), Partograph is important for proper monitoring of labour, and prevent further complication (80%), normal labor has 4 stages(96.6%), in primi gravida duration of 1st stage of labour is < 10-12 hours (80%), normal color of amniotic fluid is pale straw (81.6%), the starting dose of oxytocin infusion in 500 RL is 2 units (96.6%), most staff nurses (75%) had average knowledge regarding partograph and 25% of the staff nurses had good knowledge regarding the partograph and no one had poor knowledge. the practicing regarding plotting partograph among staff nurses. All the nurses plotted fetal heart rate and descent correctly on the partograph. Most of them correctly plotted cervix dilatation 4 hourly (96.6%), membrane status (88.3%) and uterine contractions (83. 3 %). The different aspects of partograph which very few nurses marked correctly were maternal pulse monitoring every 30 minutes (18.3%), maternal BP monitoring 2 hourly (21.6%).

DIMPLE NARANG (2017) a study conducted in Amritsar regarding partograph knowledge in Amritsar to assess the difference in knowledge level of government and private hospitals staff nurses regarding partograph. A partograph is a graphical presentation of a woman's progress of labor. Once the woman has true signs of labor, the midwife initiates the use of partograph to record her findings. A non-experimental comparative research design was used and research approach was quantitative in nature. The sample size was 60 staff nurses consisted 30 from government and 30 from private hospitals, Amritsar. A self-structured questionnaire was used to assess the knowledge regarding partograph. The nonprobability purposive sampling technique was adopted to select the subjects. The Statistical technique used for analysis was descriptive (mean, SD) and inferential (chi-square). The result showed that majority 46.67% had good knowledge followed by 30% had average knowledge whereas minority 23.33% had poor knowledge in government hospitals staff nurses. Whereas majority 46.67% had poor knowledge followed by 30% had average knowledge whereas minority 23.33% had good knowledge in private hospitals staff nurses. The study suggests that there was a significant relationship of knowledge with demographic variables regarding partograph among staff nurses.

THOMAS U AGAN, ASIBONG U, OPIAH M (30 MAY 2013) in Nigeria conducted a study among obstetric care givers in general hospital related to partograph, the majority of the respondents (70.8%) had good general knowledge of the partograph but lacked detailed and in-depth knowledge of the component parts of the partograph. Knowledge of partograph ($\chi 2=12.05$, $P=0.0001$) and partograph availability ($\chi 2=56.5$, $P=0.0001$) had a significant relationship with its utilization. Previous training ($\chi 2=9.43$, $P=0.002$) was significantly related to knowledge of partograph. Factors affecting utilization were: little or no knowledge of

the partograph (85.4%), nonavailability (70%), shortage of staff (61.5%), and the fact that it is time-consuming to use (30%).

HARI PRASAD POKHREL, KEJANG DORJI (12 DECEMBER 2018) a study conducted in Bhutan related to knowledge of partograph, the mean age of the participants was 30 (SD; 7.13) years and over half of them (55.4%) were male. Diploma was the highest level of qualification for 60.7% of the participants and about two-thirds (66.1%) of the participants completed their professional education from Bhutan. Over one-third (37.5%) of them pointed out that lack of refresher course was the main challenge in using the partographs. Only 54% of the deliveries were monitored using a partograph and over 90% of these partographs were incomplete.

SANDEEP GUPTA, JASLEEN KAUR, RAJINDER KAUR (JUNE 2019) a study conducted in Punjab regarding partograph among the nursing students, out of 60 nursing students of SINPMS, Badal.10%of nursing student having good level of knowledge regarding Partograph, 68.3% nursing student having average level of knowledge regarding partograph and 21.6% nursing student having below average knowledge regarding partograph.

JOHN MUKISA, ISHA GRANT, JONATHANMAGALA, ANDREWS. SSEMATA (FEBRUARY 2019) Mother Teresa's postgraduate and research institute of health science Pondicherry was conducted a study. All the students were in the age of 20 to 25yrs, final year nursing students. A total of 76 students participated in the study. The results are the parameters related to vital signs, maternal temperature, BP, and urine amount, 76% (100%) students had completed, other parameters like oxytocin drops/min. Drugs and IV fluids, time etc are partially done by 40(52.63%), 35(46.05%), 39(51.35%) students and the important parameters like cervical dilatation, moulding, head decent, and hours of contraction were not done by 40(52.63%), 40(52.63%), 12(15.78%), and 16(21.05%) respectively.

HARSHPINDERPAL KAUR, PARVESH SAINI, (2020) A descriptive study was conducted among 60 staff nurses working in the labour room selected by using purposive sampling from SGRD hospital valley and civil hospital Amritsar Punjab. The data is collected by using knowledge questionnaire and expressed practices on partograph. The obtain data was analyzed by using descriptive and inferential statistics results the finding revealed that 75% staff nurses had average knowledge and 25% had good knowledge regarding the partograph where as in practice of partograph half of staff nurses 51% had average practice 15% staff nurses have good practice. the study concluded that staff nurses were deficiet in both knowledge as well as in practice regarding partograph. Hence there is need to plan in service education for enhancement of the knowledge and practice regarding partograph.

CHAPTER – 3

METHODOLOGY



METHODOLOGY

Research methodology is a way to systematically solve the problems. It is a procedure in which the research starts from initial identification of the problem to final conclusion. Methodology of research organizes all the components of the study in a way that is most likely to lead to valid answer to the problem that have been.

This chapter deals with the methodology adopted for the study. It includes research designs, research approach, study setting, sampling technique, sampling criteria content validity and development of tools, description of tool, pilot study, reliability, data collection procedure and plan for data analysis.

This study was done to assess the knowledge regarding partograph among staff nurses of various Hospital in Sasaram with a view to develop an information booklet.

- **Research design**
  Group pre-test.
- **Setting of the study**
  Conducted in various hospital.

- **Sampling technique**
  Convenient sampling technique
- **Sample size**
  60
- **Population**
  Nursing staff of various hospital.
- **Sample**
  All male, female nursing staff
- **Sample and it's availability**
  - **Inclusive criteria: -**
  - Nursing staff who were present in duty.
  - Nursing staff who are willing to participate in this study.
  - **Exclusive criteria: -**
  - Absent

DESCRIPTION OF THE TOOL

TOOLS CONSISTS OF TWO SECTIONS: -

Part A:- Socio demographic data

- Demographic data Performa such as age, gender, place, of residence, experiences, varied nursing program and marital status.

Part B:- Structured questionnaire

- Structured questionnaire with 16 questions related to knowledge regarding partograph among nursing staff.

Scoring

There are 16 items; each item has 4 options with one correct answer. The score assigned for correct answer is 1, for wrong answer or not attempting is 0.

Overall marks

- 11-16 score – good knowledge.
- 6-10 score – average knowledge.
- 1-5 score – poor knowledge.

Self- instructional module on Partograph

The self- instructional module was titled as "Self- Instructional module on

Partograph". It was organized in headings as follows:-

- Introduction about the Partograph
- Definition of Partograph
- Stages of labour
- Advantages of Partograph
- Components of Partograph

TESTING THE INSTRUMENT

Content validity

The instruments were validated by 5 experts from the field of OBG GYNAE. The experts suggested addition, deletion of certain items and re-organization of the questions. Appropriate modifications were made and the tool was finalized.

Reliability

"The reliability of an instrument is the degree of consistency or accuracy with which an instrument measures an attribute, it is supposed to measure." To ensure reliability, test- retest method was used. The self-administered questionnaire was tested among 60 staff nurses who were not included in the study. After 4 days, the same tool was administered without any manipulation to the same nurses. The relative score position of the subjects was almost the same. The co-efficient of correlation was found to be 0.9 which indicated high degree of reliability of the questionnaire.

Pilot study

It is a small-scale version or trial run of the main study. In order to test the feasibility and relevance of the study, a pilot study was conducted from 1st to 7th of March, 2026. The pilot study was conducted among 60 staff nurses working in various Hospital Sasaram, after getting permission from concerned authorities. They were selected by using purposive sampling technique. The self- administered questionnaire was used to collect the data from staff nurses. Data analysis was done by using differential and inferential statistics. The study reports ensured feasibility of the study.

DATA COLLECTION PROCESS

- The study was conducted in various Hospital of Sasaram
- The period of data collection was from 11.03.26 to 17.03.26.
- Prior to data collection, permission was obtained from the concerned authorities.
- Staff nurses who fulfilled the criteria were selected as samples by using purposive sampling technique.
- The researcher introduced herself to the participants and established rapport with them.
- The purpose of the study was explained to each study participant.
- The researcher assured the participants for the confidentiality of their responses.
- Oral consent was obtained from each participant of the study before starting data collection.
- The pretest was conducted with the help of self- administered questionnaire. The tool was distributed to the staff nurses during their break hours to avoid disturbance in their ward routines.
- "SELF- INSTRUCTIONAL MODULE ON PARTOGRAPH" was distributed to the staff nurses. All the staff nurses took active participation in the program.
- At the end of successful data collection, the researcher conveyed thanks to the Nursing Superintendent for winding up the study.

DATA ANALYSIS

- Frequencies and percentages were used for the analysis of the demographic data.
- Mean score, mean percentage and standard deviation of difference were used for analyzing the pretest.
- Chi- square test was used to find out the association between level of knowledge in the pretest and demographic variables of the staff nurses.

