

WHOLABOR CARE GUIDE VERSUS TRADITIONAL PARTOGRAM IN EVALUATION OF CASES OF DELIVERY AT ELSHATBY MATERNITY HOSPITAL

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INTRODUCTION

Partogram is a universally gold standard tool done by WHO. Its main role is monitoring the progression in active labor and knowing how to intervene when anything abnormal occurs. WHO labor care guidelines include recent recommendations and definitions about the labor process, such as the duration of the different stages of labor, which is usually variable from one woman to another, and the rate of cervical dilation as the only indicator for obstetric intervention. The labor care guide help in reducing CS, limit unnecessary use of oxytocin and avoid prolonged labor. So it has great importance in the first stage active phase and second stage of labor.

AIM OF THE WORK

The aim of the study was to compare effectiveness of WHO labor care guide versus traditional partogram in evaluation of cases of labor at EL SHATBY Maternity Hospital.

PATIENTS AND METHODS

This is a prospective observational study will be conducted on 600 pregnant females Atlabour attending obstetrics clinic of EL Shat by university hospital, after approval of the local Ethical committee and having informed written consent for every female included in the study.

All patients were subjected to complete history taking, General examination, Local examination, including (leopold’s maneuvers), Trans vaginal examination in order to evaluate: position, and presentation of the baby, cervical dilation and head descend and cephalo-pelvic disproportions and Sonographic evaluation was done on admission then half of them will be monitiered by traditional partogram and the other half will be monitored by WHO labor care guide.

RESULTS

Shows that the mean overall age of the study participants was 26.6 years. at time of examination, had a mean cervical dilation of 5.39 cm. Oxytocin was used in augmentation of 50.67% of all the considered cases.

As for the mode of delivery, NVD was more prevalent with 77.83% of the cases while only 22.17% of the cases underwent CS. The indication for CS was recorded in 120/133 of the cases. The most frequent indications for CS were fetal distress (49/120 cases) and severe pre-eclampsia (39/120 cases). Regarding neonatal outcome, favorable outcomes were fortunately most frequent (74.17%) while NICU admission was evident in 25.17% of the cases and stillbirth was only seen on 4/600 cases (0.67%). Same applies for maternal outcome, where 587.33% of the study participants experiencing no complications. Complication that took place were Prolonged hospital stay (27/600 cases), perineal tear (28/600 cases), and post-partum hemorrhage (21/600 cases).

Table : Comparing study parameters between the study groups (n: 600)

		Tool of monitoring		p-value
Term	Overall N (%)	Traditional partogram N (%) (n=300)	WLCG N (%) (n=300)	
Parity				
Multi-parous	347 (57.83)	172 (57.3)	175 (58.3)	0.869
Primi-parous	253 (42.17)	128 (42.7)	125 (41.7)	
Oxytocin				0.935
No	296 (49.33)	147 (49)	149 (49.7)	
Yes	304 (50.67)	153 (51)	151 (50.3)	
Mode of delivery				0.169
CS	133 (22.17)	74 (24.7)	59 (19.7)	
NVD	467 (77.83)	226 (75.3)	241 (80.3)	
Neonatal outcome				0.961
Discharged	445 (74.17)	221 (73.7)	224 (74.7)	
Stillbirth	4 (0.67)	2 (0.7)	2 (0.7)	
To NICU	151 (25.17)	77 (25.7)	74 (24.7)	
α = 0.05. p < 0.05*, p < 0.01**, p < 0.001***				

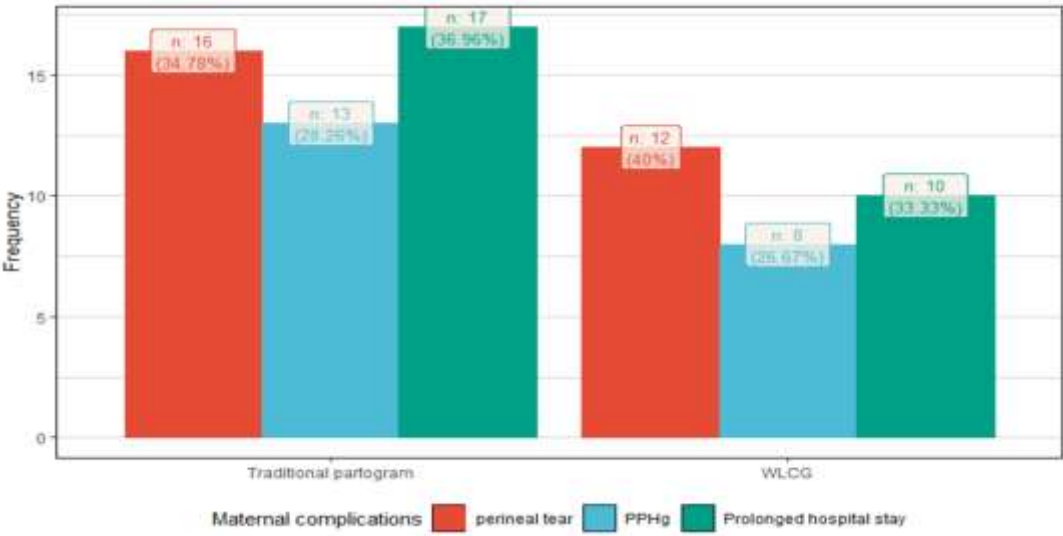


Figure: Comparing maternal complications at start between study groups

CONCLUSIONS

Our study did not reveal statistically significant differences between the WHO Labor Care Guide and the traditional partograph in most measured outcomes, various factors could explain the lack of significance. The learning curve associated with the WLCG, the homogeneity of clinical protocols, and the strong focus on patient safety may have contributed to the observed similarity in results.