

Research Article

Study of Intrapartum Care Received in a Selected Hospital in India

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A B S T R A C T

Background: Intrapartum care should fulfil the need of the new mother and not according to the health care provider's thought. It is surprising that little research has been done on patient's ability to understand the quality of intrapartum care in India. So, the investigator felt the need to assess the quality of intrapartum care received by the women.

Methodology: The proposed study was conducted in labour room and postnatal ward of Bankura Sammilani Medical College & Hospital, Bankura, West Bengal. The study population was including all consenting women admitted in the labour room in Bankura Sammilani Medical College & Hospital, Bankura. Sample size of this study was 100. Reliability of observational checklist and record analysis proforma were computed by inter rater method to establish the equivalence of the tool by administering the tool to the 20 subjects.

Results: The findings showed that more than half (53%) of women got good intrapartum care and very few women got (3%) very good intrapartum care.

Conclusion: The study concluded that there is a huge need for improvement in the area of intrapartum care to reach the level of very good care.

Keywords: Intrapartum Care, Post-natal

Introduction

Intrapartum phase refers to the time period spanning childbirth, from the onset of labour through birth of the placenta. It can refer to both the woman and the fetus. Intrapartum care should fulfil the need of the new mother and not according to the health care provider's thought.

According to WHO's estimation (2005) 5, 36,000/- motherly demises happen worldwide every year and 1,36,000/- among them occur in India. India's population is calculated to over a billion and the people's growth is 21% per decade. India had an exceptionally high Maternal Mortality Ratio (MMR) in 1990 with 556 females passing through the birth of child per hundred thousand live births Family welfare

statistics in India reported that motherly demise ratio was calculated to 301 motherly demise per 10,000/- live births in 2003 almost, 1.38 lakh females were passing each year on account of difficulties connected to the gestational period and the birth of the child. At that time the world wide MMR was much less at 385. However, a speed up decrease in MMR in India has been noticed. The country's MMR has reduced to 167 (2011-13) against a worldwide MMR of 216 (2015).¹

It is surprising that little research has been done on patient's ability to understand quality in India.²

Every day about 830 women passes away from gestation or childbirth related difficulties around the globe. It was

approximated that in 2015, near about 3, 03,000 women passed away through and just after pregnancy and the birth of the baby. Almost most of these demises occurred in low facility surroundings and most of it could have been stopped.³

To accelerate mothers' fulfilment and lessen morbidity and demise in mothers and infants, quality of intrapartum care is really supreme. From literature and their outcomes values, the researcher came to the point that evaluation of intrapartum supervision received by mother is an important parameter for quality assessment. So the investigator felt the need to assess the quality of intrapartum care received by the women.

Methodology

In view of the nature of the problem and to accomplish the objectives of this study quantitative approach was considered as the most appropriate one.

The proposed study was conducted in labour room and postnatal ward of Bankura Sammilani Medical College & Hospital, Bankura, West Bengal. The study population was including all consenting women admitted in the labour room in Bankura Sammilani Medical College & Hospital, Bankura. For this study the samples were the women admitted in labour room for intrapartum care with labor pain (4 cm cervical dilatation and up to fourth stage of labour) in Bankura Sammilani Medical College & Hospital, Bankura. Sample size of this study was 100.

Inclusion Criteria

- The women admitted in labour room for intrapartum care with labor pain (4 cm cervical dilatation and up to fourth stage of labour) within 8 am to 8 pm during data collection period
- The women were undergoing vaginal delivery
- The women willing to participate in the research study
- The women have vaginal delivery conducted by doctors and register nurses

Exclusion Criteria

- High risk Women
- Women have delivery with Ventouse and forceps
- The women have caesarean section

Sampling Technique

Sample is a subset of population that is selected for a particular study.