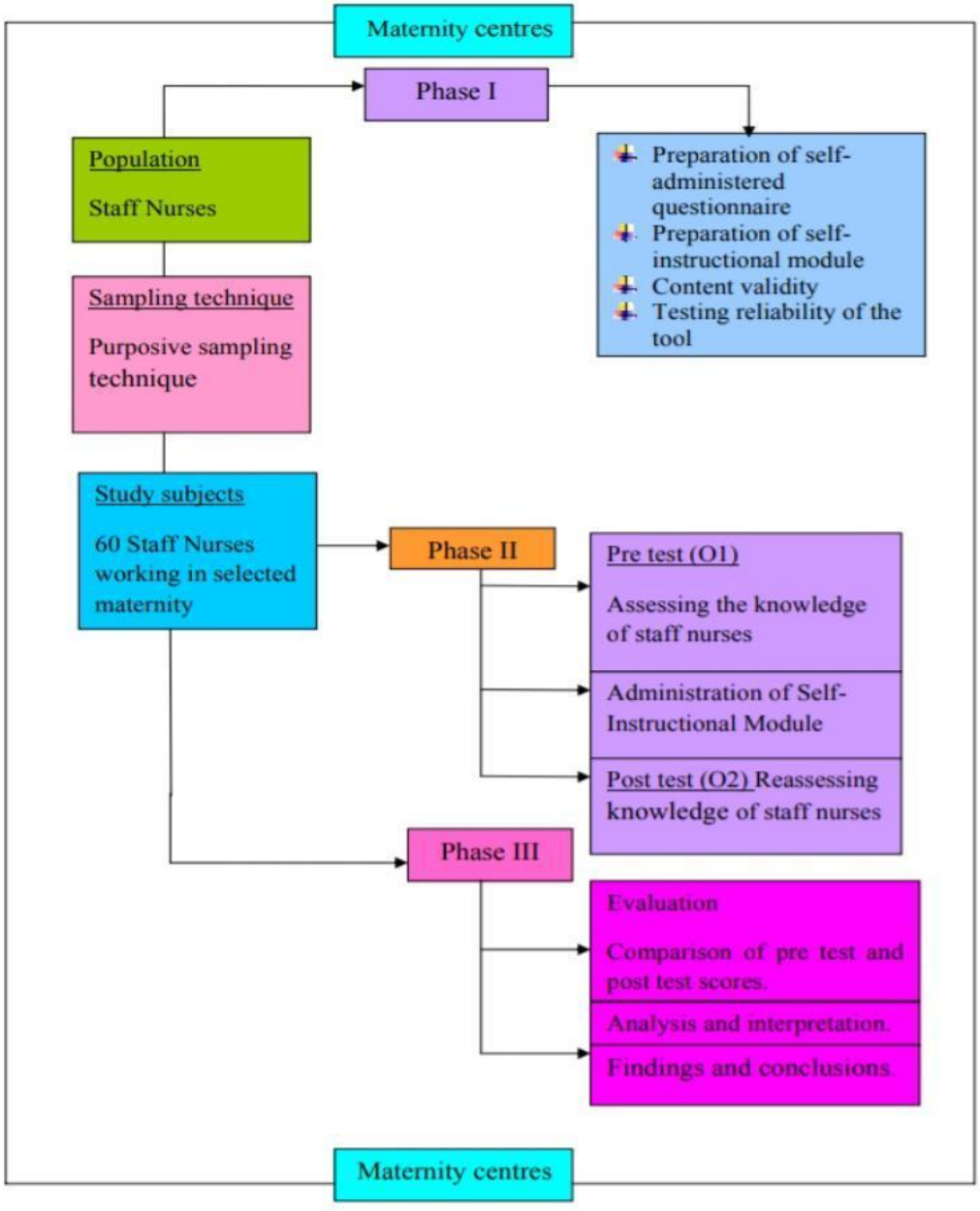
Table 3.1: plan for data analysis

S.no	Data analysis	Method	Purposes
1.	Descriptive statistics	• Frequencies and percentage • Mean score, mean percentage and standard deviations of difference	• For the analysis of the demographic data • For analysis the pretest
2.	Inferential statistics	• Paired 't' test • Chi-square test	• To find out the association between level of knowledge in the pretest and demographic variables of the nurses staff.

ETHICAL CONSIDERATION

The proposed study was conducted after the approval of the "Dissertation committee" of the college. Permission was obtained from the Chief Medical Officers of the maternity centers. Oral consent was obtained from each participant of the study before starting the data collection. Assurance was given to the participants that the anonymity of each individual and confidentiality would be maintained throughout the study

Fig. 3.1: Schematic representation of research design of the study



CHAPTER – 4

DATA ANALYSIS



ANALYSIS AND INTERPRETATION

Polit & Beck, (2008) defines analysis and interpretation as categorizing, ordering, manipulating and summarizing of data to reduce it to intelligible and interpretable form, so that the research problem can be studied and tested including relationship between the variables. This chapter highlights the analysis and interpretation of data collected from 60 staff nurses working in maternity hospitals in order to evaluate the effectiveness of self- instructional module regarding partograph on the knowledge of staff nurses. The data collected from the staff nurses before and after the self- instructional module was organized, analyzed, and interpreted by using descriptive & inferential statistics.

The data collected was calculated based on the following objectives of the study:

1. To assess the knowledge level of nursing staff regarding partograph.
2. To assess the existing knowledge regarding plotting of partograph among the nursing staff.
3. To find out the association between the knowledge score with selected demographic variables.

ORGANIZATION OF FINDINGS

The data was organized, analysed and presented under the following headings.

Section – I

Description of frequency and percentage distribution of the staff nurses according to the selected demographic variables.

Section – II

Analysis of the percentage of pre-test knowledge of the staff nurses on different aspects of partograph.

Section – III

Analysis of level of knowledge of the staff nurses regarding partograph in the Pre-test.

Section – IV

Association between pre-test knowledge scores and demographic variables of staff nurses.

SECTION-I

TABLE – 4.1.1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE STAFF NURSES ACCORDING TO THE SELECTED DEMOGRAPHIC VARIABLES.

Demographic variables		**No. Of samples**	**%**
Age			
	21 – 25 yrs	19	31.67%
	26 – 30 yrs	18	30.00%
	31 – 35 yrs	14	23.33%
	>35 yrs	9	15.00%
Educational Qualification	ANM	15	25.00%
	GNM	12	20.00%
	B.Sc(N)	19	31.67%
	Pc B.Sc	14	23.33%
Year of experience	<5 years	20	33.33%
	5-10 years	14	23.33%
	11-15 years	20	33.33%
	>15 years	6	10.00%
In – service Programme	Yes	26	43.33%
	No	34	56.67%

The above table shows that most of the samples (25%) were in the age group 21-25 years, 31.67% had completed B.Sc (N), 66.66% of samples were equally divided in the categories < 5 years and 11-15 years, 56.67% of them had not attended in service programme on partograph.

TABLE – 4.1.2

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE STAFF NURSES ACCORDING TO THEIR AGE

Demographic variables		**No. Of samples**	**%**
Age			
	21 – 25 yrs	19	31.67%
	26 – 30 yrs	18	30.00%
	31 – 35 yrs	14	23.33%
	>35 yrs	9	15.00%

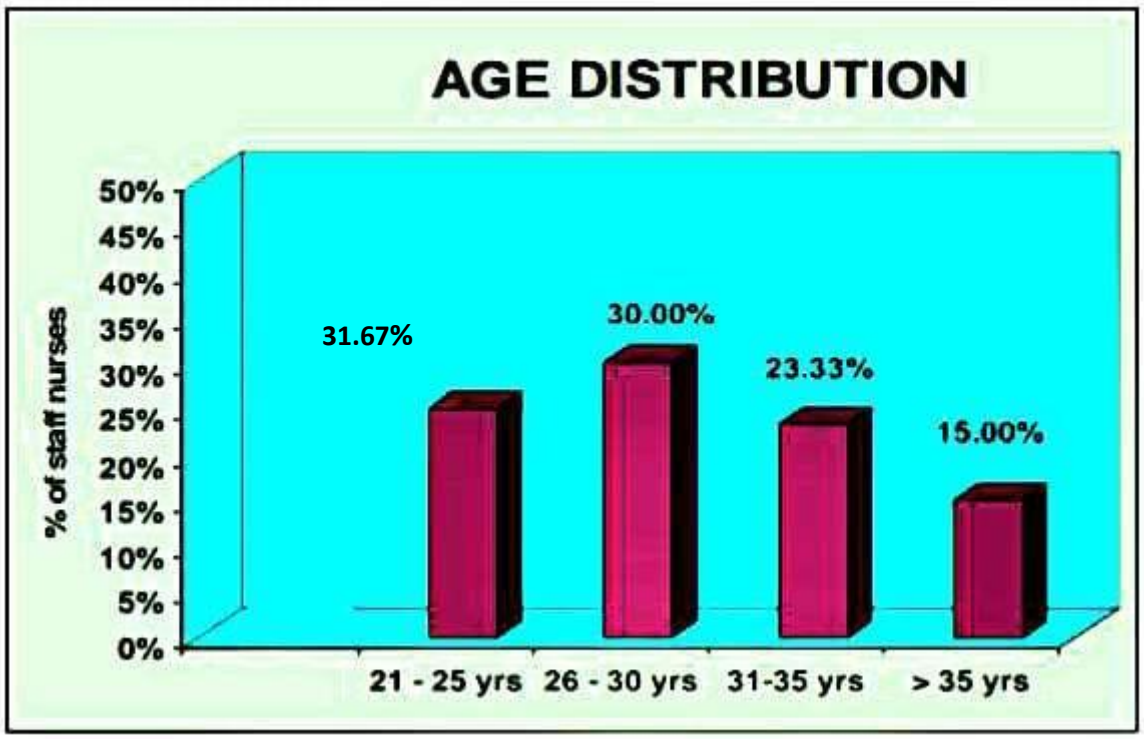


Fig. 4.1.1: Bar diagram showing age of staff nurses

The bar diagram shows that 6.67% of the staff nurse were below 20 years of age, 25% of them were in the age group 21- 25 years, 30% of them were in the age group 26- 30 years, 23.33 % of them were in the age group 31- 35 years and 15% of them were above 35 years of age.

TABLE 4.1.3

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE STAFF NURSES ACCORDING TO THEIR EDUCATIONAL QUALIFICATION

Demographic variables		**No. Of samples**	**%**
Educational Qualification	ANM	15	25.00%
	GNM	12	20.00%
	B.Sc(N)	19	31.67%
	Pc B.Sc	14	23.33%

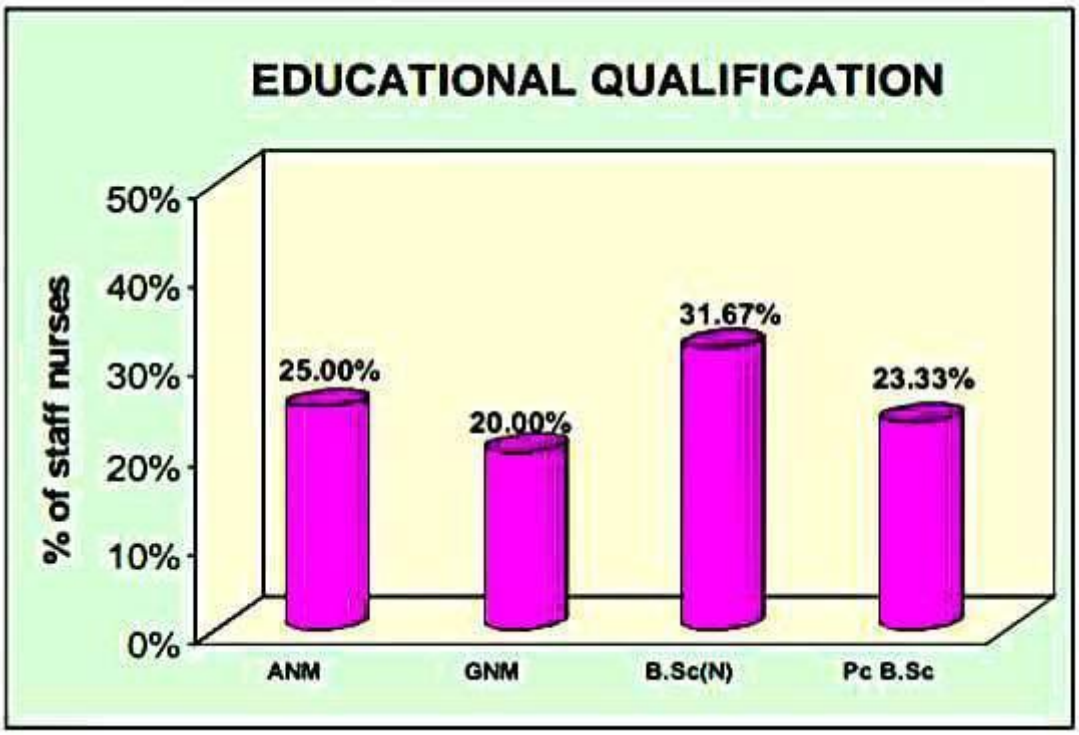


Fig. 4.1.2: Cylindrical diagram showing educational qualification of staff nurses.

