Use of partograph in tertiary hospitals in Bangladesh: Opportunities for making a difference through midwives

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Background

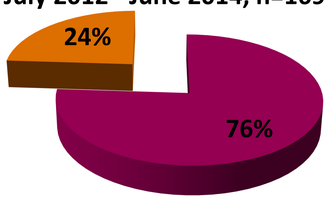
The Fistula Care *Plus* (FC+) Project is a USAID-funded initiative partnering with >30 fistula repair sites in 5 countries. With USAID, EngenderHealth has supported more than 37,100 fistula surgeries and trained over 26,600 health workers. In Bangladesh, the FC+ project promotes partograph use for prevention of obstetric fistula and optimizing the high rate of caesarean section in Bangladesh.

Partograph use is instrumental in timely identification and management of obstructed labor and prevention of non-indicated operative procedures. In Bangladesh, 56% of institutional deliveries are done by Caesarean section (UNICEF 2013). Unpublished data suggest that, at private facilities, the rate of Caesarean section is ~90%. In facilities reporting maternity data to FC+ in Bangladesh, the documented incidence of obstructed labor is less than one percent yet the Caesarean section rate is 60-70%.

Caesarean section is an important source of iatrogenic fistula. Of a sample of female genital fistula cases recently reviewed in Bangladesh, 24% are iatrogenic (Figure 1); 20% of iatrogenic cases result from Caesarean section.

The Ministry of Health and Family Welfare (MOHW) is interested in universal partograph use, yet the partograph is believed to be used in <10% of deliveries.

Figure 1. Fistula etiology
July 2012 - June 2014, n=169*



*Selected fistula repair sites in Bangladesh

Objective

To assess the practice and context of partograph use in selected tertiary hospitals in Bangladesh.

Methods

We randomly selected 286 records of women who delivered in three hospitals in Dhaka, Khulna and Jessore from July 01, 2015 to September 30, 2015. Key informants were also consulted to learn about partograph-related professional and institutional issues.

Findings

Filled-in partographs were found in 21% of case records. Only nurses/midwives filled in partographs. All filled-in partographs were complete except questions on estimated blood loss. None of the cases with filled-in partographs proceeded to obstructed labor or Caesarean section. Conversely, partographs were not available for any women who delivered through Caesarean section.

No written policy or guideline was available about partograph use in any facility.

Midwives reported that doctors advised them whose partograph to complete. Nurses/ midwives reported having little role in controlling management of normal delivery practices in these hospitals. They also did not have visible participation in designing partograph use policies, guidelines, or decisions of the hospitals.

No midwives or nurses had any on-the-job training on partograph use, although they reported learning about the partograph during pre-service training.

Application

Effective use of the partograph is crucial in prevention of obstetric fistula and rational use of cesarean section. The findings raise questions about the quality and effectiveness of partograph use and completion in Bangladesh hospitals.

If midwives are properly trained, empowered and effectively engaged, the rate of partograph use may increase in tertiary hospitals in Bangladesh and elsewhere. If consistent and effective use of partograph increases, it may help to prevent complications of obstructed labor and operative birth. However, consistent partograph use requires honest dialogue about and change in the relationship between doctors, nurses, and midwives.

Greater health system focus on the interface of partograph use and midwifery empowerment will help address the rising rate of caesarean section and potentially reduce the incidence of long-term complications, including both obstetric and iatrogenic genital fistula.