- Purposive sampling technique was adopted for selection of the setting
- Convenient sampling technique was used for selection of the women Structured observation checklist and record analysis proforma were used to collect the data

Structured Observation Checklist of Intrapartum practices

had 5 areas with some statement. Each statement had yes and no options. Items are distributed to each area as detailed below:

- Area - Management of the first stage of labour
- Area - Management of second stage of labour
- Area - Active management of 3rd stage of labour (AMTSL)
- Area - Management of fourth stage of labour
- Area - New born care

Record Analysis Proforma

This was developed to determine the level of intrapartum care received by the women. Fifteen items related to mother's intranatal findings are included for analysis from record books of labour room. Each statement had yes and no options.

Validity of the Tools

For establishing content validity, the tool was given to nine experts for their suggestion on the basis of criteria checklist. The experts were requested to give their opinion on accuracy, relevancy and appropriateness of the items and corrections were done according to the experts' suggestions and percentage of agreement. Some modifications were made according to their suggestion.

Pre-testing of the Tool

Pretesting of the tool was done on 20 women to check clarity of items and feasibility and practicability of the study.

Reliability of the Tool

In order to ascertain reliability of structured observation checklist of intrapartum practices and record analysis proforma were done in the labour room after obtaining the formal administrative approval from the Principal, BSMC, Bankura and Medical Superintendent cum Vice principal, BSMCH, Bankura.

Reliability of observational checklist and record analysis proforma were computed by inter rater method to establish the equivalence of the tool by administering the tool to the 20 subjects by different investigators simultaneously and independently. The correlation coefficients (r) for observational checklist were found 0.8 and for record analysis proforma was found 0.7. So the tools were considered as reliable tool.

Final Data Collection Procedure

The final data collection procedure was conducted at BSMC & H, Bankura from 3.12.2018 to 3.01.2019. All formalities were fulfilled before conducting final study such as.

- Ethical committee approval was obtained from Bankura Sammilani Medical College and Hospital
- Administrative permission was sought from the

Principal, BSMC, Bankura and Medical Superintendent cum Vice Principal, BSMCH, Bankura

- The data was collected from selected women during intrapartum period in labour room and also in postnatal ward from same women for next few days
- The investigator made a separate and comfortable sitting arrangement in postnatal ward for maintaining confidentiality and after taking consent from the participants; the investigator interrogated them as per interview schedule
- Privacy and confidentiality was maintained throughout the study. Patient consent was obtained

Results

Data presented in Figure 1 revealed that for every woman (100%) sterile gloves were used during vaginal examination and most of the women’s (80%) vulva and perineal area was cleaned with sterile swab before vaginal examination.

The findings also revealed that relaxation techniques such as progressive muscle relaxation/ breathing/ music/ guided imagery for pain relief were not done for any women.