The cylindrical diagram shows that 25% of the staff nurses have completed ANM, 20% of them have completed GNM, 31.67% of them have completed BSc (N) And 23.33% of them have completed Pc BSc (N).

TABLE 4.1.4

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE STAFF NURSES ACCORDING TO THEIR YEARS OF EXPERIENCE

Demographic variables		**No. Of samples**	**%**
Year of experience	<5 years	20	33.33%
	5-10 years	14	23.33%
	11-15 years	20	33.33%
	>15 years	6	10.00%

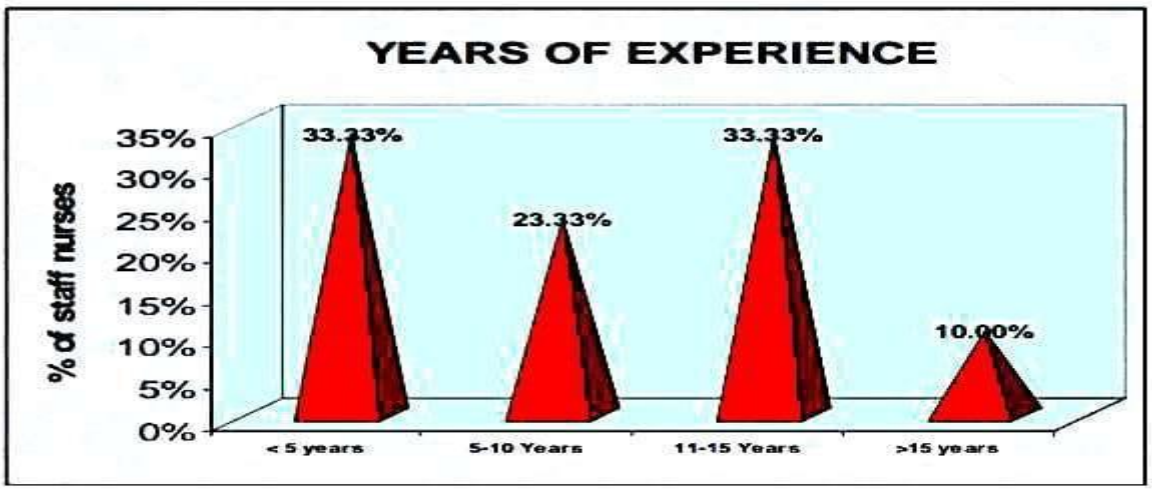


Fig. 4.1.3: Pyramidal diagram showing years of experience of staff nurse

The pyramidal diagram shows that 33.33% of staff nurses had experience less than 5 years, 23.33% of them had experience between 5-10 years, 33.33% of them had experience between 11-15 years & 10% of them had experience more than 15 years.

TABLE 4.1.5

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE STAFF NURSES ACCORDING TO THEIR EXPOSURE TO IN- SERVICE EDUCATION ON PARTOGRAPH

Demographic variables		**No. Of samples**	**%**
In – service Programme	Yes	26	43.33%
	No	34	56.67%

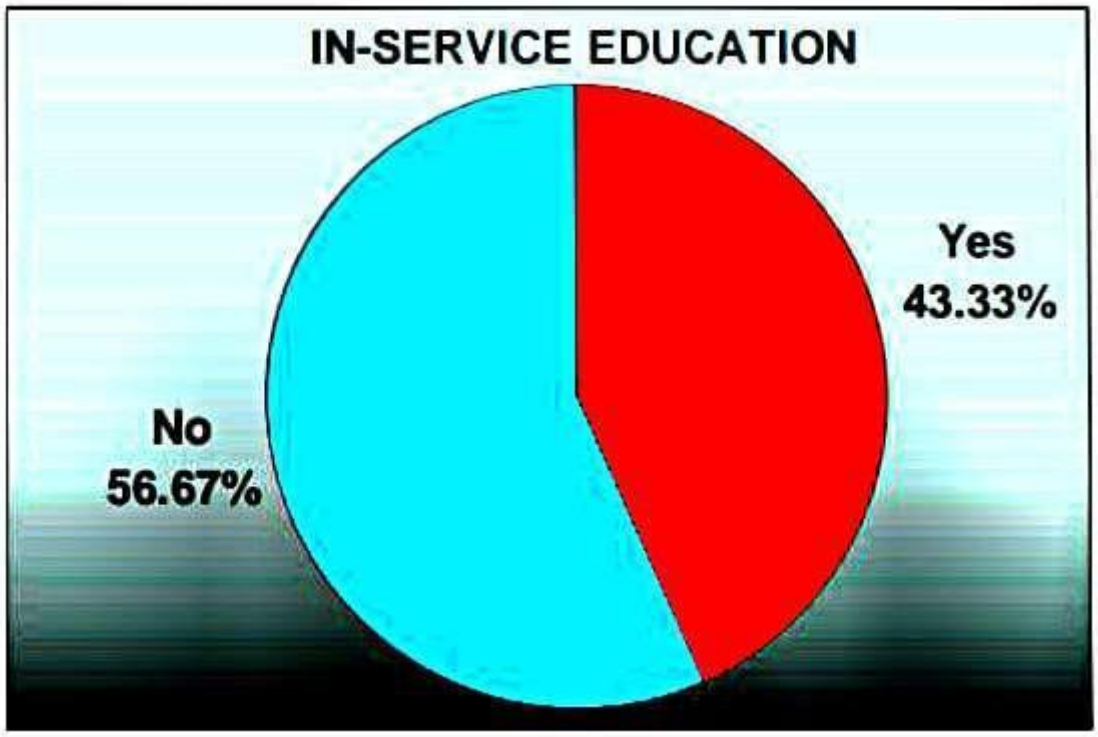


Fig. 4.1.4: Pie diagram showing staff nurse's exposure to in-service education on partograph

The pie diagram shows that 43.33% of the staff nurses have undergone In-service education on partograph and 56. 67% have not undergone in-service education on partograph.

SECTION – II

TABLE- 4.2.1

ASSESSMENT OF THE PERCENTAGE OF PRETEST KNOWLEDGE OF THE STAFF NURSES ON DIFFERENT ASPECTS OF PARTOGRAPH

Components	No. Of questions	Min-max score	Knowledge score	
			Mean score	Mean %
Labour	4	1-4	2	50.00
Partograph general	5	1-5	2.53	50.60
Specific fetal	6	1-6	3.42	57.00
Maternal	20	1-20	9.33	46.65

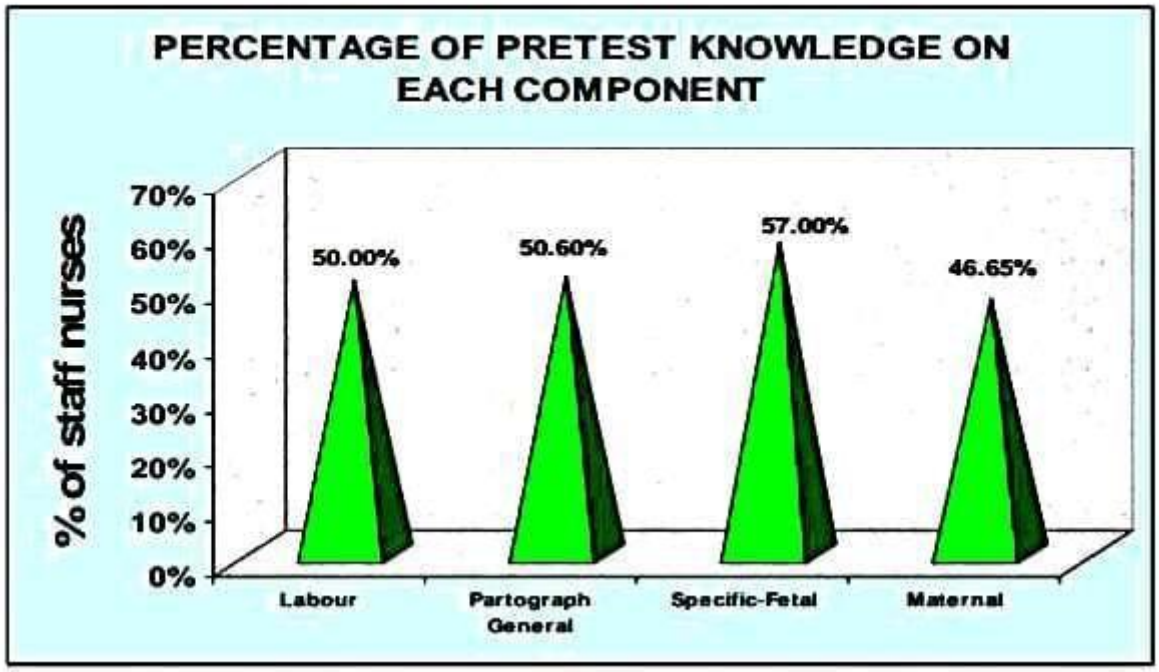


Fig.4.2.1: Pyramidal diagram showing pretest percentage of knowledge score

The pyramidal diagram shows that, in the pretest, staff nurses had more knowledge (57%) on the fetal component of the partograph and comparatively less knowledge (46.65%) in the maternal component of the partograph. They had 50% of knowledge on labour and 50.60% of knowledge on partograph in general.

