



A comparative study on training effectiveness on improved level of awareness on WHO safe childbirth checklist.

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ABSTRACT

The **World Health Organization (WHO) Safe Childbirth Checklist (SCC)** is based on essential childbirth practices to help health-care workers to deliver consistently high quality maternal and perinatal care.

The **Checklist** was intended to reduce maternal and perinatal mortality and address the primary cause of maternal death, intrapartum stillbirth, and early neonatal death.

The **objective of the study** is to assess the knowledge and awareness before the training programme and after the training programme.

Results -The improvements that are seen after the implementation of the checklist are:

Increased **staff and patient** awareness

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INTRODUCTION

WHO Safe Childbirth guidelines that is longed-for are organized item wise on the checklist, which help prevent the leading universal causes of maternal deaths, such as intra-partum-related stillbirths and neonatal deaths

These overcome the criticality of health issues with this regard hospital initiated with training programs for optimizing awareness with regard to WHO safe child birth checklists among health workers.

The realization of the fact that the **checklists as useful tools to organize the complex and important processes** in the health care issues administrators and managers become instrumental in generating best possible awareness among their health care staff, thus the WHO checklist used promptly thus the essential tasks is delivered better and safer care in a range of setting in the hospital.

METHODS AND MATERIALS

Data Collection:

Data were collected by investigator via hard copies were entered using MS Excel (version 2010). Data collected from the survey were analyzed with Statistical Package for Social Science (SPSS) (version 16) at 0.05 level of significance

Study Universe: Labour Theater of a tertiary care hospital.

Study Tool:

- Knowledge questionnaire.
 - Random audit
- WHO safe child birth checklist

RESULTS

Statistical Analysis:

Participants in the **phase-I**, showed the mean pre-test score for knowledge of the respondents was **18.5** and that of the post-test was **19.5**. By paired test we found out that difference was significant, $t_8 = 1.28p < 0.05$ [table 1.1]

Phase- II was conducted from Dec 2020 to Jan 2021. The mean value of the Pre-test of the respondents was **7.9** and that of the post-test knowledge is **10**, which shows that the mean score is increased **26%. (2.1 points) in Post-test and it interprets that knowledge of the respondents were better after the intervention.** By paired simple's test we found that **pre-test & post-test were positively correlated.**

Comparing phase I & phase II we can say that on average, Percentage increase was more in Phase II than Phase I [Table 3]

The overall awareness of staffs increased that has been proven by improved quality health care in maternal and child birth.

DISCUSSION

The improvements that are seen after the implementation of the checklist are:

- Continuity of care ,Early detection of PPH (post partum hemorrhage) which reduces the Mortality rate
- Increased patient awareness

The improvements that are seen after the implementation of WHO safe childbirth checklist are as follows:

□ **At doctors level** : Safe child birth check list gave awareness and assurance regarding the better monitoring and safe patient care by attending staff in delivery process and stages .

□ **At nurses level:** Awareness for nurses on delivery of essential maternal and perinatal midwifery care practices training programme brought almost behavioral changes and improved quality improvement and teamwork evidenced better healthcare.

□ **At patient level:** They are aware and can seek help from the danger signs, and continuity of care is given till discharge.

The study results shows the efficacy of continued training programme provided for the nursing staffs benefitted the patients that have been observed with patients ease in communicating with nursing staff and enhanced level of comfort zone.

CONCLUSION

The magnitude of the checklist is these safe childbirth practices have been proven to reduce maternal and newborn harm; this fact has tiled the management to improve the strength of their health care workers to get improved hold on its application.

The continued training programme on WHO Safe Childbirth checklist for the awareness and to get better acquaintance has been evidentially proven in optimizing their awareness level and their fluency with its application in the hospital system to prevent adverse events.

REFERENCES

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GRAPHS AND TABLE

Table 1.1: Paired Sample test

| | Mean | Std Dev | Std err mean | 95% CI Lower | Upper | t | df | Sig (2 tailed) |
|-------------------|------|---------|--------------|--------------|-------|-------|----|----------------|
| Pair 1 (Pre-Post) | 1.28 | 2.13 | 0.376 | 0.513 | 2.049 | 3.405 | 31 | 0.002 |

Table 2.2: Paired Sample test

| | Mean | Std Dev | Std err mean | 95% CI Lower | Upper | t | D.F | Sig (2 tailed) |
|-------------------|------|---------|--------------|--------------|-------|------|-----|----------------|
| Pair 1 (Pre-Post) | 2.09 | 0.80 | 0.28 | 1.54 | 2.65 | 7.39 | 7 | 0.003 |

Table 3:

| | Phase I | Phase II |
|-----------------------|---------|----------|
| Pre Test | 18.2 | 7.9 |
| Post Test | 19.5 | 10 |
| (Pre-Post) Difference | 1.28 | 2.09 |