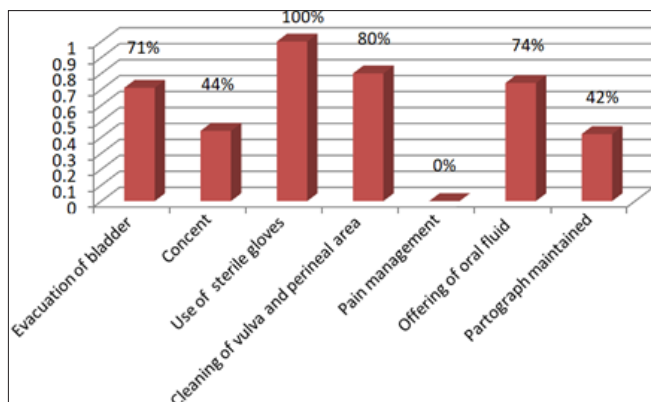


Figure 1. Care Received by the Women in First Stage of Labor n= 100

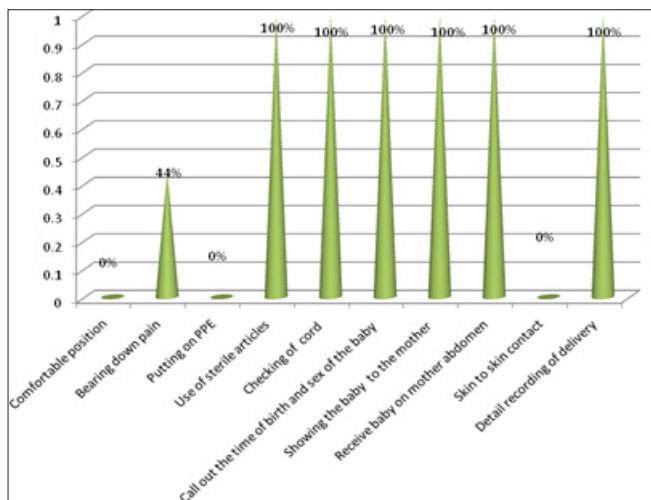


Figure 2. Conical Graph Showing Care Received by the Women in Second Stage of Labor n= 100

Data presented in Figure 2 depicted that sterile articles were used in delivery for all the women (100%) and cord around the neck checked for every women (100%).

The data indicated that for every woman (100%) call out the time of birth and sex of the baby was done, babies were shown to the mother and sex were identified by the mothers, babies were received on mother’s abdomen.

The data also indicated that preferred comfortable position, putting on PPE and skin to skin contact with mother was not maintained for any women.

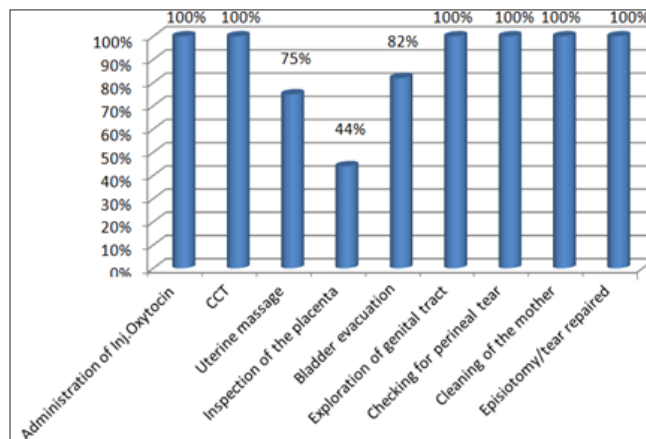


Figure 3. Cylindrical Graph Showing Care Received by the Women in Third Stage of Labor n= 100

Data presented in Figure 3 indicated that for all women (100%) inj.oxytocin administered, CCT during contraction after delivery of the baby was done, exploration of genital tract performed after delivery, checking for perineal tear and laceration, cleaning of the mother following delivery and episiotomy/ tear repaired under local anaesthesia.

The findings also indicated that inspection of the placenta, membranes and umbilical cord was done for completeness for nearly half of the women (44%).

Table 1. Distribution of Women according to Care Received in Fourth Stage of Labour

| Management of Fourth Stage of Labour | Frequency | Percentage |
|--------------------------------------|-----------|------------|
| Checking amount of bleeding | 100 | 100 |
| Measuring blood pressure | 20 | 20 |
| Checking of TPR | 0 | 0 |

n=100

Data presented in Table 1 shows that amount of bleeding was checked for every woman (100%). The data also reveals that for any women temperature, pulse and respiration were not measured after delivery and, for any women temperature, pulse and respiration were not measured after delivery.

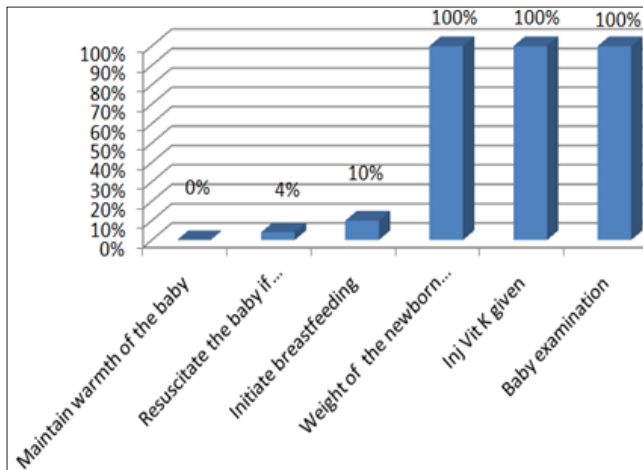


Figure 4. Column Graph Showing Intrapartum Care Received by the Women in Area of Care of New-Born