SECTION – III

TABLE- 4.3.1

LEVEL OF KNOWLEDGE OF THE STAFF NURSES REGARDING PARTOGRAPH IN THE PRETEST

Knowledge	No. of samples	Percentage
Inadequate	20	33.33%
Moderately adq.	36	60.00%
Adequate	4	6.67%

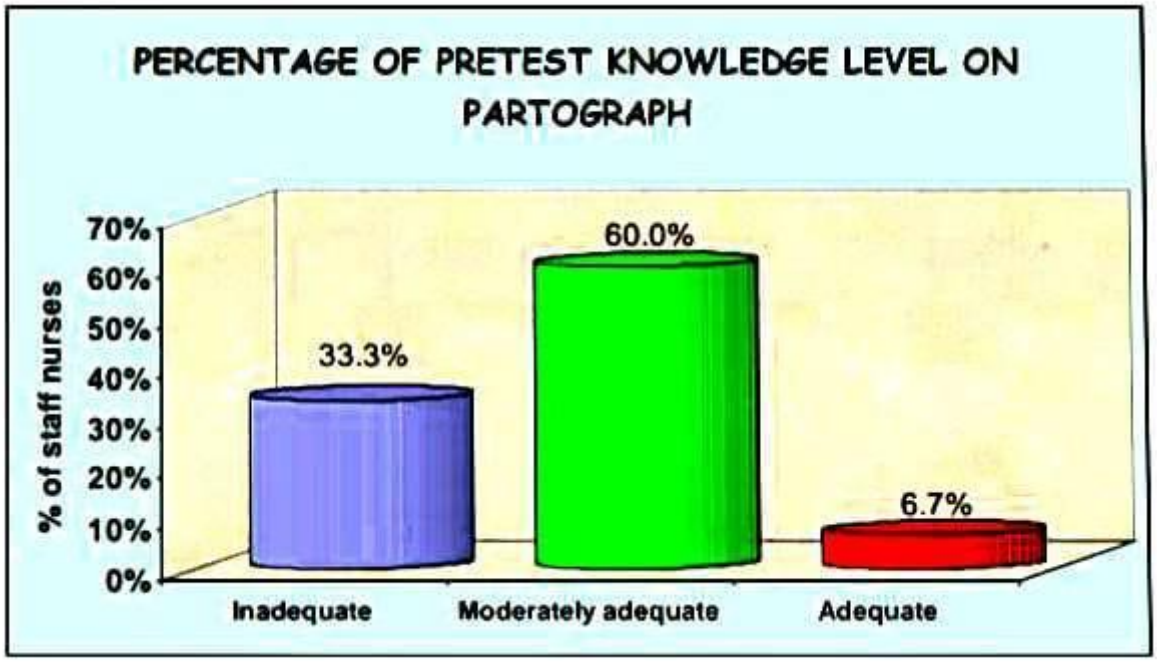


Fig. 4.3.1: Cylindrical diagram showing percentage of pretest knowledge level on partograph.

The cylindrical diagram shows that, in the pretest on partograph, 33.3% of the staff nurses had inadequate knowledge, 60% of them had moderately adequate knowledge and 6.7% of them had adequate knowledge.

SECTION IV

TABLE – 4.4.1

ASSOCIATION BETWEEN PRETEST KNOWLEDGE SCORES AND DEMOGRAPHIC VARIABLES OF STAFF NURSES

Demographic variables		Level of Knowledge						Chi-Square Value	Significance
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Age	< 20 yrs	4	100.00	0	0.00	0	0.00	χ^2=11.756 df=8 p=0.162	Not significant (P>0.05)
	21 - 25 yrs	4	26.67	10	66.67	1	6.67		
	26 - 30 yrs	5	27.78	13	72.22	0	0.00		
	31-35 yrs	4	28.57	8	57.14	2	14.29		
	> 35 yrs	3	33.33	5	55.5	1	11.11		
Educational Qualification	ANM	11	73.33	4	26.67	0	0.00	χ^2=22.797 df=6 p=0.0009	Significant (P<0.05)
	GNM	6	50.00	6	50.00	0	0.00		
	B.Sc(N)	1	5.26	16	84.21	2	10.53		
	Pc B.Sc	2	14.29	10	71.43	2	14.29		
Years of experience	< 5 years	9	45.00	11	55.00	0	0.00	χ^2=18.244 df=6 p=0.0056	Significant (P<0.05)
	5-10 Years	9	64.29	5	35.71	0	0.00		
	11-15 Years	1	5.00	16	80.00	3	15.00		
	>15 years	1	16.67	4	66.67	1	16.67		
In – service programme	Yes	4	15.38	19	73.08	3	11.54	χ^2 =7.376 df=2 p=0.0250	Significant (P<0.05)
	No	16	47.06	17	50.00	1	2.94		

From the above table, it is evident that there is significant association between the pretestknowledge of the staff nurses with the demographic variables namely educational qualification, years of experience and exposure to in- service education. There is no significant association between the pretest knowledge of the staff nurses with the demographic variable "age".

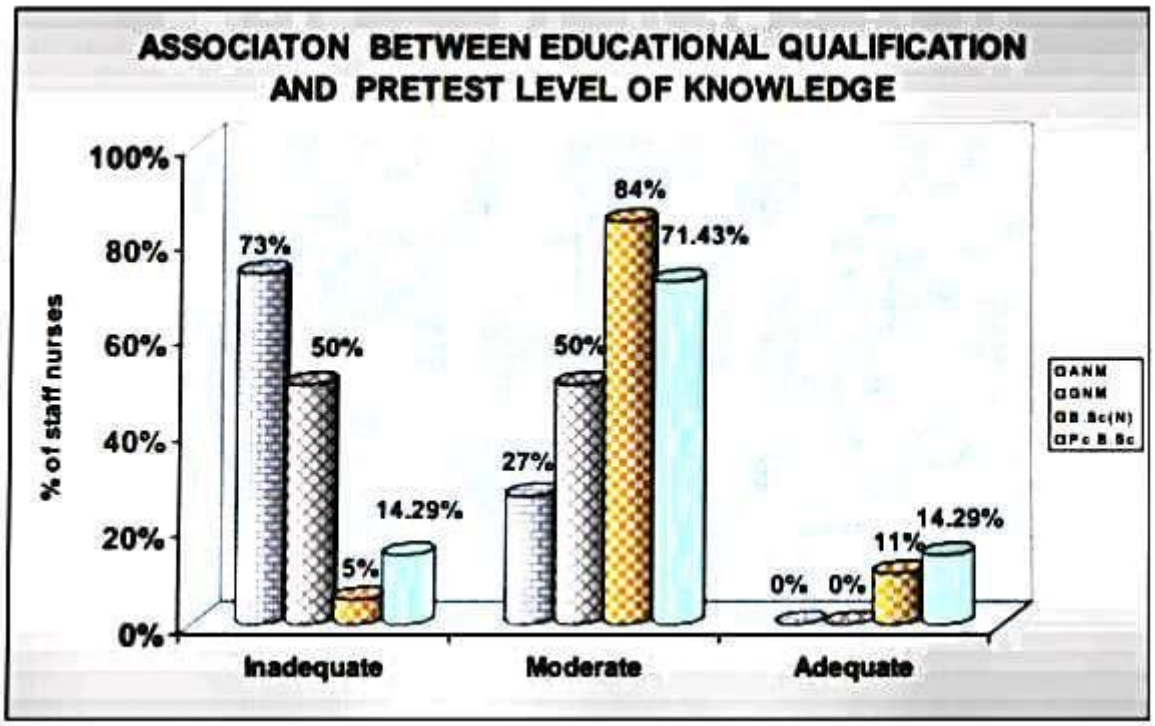


Fig. 4.5.1: Cylindrical diagram depicting association between educational qualification and pretest level of knowledge

The educational qualification of the staff nurses is closely associated with their pretest level of knowledge. Staff nurses with Bachelor degree in Nursing had more knowledge on partograph when compared to other cadre nurses.

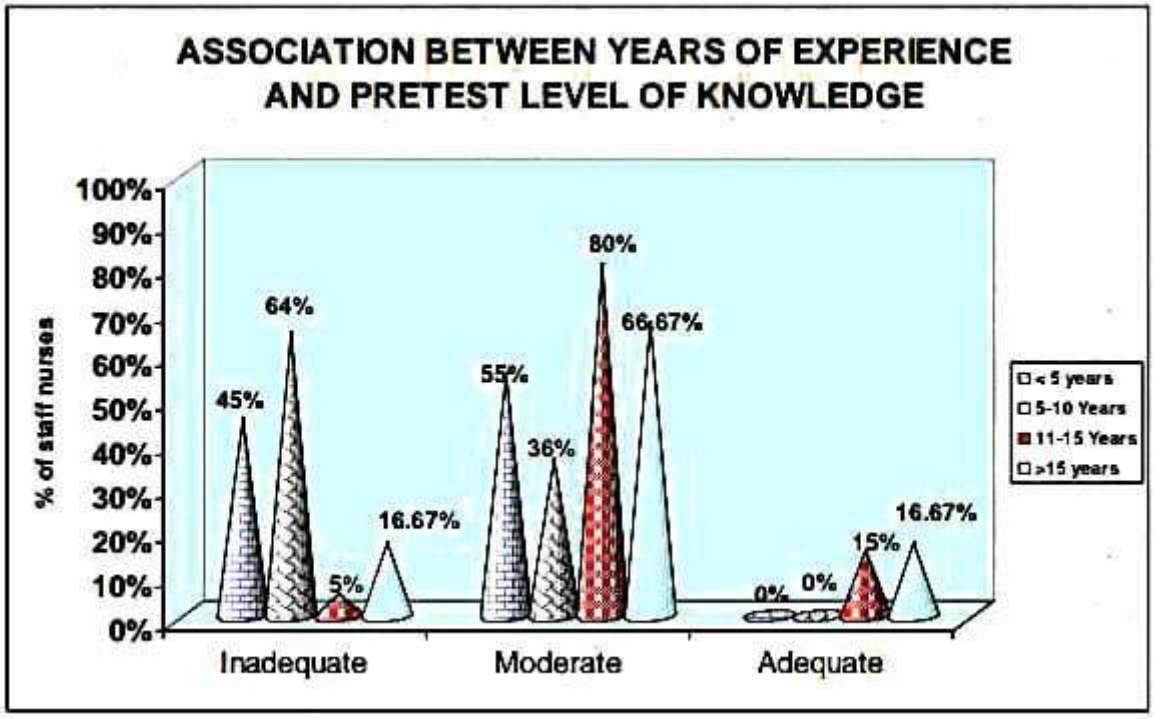


Figure 4.5.2: Conical diagram depicting association between years of experience and their level of knowledge

The experience of the staff nurses is closely associated with their pretest level of knowledge. Staff nurses with experience more than 15 years had more knowledge on partograph when compared to nurses with experience less than 15 years.

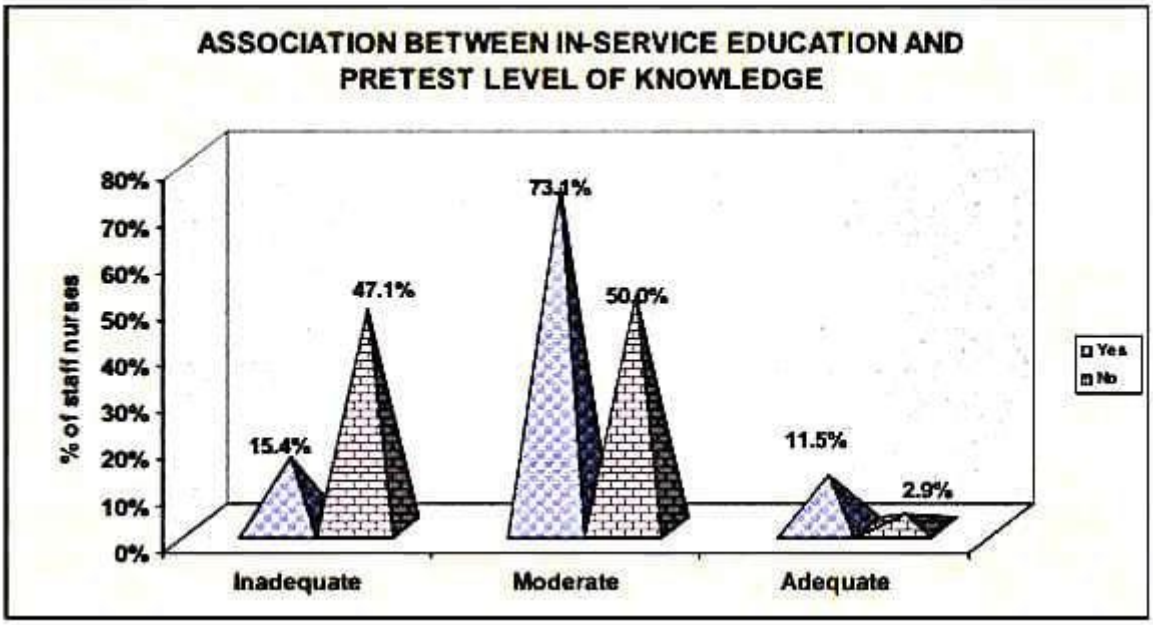


Figure 4.5.3: Pyramidal diagram depicting association between in-service education and their level of knowledge

Exposure of the staff nurses to in-service education on partograph is closely associated with their pretest level of knowledge. Staff nurses who had undergone in-service education on partograph had more knowledge on it when compared to nurses who had never been exposed to such programme.

CHAPTER – 5

DISCUSSION



DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study based on the objectives of the study. The aim of this study was to evaluate the effectiveness of self-instructional module regarding partograph on knowledge among staff nurses working in selected hospitals in Sasaram. A total number of 60 staff nurses were selected by using purposive sampling technique. Pretest conducted by using self-administered questionnaire.

The first objective of the study was to assess the knowledge level of nursing staff regarding partograph.

In the pre-test on partograph, 33.3% of the staff nurses had inadequate knowledge, 60% of them had moderately adequate knowledge and 6.7% of them had adequate knowledge.

The second objective of the study was to assess the existing knowledge regarding plotting of partograph among the nursing staff.

The effectiveness of self- instructional module regarding partograph on knowledge of staff nurses was tested with the formula **Y-X=E** in which, Y- Post-test mean score, X – Pre-test mean score and E-Effectiveness of self- instructional moduleon partograph. The overall mean score in the post-test was 26.73, whereas, in the pre-test it was 17.28. Hence **Y (26.73) – X (17.28) = E (9.45).**

Further, the paired t test was used to find the significant difference between the overall pre-test and post-test knowledge scores. It showed that the t value 25.97 was significant at P< 0.05. Hence there was significant difference between the overall pre-test and post-test knowledge scores, and that difference was due to the exposure of the staff nurses to self- instructional module on partograph. Hence, **H1: "Self-instructional module on partograph will be effective in increasing the knowledge of staff nurses on partograph" is accepted.**

These findings are supported by **J Perinatol,UK, (1999),** who evaluated the effectiveness of the maternal care manual of the perinatal education programme on the ability of midwives to interpret antenatal cards & partograms. He found that the maternal care manual significantly improved their ability to interpret clinical information & apply knowledge. If this ability is applied in clinical practice, a reduction in maternal & perinatal deaths is possible.

The above said findings of this study are also supported by **Petterson KO, et. al., Sweden, (2000),** who evaluated the impact of an educational intervention of midwives' use of the Angolan Model of the World Health Organization's (WHO) partograph. In-service education (theory and practice) was given to the midwives by a team of midwives and an obstetrician. They found that the midwives, those who were imparted the in-service education, improved in general their documentation of the partograph.

The third objective of the study was to find out the association between the knowledge score with selected demographic variables.

There was significant association between the pre-test knowledge of the staff nurses with the demographic variables namely educational qualification, years of experience and exposure to in- service education. There was no significant association between the pre-test knowledge of the staff nurses with the demographic variable "age". Staff nurses with Bachelor degree in Nursing had more knowledge on partograph when compared to other cadre nurses and those with experience more than 15 years had more knowledge on partograph when compared to nurses with experience less than 15 years. Staff nurses who had undergone in-service education on partograph had more knowledge on it when compared to nurses who had never been exposed to such programme.

Hence, **H2: "There will be significant association between the pre-test knowledge of staff nurses regarding partograph with selected demographic variables"** is accepted except for the demographic variable "age".

These findings are consistent with the findings of **McDermott J et.al., Indonesia, (2001),** who compared the knowledge, confidence, & skills of Indonesian midwives those who attended an intensive in- service training with midwives who received an internship program & midwives who attended no program. The five key skills compared were prevention of infection, use of the Partograph, manual removal of placenta, bimanual uterine compression & neonatal resuscitation. Overall, skill scores were 71% for midwives in the intensive program, 62% for the interns, & 51% for midwives with no in-service training. These results signified the association between exposure to in-service education & knowledge on partograph.

CHAPTER – 6

SUMMARY, CONCLUSION



SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusion, implications for nursing practice, recommendations and suggestions of the study.

SUMMARY OF THE STUDY

Introduction

The nurse's record of labour is a legal document & must be kept meticulously. Each event must be written down immediately after its occurrence & should be authenticated with the midwife's full signature. An accurate record of the early part of labour provides the basis for management of labour progresses. In recent years the partograph has been widely accepted as an effective means of recording the progress of labour.

The partograph acts as an "early warning system" in the early detection of CPD and may be used to assist:-

- **Referral decision in rural maternity centres.**
- **Intervention decisions in hospitals.**

- **Ongoing evaluation of the effect of interventions.**

The purpose of the study was to evaluate the effectiveness of self-instructional module on partograph in terms of knowledge among staff nurses working in selected maternity hospitals at Erode. The conceptual frame work of this study was based on King's goal attainment theory.

Objectives of the study

1. To assess the knowledge level of nursing staff regarding partograph.
2. To assess the existing knowledge regarding plotting of partograph among the nursing staff.
3. To find out the association between the knowledge score with selected demographic variables.

Methodology

The research approach used for this study was Quantitative educative evaluative approach and the research design used was

- **Quasi- experimental design,**
- **Pre- Experimental One group pre-test design.**

"Self – instructional module on partograph" was the independent variable and the "knowledge of Staff Nurses on partograph" was the dependent variable. The study was conducted in Sasaram Bihar of various Hospitals. 60 staff nurses were selected by using purposive sampling technique. The data collection method used for this study was self- report method. Self- administered questionnaire was used for data collection.

The instruments used in the study were:-

• **Structured knowledge questionnaire on partograph.**

• **Self- instructional module on partograph.**

Pilot study was conducted from 1st to 7th of November 2009, in order to check the feasibility and relevance of the study. The final study was conducted from 11th to 30th of November 2009 according to the planned data collection schedule. Descriptive statistics (frequency, percentage, mean, mean percentage and standard deviation of difference) and inferential statistics (chi – square, paired "t" test) were used to analyse the data and to test hypothesis. The analysis was based on the objectives and hypotheses of the study.

Results

The following were the results of this study:

- Most of the samples (25%) were in the age group 21-25 years, 31.67% had completed B.Sc (N), 66.66% of samples were equally divided in the categories < 5 years and 11-15 years, 56.67% of them had not attended in- service programme on partograph.
- In the pre-test, staff nurses had more knowledge (57%) on the fetal component of the partograph and comparatively less knowledge (46.65%) in the maternal component of the partograph. They had 50% of knowledge on labour and 50.60% of knowledge on partograph in general.
- In the pre-test on partograph, 33.3% of the staff nurses had inadequate knowledge, 60% of them had moderately adequate knowledge and 6.7% of them had adequate knowledge.
- Further, the paired t test was used to find the significant difference between the overall pre-test and post-test knowledge scores. The t value 25.97 was significant at $P< 0.05$. Hence there was significant difference between the overall pre-test and post-test knowledge scores, and that difference was due to the exposure of the staff nurses to self- instructional module on partograph.

- There was significant association between the pre-test knowledge of the staff nurses with the demographic variables namely educational qualification, years of experience and exposure to in-service education. There was no significant association between the pre-test knowledge of the staff nurses with the demographic variable "age".
- Staff nurses with Bachelor degree in Nursing had more knowledge on partograph when compared to other cadre nurses and those with experience more than 15 years had more knowledge on partograph when compared to nurses with experience less than 15 years. Staff nurses who had undergone in-service education on partograph had more knowledge on it when compared to nurses who had never been exposed to such programme.

CONCLUSION:

The main concept of this study was to make the staff nurses aware of the modified WHO partograph which proved to be simpler and easier to use than the traditional one. The specialty of this modified WHO partograph is that the latent phase has been removed and plotting on the partograph begins in the active phase when the cervix is 4 cm dilated. Keeping this advantage in mind, the researcher prepared a self- instructional module on partograph and distributed it to the staff nurses to increase their knowledge on partograph. It was found that the self-instructional module on partograph increased the knowledge of the staff nurses. This study proved to be very essential as partograph plays an important role in labour management and its role in preventing maternal and perinatal, mortality and morbidity is remarkable.

The study is based on the fact that "improving the professional competencies of the staff nurses by educating them about the current innovations is very essential". This study could be considered as a part of continuing professional development of the staff nurses. Self- instructional module on partograph served that purpose and was effective in increasing the knowledge of staff nurses.

IMPLICATIONS FOR PRACTICE

The findings of the study have implications related to Nursing Administration, Nursing Practice, Nursing Research and Nursing Education regarding the increase in level of knowledge regarding Partograph among the staff nurses.

Nursing administration

- Nurse administrators must encourage the staff nurses to update their knowledge to meet the changing demands of health care consumers.
- Nurse administrators should assume leadership roles in training and educating the staff nurses under her commitment about partograph.
- Nurse administrators can arrange visits for the staff nurses to tertiary health care centres so that they become acquainted with routine standards of MCH care.
- Nurse administrator can recommend the formulation of a policy which emphasizes the maintenance of partograph.
- Clinical auditing should be performed routinely on a periodic basis to check the completeness of the partographs maintained during deliveries.
- Nurse administrator must conduct periodic performance appraisals to evaluate the inadequacies in the knowledge of the staff nurses.
- Nurse administrators should emphasize the importance of continuing professional development to the staff nurses, so that they can be protected against negligence.
- Nurse administrators should utilize the available resources which are technologically sound in teaching the staff nurses on partograph.