Data presented in Figure 4 reveals that injvit K was given to all babies (100%), weighing of the newborn and assessments of any congenital malformation of the babies were examined for every woman (100%). The findings indicated that initiation of breastfeeding was done for very few women (10%). However, warmth of the babies were not maintained for any women.

Table 2. Care Received during Admission (n= 100)

| Variables (recorded) | Frequency | Percentage |
|----------------------|-----------|------------|
| Gestational age | 100 | 100 |
| Fetal heart rate | 100 | 100 |
| PV examination | 100 | 100 |
| Blood pressure | 100 | 100 |

Data presented in Table 2 depicts that gestational age was mentioned and fetal heart rate was checked for every subject (100%). Data also indicated that during admission PV examination was done (100%) and blood pressure was measured for all the subjects (100%).

Table 3. Distribution of Subjects according to Level of Intrapartum Care Received (n= 100)

| Level of Intrapartum Care Received | Range of Score (%) | Frequency | Percentage |
|------------------------------------|--------------------|-----------|------------|
| Poor | <40 | 0 | 0 |
| Average | 40-59 | 44 | 44 |
| Good | 60-79 | 53 | 53 |
| Very good | ≥ 80 | 3 | 3 |

Data presented in Table 3 shows that more than half (53%) the participants women received good intrapartum care and very few women (3%) very good intrapartum care.

Discussion

A cross-sectional study conducted by Nawab et al. on disrespect and abuse (DA) of women caused by service providers during childbirth. Assessment of occurrence and socio demographic index of DA occurrence during facility-based childbirth was the purpose of the study in six villages in the district of Aligarh, north India. 305 women between 4 and 6 weeks postpartum period were interviewed. Out of 305 women 257 (84.3%) reported any form of DA. Non-consented services (71.1%) and non-confidential care (62.3%) was the most common types. 10.2% women reported negligence during childbirth, 9.2% for non-dignified care, 5.9% for physical abuse, 3.3% for detention in the health facility and 3.9% for discrimination.⁴

A study was conducted by Sandin-Bojo et al. on women's concepts on intrapartum care during planned vaginal birth in Sweden. For "quality of general care" scores for PR and SI were in the main high (PR range 2.98-3.81; SI range 2.85-3.85, out of a possible 4) and also for "quality of specific intrapartum care" scores for PR and SI were (PR range 3.15-3.86; SI range 3.23-3.86, out of a possible 4) amongst total of 739 women (63%). A total of 12 points exhibited statistically remarkable higher scores for SI than for PR. Majority of women, 81% agreed fully or mostly that they had a positive experience.⁵

According to the WHO, receiving the recommended four antenatal care visits is indicative of good quality care, and critical to identify risk factors for poor maternal and newborn outcomes.⁶

A cross-sectional study was conducted by Kifle et al. (published in 2017) on parameters of women's complacency with health centers-based intrapartum care in Asmara Public Hospitals, Eritrea. The study was undertaken among 771 mothers who gave birth in three public Hospitals. The study showed that overall, only 20.8% of the women were pleased with intrapartum care. To increase complacency with intrapartum care, the study recommended that maternity care provider need to deliver tidiness maternity ward, upgrade the quality of physical amenities, and better convenience with clients. To involve more women in decision making considering privacy and reassurance demands during whole intrapartum care the authority should endorse different strategies.⁷

Conclusion

The study indicated more than half of women got good intrapartum care and very few women got very good intrapartum care. There is a huge need for improvement in intrapartum care. The results of this study may aid in identifying intrapartum women in need of support and counselling. As the sample size was small and the study

was done in a particular hospital, further research in this area is recommended.

Conflict of Interest: None

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