Nursing practice

- Nurses taking care of labouring women should have sound professional knowledge about partograph and its interpretation.
- Labour units should be equipped with portograms and other equipment's essential to maintain partograph like Doppler or Fetoscope, sphygmomanometer, thermometer, sterile gloves, urine testing articles or uristix, so that the implementation of partograph is facilitated and it serves its purpose.
- Community health nurses who are in direct contact with the labouring women must be taught about the partograph, because of the fact that home deliveries are still conducted in our country.

Nursing education

- Midwives have the utmost responsibility of protecting the health of the mother by conducting safe delivery. They should perceive this and voluntarily involve in In- service education programmes related to MCH especially, partograph.
- Partograph is a concept upon which every staff nurse should have clear idea. Therefore, this concept must be added in the nursing curriculum to enlighten the future generation.
- Nurse educator should possess theoretical and practical knowledge on partograph.
- Special courses on partograph or labour management can be organised for the nurse educators, so as to enable them to deliver proper training to the nursing students.

Nursing research

- The findings of this study is helpful for the nursing professionals and nursing students to conduct further studies so as to find the effectiveness of various methods of providing education on partograph.
- It will in turn, strengthen nursing research pertaining to maternity nursing.
- There is a need for extensive and intensive research in this area so that strategies for educating nurses on partograph can be developed.
- Developing research in this area would help nurse to deal efficiently and effectively, thus reducing the maternal and perinatal, mortality and morbidity.

LIMITATIONS

When interpreting a research report reader are expected to be aware of the limitations that might have an impact on the interpretation of results and the researchers must acknowledge possible limitations when reporting their findings.

- The study was limited to sixty samples only.
- The study was limited to 6 weeks period only.
- Non- standardized tool was used for this study.
- The study was limited to staff nurses working in selected maternity hospitals.

RECOMMENDATIONS

Based on the findings of the study the following recommendations are made:

- The study can be replicated using a large sample to validate the findings on generalization.
- A similar study can be conducted by using comparative approach and comparison can be made between midwives with varying qualifications.
- This study can also be done to assess the practice and attitude of the staff nurses on partograph.

- The Midwives of all the hospitals and nursing homes can benefit from this self- instructional module on partograph since the procedures and inferences of this study apply to all the midwives. Hence it helps in reducing the maternal and peri-natal mortality and morbidity rates.
- Even though only 6.7 % of the samples had adequate knowledge in the pre-test, professionals who received formal training performed significantly better than those who were not formally trained. This brings into a sharp focus the need to introduce some form of training for the Auxiliary nurses who practice mainly in the private sector of the health care industry.
- The results of this study can be considered as a performance appraisal of the staff nurses and accordingly, in- service education can be given to them regarding labour management.
- Special courses on "labour management" can be started and the staff nurses completing such courses can be certified and allowed to practice in maternity centres.

SUGGESTIONS

- Practicing the maintenance of partograph can be encouraged and needed resources can be provided in the maternity wards so that the health care consumers can be benefitted.
- Training all health care workers who supervise parturient women on the use of the partograph and enforcing its use at all levels of care will be in keeping with provision of Evidence- Led Obstetric Care, which is one of the goals of the Women and Children Friendly Services Initiative.
- Training in Partograph can be imparted to the midwives under the auspices of "World Midwifery Day", observed on May 5.
- Maternity centres should adopt recent innovations in MCH care eg. The Modified WHO Partograph, so that such innovations become meaningful. This should be followed by extensive training of the staff nurses on the adopted innovations for its correct implementation.
- Maternity centres should conduct periodic In-service Programmes, Refresher and Re-entry Programmes to keep the staff nurses informed on partograph.

CHAPTER – 7

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CHAPTER – 8

ANNEXURE



ANNEXURE

SHERSHAH MEDICAL RESEARCH &TRAINING SANSTHAN

SHERSHAH MEDICAL RESEARCH &TRAINING SANSTHAN
Recognised by Indian Nursing Council, New Delhi, Govt. of India and Govt. of Bihar
(A Unit of : DHARMSHEELA MAHILA PRASHIKSHAN SANSTHAN)
(Regd. No. - 470 / 89-90)
GHATIKAN, SASARAM-821111 (ROHTAS) BIHAR
Mob. No. -9162116808, 8521384934, 7480907815, E-mail : dmpssasaram@gmail.com

Ref. No. 35/026 Date. 10/02/2026

To,

Tara Neuro and Gynae Hospital
Sasaram, Rohtas(Bihar)

Through: - Principal Shershah medical Research and Training sansthan, Sasaram, Rohtas(Bihar)

Subject: - Request for permission to conduct Pilot and Main Study.

Respected sir,

I am Pankaj Kumar Prem Post BasicB.sc Nursing 2nd year, batch 2023-2025, Shershah medical Research and Training sansthan, Sasaram, would like to request you to grant us permission for conducting Pilot and Main study. Under the Research Guide Mr. Jay Prakash Nursing Tutor, we have selected the research project stated below for partial fulfillment of Post BasicB.sc Nursing 2nd year Curriculum, Shershah medical Research and Training sansthan.

Research Problem:- **"A Descriptive study to assess the knowledge level of nursing staff regarding Partograph in various Hospitals Sasaram, Bihar with a view of develop an information booklet."**

Kindly accept our request and allow to conduct the Pilot and Main study. We shall be thankful to you for this act of kindness.

Thanking you

Sincerely

Principal
Shershah Medical Research & Training Sansthan
Sasaram (Rohtas)

Principal
Shershah Medical Research and Training sansthan
Department of Nursing
Sasaram Bihar

CC: The Research Guide, Mr. Jay Prakash: Dept. Of Nursing: SMRTS

SHERSHAH MEDICAL RESEARCH &TRAINING SANSTHAN
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(A Unit of : DHARMSHEELA MAHILA PRASHIKSHAN SANSTHAN)
(Regd. No. - 470 / 89-90)
GHATIKAN, SASARAM-821111 (ROHTAS) BIHAR
Mob. No. -9162116808, 8521384934, 7480907815, E-mail : dmpssasaram@gmail.com

Ref. No. 36/026 Date. 10/02/2026

To,

Janta Hospital
Sasaram, Rohtas(Bihar)

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Kindly accept our request and allow to conduct the Pilot and Main study. We shall be thankful to you for this act of kindness.

Thanking you

Sincerely

Principal
Shershah Medical Research and Training sansthan
Department of Nursing
Sasaram Bihar

Principal
Shershah Medical Research & Training Sansthan
Sasaram (Rohtas)

CC: The Research Guide, Mr. Jay Prakash: Dept. Of Nursing: SMRTS

SHERSHAH MEDICAL RESEARCH &TRAINING SANSTHAN

SHERSHAH MEDICAL RESEARCH &TRAINING SANSTHAN
Recognised by Indian Nursing Council, New Delhi, Govt of India and Govt. of Bihar
(A Unit of DHARMSHEELA MAHILA PRASHIKSHAN SANSTHAN)
(Regd No - 470 / 89-90)
GHATIKAN, SASARAM-821111 (ROHTAS) BIHAR
Mob. No. -9162116808, 8521384934, 7480907815, E-mail dmpssasaram@gmail.com

Ref. No. 38/026. Date. 10/02/2026

To,

Samarpan Hospital
Sasaram,Rohtas (Bihar)

Through: - Principal Shershah medical Research and Training sansthan, Sasaram, Rohtas (Bihar)

Subject: - Request for permission to conduct Pilot and Main Study.

Respected sir,

I am Pankaj Kumar Prem Post BasicB.sc Nursing 2nd year, batch 2023-2025, Shershah medical Research and Training sansthan, Sasaram, would like to request you to grant us permission for conducting Pilot and Main study. Under the Research Guide Mr. Jay Prakash Nursing Tutor, we have selected the research project stated below for partial fulfillment of Post BasicB.sc Nursing 2nd year Curriculum, Shershah medical Research and Training sansthan.

Research Problem:- **"A Descriptive study to assess the knowledge level of nursing staff regarding Partograph in various Hospitals Sasaram, Bihar with a view of develop an information booklet."**

Kindly accept our request and allow to conduct the Pilot and Main study. We shall be thankful to you for this act of kindness.

Thanking you

Sincerely

Principal
Shershah Medical Research & Training Sansthan
Sasaram (Rohtas)

Principal
Shershah Medical Research and Training sansthan
Department of Nursing
Sasaram Bihar

CC: The Research Guide, Mr. Jay Prakash: Dept. Of Nursing: SMRTS

From,

Pankaj Kumar Prem,

To,

The Principal,
Shershah Medical Research and Training sansthan,
Sasaram, Rohtas, Bihar,

Subject: - Request for permission to conducting research Study in various Hospitals in Sasaram, Bihar.

Respected Mam,

I am Pankaj Kumar Prem, student of Post B.Sc. Nursing 2nd year batch Shershah Medical Research and Training Sansthan would like to request you to grant us permission for conducting research study in various Hospitals in Sasaram, Bihar. We have selected the research project stated below for partial fulfilment of Post B.sc Nursing 2nd year, Shershah Medical Research and Training sansthan under Bihar University of health Science University.

Research Problem: "A Descriptive study to assess the knowledge level of nursing staff regarding partograph in SAMARPAN HOSPITAL, TARA NEURO AND GYNAE HOSPITAL, JANTA HOSPITAL, MAA TUTLA BHAWANI HOSPITAL, SHREE DHANWANTARI HOSPITAL SASARAM(Bihar) with a view to develop an information booklet."

Kindly accept our request and allow to conduct the research study in various Hospitals in Sasaram, Bihar. We shall be very thankful to you for this act of kindness.

Thanking you

You're sincerely
Pankaj Kumar Prem
Batch: 2023-2025

Signature of guide 10/10/25

Signature of principal 10/10/25
Principal
Shershah Medical Research & Training Sansthan
Sasaram (Rohtas)

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: "**A Descriptive study assess the knowledge level of nursing staff regarding partograph in various Hospitals of Sasaram, Bihar, with a view of develop an information booklet"** by Pankaj Kumar Prem, of post Basic B.sc Nursing 2nd Year of Shersah Medical Research and Training Sansthan Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address:
Anu Kumari

Signature:
Anu Kumari

Designation:
Nursing tutor

Date: 26/2/26

Place: SMRTS

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: "**A Descriptive study assess the knowledge level of nursing staff regarding partograph in various Hospitals of Sasaram, Bihar, with a view of develop an information booklet"** by Pankaj Kumar Prem, of post Basic B.sc Nursing 2nd Year of Shersah Medical Research and Training Sansthan Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address:
Sahil Raj

Signature: Sahil Raj

Designation:
NURSING TUTOR.

Date: 26/02/26

Place: SMRTS

CERTIFICATE FOR CONTENT VALIDITY

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Name and address: Simon Nath Signature:

Designation: Vice-Principal. SMRTS

Date: 26/2/26

Place: SMRTS

CERTIFICATE FOR CONTENT VALIDITY

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Name and address: Jyoti kumari Signature: Jyoti kumari

Designation: Nursing tutor

Date: 25/2/26

Place: Shersha Nursing college

CERTIFICATE FOR CONTENT VALIDITY

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Name and address: Vikas Singh. Signature:

Designation:
Nursing Tutor

Date: 25-2-2026

Place: SMRTS

CERTIFICATE FOR CONTENT VALIDITY

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Name and address: Ms Lincy Joseph. Signature:
Professor cum HOD,
Dept. of Obstetrics & Gynecological Nsg,
Jamuhar, Rohtas

Designation: Professor Seal:

Date:

Place: Jamuhar, Rohtas

CERTIFICATE FOR CONTENT VALIDITY

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Name and address:
Anu kumari
Suvidha hospital
SASARAM

Signature

Designation:
HOD. Dept of OBG

Seal:

Date:

Place: Sasaram

CERTIFICATE FOR CONTENT VALIDITY

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Name and address:
Nitu Navnit
Para neuro and gynae hospital
Sasaram

Signature: Nitu Navnit

Designation:
MBBS
DGO
DFP

Seal:

Date:

Place: Sasaram

CERTIFICATE FOR CONTENT VALIDITY

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Name and address:
Gayatri Singh
Gayatri Hospital
Sasaram

Signature: Gayatri Singh

Designation:
HOD, Dept of OBG

Seal:

Date:

Place: Sasaram

LIST OF EXPERTS:-

1) **Ms. Lincy Joseph**
   Professor cum HOD
   Dept. Of OBG.
   NNC Jamuhar, Sasaram
2) **Mrs. Nitu Navnit**
   MBBS, DGO, DHB
   Dept. Of OBG
   Tara neuro and Gynae Hospital
3) **Mrs. Gayatri Singh**
   HOD Dept. Of OBG
   Gayatri Hospital
   Sasaram, Rohtas
4) **Ms. Anu Kumari**
   HOD Dept. Of OBG
   Suvidha Hospital
   Sasaram, Rohtas
5) **Ms. Aurelia Anita Ekka**
   Nursing Tutor
   Dept. Of OBG
   NNC Jamuhar, Rohtas
6) **Mr. Simon Nath**
   Vice-Principal
   Dept. Of Nursing
   SMRTS, Sasaram, Rohtas
7) **Mr. Vikash singh**
   Nursing Tutor
   SMRTS, Sasaram
8) **Pushpa kumari**
   Nursing Tutor
   Dept. Of OBG
   SMRTS, Sasaram

STRUCTURED KNOWLEDGE QUESTIONNAIRE

INSTRUCTION TO THE PARTICIPANTS:

This questionnaire is to assess the knowledge on Partograph. It has 2 sections.

Section I: - It includes items regarding the demographic variables of the participants.

Section II: - It includes questions to test the knowledge of the participants regarding partograph. Each question has 4 options. Select the most appropriate answer from the options given below.

DESCRIPTION OF THE TOOL

TOOLS CONSISTS OF TWO SECTIONS:-

Part A:- Socio demographic data

- Demographic data performa such as age, gender, place, of residence, experiences, varied nursing program and marital status.

Part B:- Structured questionnaire

- Structured questionnaire with 20 questions related to knowledge regarding partograph among nursing staff.

Scoring

There are 20 items; each item has 4 options with one correct answer. The score assigned for correct answer is 1, for wrong answer or not attempting is 0.

Overall marks

- 11-16 score – good knowledge.
- 6-10 score – average knowledge.
- 1-5 score – poor knowledge.

SECTION- I

Demographic data.

Sample No.

1. Age (in years).

a. 21 – 25 years. [ ] b. 26-30 years. [ ]

c. 31-35 years. [ ] d. More than 35 years. [ ]

2. Educational qualification.

a. ANM. [ ] b. Diploma in Nursing. [ ]

c. BSc Nursing. [ ] d. MSc Nursing. [ ]

3. Years of experience as staff nurse.

a. Less than 5 years. [ ] b. 6-10 years. [ ]

c. 11- 15 years. [ ] d. More than 16 years. [ ]

4. Have you attended any in- service programme on Partograph?

a. Yes. [ ] b. No. [ ]

Questions related to Partograph:-

General questions:-

1) Who develop the idea of recording the progress of labour on a chart?

a. Malmstrom. [ ] b. Philpott. [ ]

c. Friedman. [ ] d. Chamberlen. [ ]

2) What is meant by partograph?

a. It is a graph to record labour pain. [ ]

b. It is a graphic recording of the salient features of labour. [ ]

c. It is a graph to record maternal temperature. [ ]

d. It is a graph to record maternal blood pressure. [ ]

3) In which stage of labour is the partograph start?

a. I stage of labour. [ ] b. II stage of labour. [ ]

c. III stage of labour. [ ] d. IV stage of labour. [ ]

4) What is the most important use of Partograph?

a. It provides necessary information about labour at a glance. [ ]

b. It saves time. [ ]

c. It facilitates hand- over procedure. [ ]

d. It serves as an early warning in case of impending problems [ ]

5) Which of the following components are included in the partograph?

a. Maternal vital signs and FHR. [ ]

b. Cervical dilatation, effacement and descent of fetal head. [ ]

c. Liquor amni, uterine contractions and drugs given. [ ]

d. All the above. [ ]

Specific Questions:-

Fetal :-

1) What is the normal range of FHR?

a. 80- 120 bpm. [ ]

b. 100-140 bpm. [ ]

c. 120-160 bpm. [ ]

d. 140-180 bpm. [ ]

2) What is marked fetal tachycardia?

a. FHR more than 120 bpm. [ ]

b. FHR more than 140 bpm. [ ]

c. FHR more than 160 bpm. [ ]

d. FHR more than 180 bpm. [ ]

3) What are the causes of abnormal FHR?

a. Hypoxaemia. [ ]

b. Fetal sleep. [ ]

c. Drug effects. [ ]

d. All the above. [ ]

4) What is the colour of meconium-stained amniotic fluid?

a. Bright red. [ ]

b. Green. [ ]

c. Golden yellow. [ ]

d. Muddy yellow. [ ]

5) Which of the following odours of amniotic fluid indicate intrauterine infection?

a. Rotten egg odour. [ ] b. Foul smell. [ ]

c. Pungent odour. [ ] d. Pleasant odour. [ ]

Maternal:-

1) How much is the full cervical dilatation?

a. 8 cm. [ ] b. 10 cm. [ ]

c. 12 cm. [ ] d. 14 cm. [ ]

2) What do you mean by cervical effacement?

a. Widening of the cervical Os. [ ]

b. Softening of the cervix. [ ]

c. Hardening of the cervix. [ ]

d. Merging of the cervix into the lower uterine segment. [ ]

3) The degrees of uterine contractions?

a. Primary, secondary, Tertiary. [ ]

b. Low level, Middle level, High level [ ]

c. Mild, Moderate, Strong [ ]

d. None of the above. [ ]

4) The nature of the fundus during strong contractions?

a. Soft fundus [ ] b. Slightly tense fundus [ ]

c. Firm fundus [ ] d. Rigid board like fundus. [ ]

5) The duration of stronger contractions?

a. More than 10 seconds. [ ]

b. More than 20 seconds. [ ]

c. More than 30 seconds. [ ]

d. More than 40 seconds. [ ]

6) How frequently is the BP checked & recorded in partograph?

a. Every 30 minutes. [ ] b. Every 1 hr. [ ]

c. Every 2 hrs. [ ] d. Every 3 hrs. [ ]

SHERSAH MEDICAL RESEARCH AND TRAINING SANSTHAN

SELF- INSTRUCTIONAL
MODULE ON
PARTOGRAPH



GROUP- 'F'

INTRODUCTION:

The nurse's record of labour is a legal document & must be kept meticulously.

Each event must be written down immediately after its occurrence & should be authenticated with the midwife's full signature. An accurate record of the early part of labour provides the basis for management of labour progresses.

In recent years the partogram or partograph has been widely accepted as an effective means of recording the progress of labour.

The idea of recording the progress of labour on a chart was started by FRIEDMAN who used a graphic record of cervical dilatation in labour. This approach was further developed & extended by PHILPOTT.

DEFINITION OF PARTOGRAPH:

"It is a chart on which the salient features of labour are entered in a graphic form& therefore provides the opportunity for early identification of deviation's from normal."

"It is a labour graph used to compare the progress of an individual women's labour in tems of dilatation & fetal descent with expected norms."

COMPONENTS OF PARTOGRAPH:

- identification data of the patient
- Fetal heart rate
- Liquor amin
- Moulding
- Cervicograph (cervical dilatation)
- Descent of head
- Time
- Uterine contractions
- Oxytocin
- Drugs given: IV fluids & oral fluids
- Vital signs: BP, pulse & temperature
- Urine: protein, acetone & volume.

Identification data of the patient:

This section includes name, age, parity, hospital bed no, date &time of admission & the time at which membranes ruptured.

FHR:

Fetal heart rate with its rhythm & intensity should be noted every half hour in the first stage & every 15 mts in second stage or following rupture of the membranes. To be of value, the observation should be made immediately following uterine contraction. The count should be made for 60 seconds. Fetoscope or Doppler ultrasound apparently may be placed on the abdomen at the point where the FHR is heard at maximum intensity. The baseline fetal heart rate criteria are as follows:-

- Marked tachycardia: - FHR> 180 bpm.
- Moderate tachycardia: FHR 160-180 bpm.
- Normal heart rate -120-160 bpm.
- Moderate bradycardia: -100-120 bpm.
- Marked bradycardia< 100 bpm.

The following are some of the causes of abnormal FHR: -

Hypoxemia, prematurity, maternal fever, fetal arrhythmia, drug effects, fetal movement, fetal sleep, maternal hypothyroidism, technical artifacts.

Evidences of distress:

- An increase in FHR to over 160 /min or a decrease in rate to less than 120 /min.
- FHR takes a long time to come back to its normal rate after the contraction passes off.
- Irregularity.

Amniotic fluid:

The amniotic fluid should normally remain clear following the rupture of the membranes. If the fetus remains hypoxia, he may pass meconium because hypoxia causes relaxation of anal sphincter. As a result of meconium staining, the amniotic fluid becomes green in colour. (Meconium staining of the liquor following ROMM gives a crude idea of fetal jeopardy. Its presence in breech presentation may be of no values).

colour of amniotic fluid should be recorded at every vaginal examination.

The marking criteria are as follows:

- Membranes intact =I
- Membranes ruptured, clear fluid =C
- Meconium- stained fluid M
- Blood-stained fluid = B

Moulding

Overlapping of cranial bones or shaping of the fetal head to accommodate & conform to the bony & soft parts of the mother's birth canal during labour. The marking criteria is as follows;-

- Sutures apposed =1
- Sutures overlapped but reducible = 2
- Sutures overlapped &but reducible = 3

Cervicograph:

This is the graphical representation of cervical dilatation. The WHO Partograph has been modified to make it simpler & easier to use. The latent phase has been removed & plotting on the Cervicograph begins in the active phase when the cervix is 4 cm dilated.

Cervical dilatation rate (Cervicograph) is plotted in relation to "alert line"& action line".

Alert line' starts at the beginning of active phase (4cm cervical dilatation) & ends with full dilatation of the cervix (10 cm) in 6 hours. (ie.lcm/hr dilatation rate).

The "Action line" is drawn four hours to the right of the alert line, parallel to it.

In a normal labour, the Cervicograph (cervical dilatation) should be either on the alert line' (or) to the left of it. Labour is considered abnormal when Cervicograph crosses the alert line & falls on zone 2, it needs to be critically assessed.

When the Cervicograph crosses the action line & falls on zone 3, it should be reassessed by a senior person & intervention is required. Decision is to be made either for termination of labour (caesarean section) or for Augmentation of labour (Amniotomy & or Oxytocin).

Cervicograph showing abnormality:

Secondary arrest: -

It is defined when the active phase of labour (cervical dilatation) commences normally but stops or slows significantly for 2 hours or more prior to full dilatation of the cervix. It is commonly due to malposition or CPD.

Cervical effacement: -

Inclusion of the cervix in the lower uterine segment is called cervical effacement. It is otherwise called as "Taking up of the cervix". It is the preparation of the cervix for labour.

Descent of the head:

It refers to the part of the head (divided into 5 parts) palpable above the symphysis pubis (brim). It is recorded as a circle (0) at every abdominal examination. The marking criteria are as follows:

- Sinciput & Occiput above the brim 5/5
- Sinciput prominent & Occiput Ascending 4/5
- Sinciput rising & Occiput can be tipped = 3/5
- Sinciput not so prominent 2/5
- Sinciput & Occiput not felt 1/5
- Head on pelvic floor 0/5.

Hours:

It refers to the time elapsed onset of active phase of labour (observed or extrapolated).

Time:

Actual time should be recorded in this column.

Uterine contractions:

Uterine contractions are the primary powers that act involving to expel the fetus & the placenta from the uterus.

Each contraction exhibits a wave like pattern. It begins with a slow increment (the "building up" of a contraction from its onset), gmhally renches an acme (intrauterine pressure **less than 80 mmHg),** & then diminishes rapidly (decrement, the "letting down" of the contraction). An interval of rest (intrauterine pressure less than 20 mmHg with a duration of atleast **30 seconds**) cnds whcn thc ncxt contraction begins.

A uterine contraction is described in terms of the following characteristics:

Frequency

It is usually assesses in minutes from the beyinning of one contraction to Ihe beginning of the next contraction.

Intensity:

It is the strength of a contraction at its pcak. Intcnsity of contraction increases as labour progresss, lrom wcak cuntraclion nolcd carly in labour lo slrong cxpulsive contraction.

Resting tone:

It is the tension in the uterine muscle between contractions; ie. relaxation of the uterus.

The following terms are used to describe the degrees of uterine contractions:

- **Mild: -** Slightly tense fundus that is easy to indent with fingertips (feels like touching finger to tip ofnose).
- **Moderate: -** Fim fundus that is difficult to indent with fingertips (feels like touching finger to chin).
- **Strong:-** Rigid, board like fundus that is almost impossible to indent with (feels like touching finger to forehead).

Uterine contractions should be monitored every 15-30 mts during phase of labour.

Charting of uterine contractions should be done every half an hour, palpating the number of contractions in 10 minutes & their duration in seconds. The charting pattem is as follows:

- **Less than 20 seconds:**
- **Between 20 & 40 seconds:**
- **More than 40 seconds**

The nurse's responsibility in the monitoring of uterine contractions is to ascertain whether they are powerfiul & frequent enough to accomplish the work of expelling the fetus&the placenta.

Oxytocin:

The concentration of Oxytocin is noted on the upper line & the rate of the infusion in drops per mimute on the bottom line from the time the intravenous drip is started. This should be charted every **30 minutes.**

Drugs:

- All drugs given during labour, their dosage & route of administration is in the appropriate boxes (with reference to time).
- IV fluids given should be charted & time should be marked.
- The quantity of oral fluids taken is recorded.

A clean catch urine specimen may be obtained to gather further data about the pregnant women's health. It is a convenient & simple procedure that can provide information about her hydration status (eg. Specific gravity , colour, amount), nutritional status (eg. ketones), infection status (eg. Leukocytes), & the status of possible complications such as pre eclampsia, shown by finding protein in the urine.

The results can be obtained quickly & help the nurse determine appropriate interventions to implement. The presence of protein, acetone & the volume of urine should be recorded every time urine is passed.

ADVANTAGES OF PARTOGRAPH:

- A single sheet of paper can provide details of necessary infomation at a glance.
- It is easier to keep, rather than making detailed notes at intervals
- Records are straight forward & objective, both nursing & medical staff can see the progress of labour at a glance.
- It facilitates handover procedure.
- It serves as an early warning in case of impending problems. It can predict deviation from normal duration of labour early. So appropriate steps could be taken in time.
- Introduction of partograph in the management of labour has reduced the incidence of prolonged labour& caesarean section rate. There is decrease in matemal morbidity, perinatal morbidity« mortality.
- It has a predictive value. It is possible to estimate the expected time of delivery, in case everything is normal.

SIGNS OF POTENTIAL COMPLICATIONS DURING LABOUR: -

- Contractions consistently lasting >90 sec.
- Contractions consistently occurring<2 min.
- Fetal bradycardia, tachycardia, decreased variability not associated with fetal sleep cycle or temporary effects of CNS depressant drugs given to the woman, or late or severe variable deceleration.
- Irregular fetal heart rate; suspected fetal dysrhythmias.
- Appearance of meconium- stained or bloody fluid from the vagina.
- Arrest in progress of cervical dilation or effacement, descent of the fetus, or both.
- Maternal temperature of >38° CC
- Foul-smelling vaginal discharge.
- Continuous bright or dark- red vaginal bleeding.

CONCLUSION:

Partograph is one of the most important advances in modern obstetrics. It identifies women in need of an obstetric intervention. The WHO Partograph should be promoted for use by Midwives who care for labouring women in a Matermity home.

MASTER SHEET OF STUDY

SAMPLE	Q.1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Total
S.1	0	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	11
S.2	1	1	0	1	1	0	0	1	1	0	1	1	1	1	0	1	11
S.3	0	1	1	0	1	0	1	0	0	1	0	0	1	1	0	0	7
S.4	1	0	1	0	1	0	1	1	1	0	0	1	1	0	0	1	9
S.5	1	1	1	0	1	1	1	1	0	1	1	1	0	1	1	1	13
S.6	1	0	0	1	0	0	0	0	1	0	0	0	1	0	1	1	6
S.7	1	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	5
S.8	0	1	1	0	1	1	1	0	1	1	1	1	0	1	1	1	12
S.9	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	4
S.10	0	1	1	1	0	1	1	0	1	1	1	0	1	1	0	1	11
S.11	0	1	0	1	0	0	1	0	1	0	0	1	1	0	0	1	7
S.12	1	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	3
S.13	1	0	1	0	0	0	0	1	0	0	0	0	1	1	1	0	6
S.14	1	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	7
S.15	1	0	1	1	1	1	0	0	0	0	1	0	1	0	1	1	9
S.16	0	1	0	1	1	1	0	1	1	1	1	1	1	0	1	1	12
S.17	1	0	0	0	1	0	0	1	0	1	0	1	1	1	1	1	9
S.18	1	1	0	0	1	0	0	1	1	0	0	1	1	0	0	1	8
S.19	1	1	0	1	1	1	0	1	0	1	0	0	1	1	0	0	9
S.20	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	14
S.21	1	0	1	0	1	0	1	0	0	1	0	0	1	0	1	1	8
S.22	1	1	1	0	1	0	0	0	1	1	1	1	0	0	1	1	10
S.23	0	1	1	1	0	1	1	1	0	1	1	1	1	0	1	1	12
S.24	1	0	1	0	0	1	0	0	1	1	0	0	1	1	1	0	8
S.25	1	1	1	1	1	0	0	0	1	1	1	0	0	0	1	1	10
S.26	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	14
S.27	1	1	0	0	0	1	0	1	1	1	1	1	0	0	1	1	10
S.28	1	0	1	0	0	0	1	0	0	0	1	0	0	1	1	0	6
S.29	1	0	1	0	1	1	1	1	0	0	1	1	1	1	0	0	10
S.30	1	0	1	1	1	0	1	1	1	1	0	1	0	1	0	1	11

SAMPLE	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	total
S.31	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	14
S.32	1	0	0	1	0	1	0	1	0	0	1	0	1	1	1	0	8
S.33	1	0	1	1	1	0	0	1	1	0	1	0	1	1	0	0	9
S.34	0	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	12
S.35	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
S.36	1	0	0	1	0	0	1	0	0	1	0	1	1	1	0	0	7

S.37	1	0	0	1	0	0	1	0	0	1	0	1	1	1	0	0	7
S.38	1	0	1	0	1	0	1	1	1	0	0	0	1	1	1	0	9
S.39	1	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	13
S.40	1	0	1	1	1	1	0	0	1	0	0	1	0	1	1	1	10
S.41	0	1	0	1	0	0	0	1	0	0	1	1	0	1	1	0	7
S.42	1	1	1	0	0	1	0	0	1	0	1	0	1	1	1	1	10
S.43	1	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1	13
S.44	0	0	1	0	1	0	1	0	0	1	0	1	0	1	0	0	6
S.45	0	1	0	1	0	1	1	1	0	0	0	1	1	1	0	0	8
S.46	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	15
S.47	1	1	1	1	0	0	1	1	1	0	0	1	1	1	0	0	10
S.48	1	1	1	0	1	1	1	0	1	1	1	0	1	1	1	1	13
S.49	1	1	0	0	1	0	0	1	0	0	1	1	1	1	0	0	8
S.50	0	1	0	0	1	0	0	1	0	0	1	0	0	1	1	0	6
S.51	1	1	1	0	1	1	1	1	0	0	1	1	1	0	0	0	10
S.52	1	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	14
S.53	1	1	1	0	0	1	0	0	1	0	0	1	0	1	1	0	8
S.54	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	15
S.55	1	0	0	1	0	0	0	1	0	0	0	1	1	0	1	0	6
S.56	1	0	0	1	0	0	1	0	0	1	1	0	1	0	1	0	7
S.57	1	0	0	1	0	1	1	1	0	1	0	1	0	1	1	0	9
S.58	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	15
S.59	0	1	0	0	1	0	1	1	0	0	0	1	1	0	0	0	6
S.60	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	15