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Factors Influencing the Practice of Skilled Birth Providers in Prevention of Postpartum Haemorrhage in Primary Health Facilities in Osogbo, Osun State

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Abstract:

Postpartum haemorrhage (PPH) is the most common type of obstetric hemorrhage and is the world's leading cause of maternal mortality. The prevention of postpartum haemorrhage is a vital step towards achievement of the Sustainable Development Goals. The purpose of this study was to assess the factors that influence the practice of PPH prevention in primary health facilities in Osogbo. A descriptive cross sectional method was used in this study. Total enumeration of 128 skilled birth providers working in primary health facilities in the two local governments in Osogbo was used. Questionnaire was used as main instrument for data collection. Questionnaire was validated by the experts in Tests & Measurement. Reliability index of 0.702 was recorded using Cronbach alpha. Data collected were subjected to descriptive and inferential statistics. Finding revealed that majority of the respondents 99.2% had good practice of prevention of postpartum haemorrhage, 93.7% had high level of knowledge of prevention of postpartum haemorrhage. The study revealed that the available drugs for prevention of postpartum

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haemorrhage in primary health centre are; misoprostol, ergometrine and oxytocin whereas the drugs are not free for patients. In conclusion, there is shortage of staff to cover all shifts and this really has influence on prevention of postpartum haemorrhage in primary health centres. Therefore, it was recommended among others that Government should employ more nursing staff in primary health centres to cover the three shifts as this will reduce the work load on the currents nursing staff for the effective practice of PPH prevention.

Keywords: Factors, Postpartum Haemorrhage, Practice, Prevention, Primary Health Care, Skilled Birth Providers,

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Introduction

Maternal mortality has remained unacceptably high among the developing countries despite several global interventions. It is Maternal mortality has remained unacceptably high among the developing countries despite several global interventions. It is reported that every day in 2017 about 810 women die from preventable causes related to pregnancy and childbirth (WHO, 2019). In 2017, about 295,000 women died either during or after pregnancy and childbirth, with 94% of these deaths prevalent in the low resource settings and most could have been prevented (WHO, 2019). Several interventions have been developed over the years to help reduce the number of women and children dying from pregnancy-related causes with varying results. The last global move toward boosting the social and economic conditions of developing countries within the context of Millennium Development Goals specifically targeted the reduction of maternal and child mortality made some progress. As a result, between 2000 and 2017, maternal mortality worldwide dropped by about 38% (WHO, 2019). Encouraged by this result, nations have united under the current Sustainable Development Goals to set the target of further reducing the maternal mortality ratio to <70/100,000 live births between 2016 and 2030.

A study by Sanhhvi et al (2015) reported that postpartum haemorrhage was the most frequently diagnosed obstetric haemorrhagic complication and it had the highest intra-hospital maternal mortality rate (112/100 000 live births) and Postpartum haemorrhage was a significant contributor to obstetric haemorrhage and severe maternal outcome in Nigerian hospitals. Results of studies by Ajenifuja, Adepiti, and Ogunniyi (2010) and Olowookere et al. (2020) on PPH in tertiary health institutions in Southern Nigeria shows that most (88% and 72.4% respectively) of the cases of PPH and (by extension, mortality from the disease) are referred, unregistered patients from neighbouring primary health centres (PHCs) and traditional birth attendants centres (TBAs). Clinical experiences show that a probable defect in the practice of PPH prevention and management among health workers in these facilities including the inability to detect PPH early and make timely and appropriate decisions may contribute to PPH occurrence. These findings are in agreement with reports from studies by Emerich (2016) and Mkoka (2015) which showed that increased rates of PPH complications and deaths are related to health system gaps, which may include: inadequate knowledge and skills of birth providers in PPH prevention and management, the inability of health workers to make timely and appropriate decisions, and delays in the referral system and lapses in area of transportation. Emergency obstetric services should be enhanced at the lower levels of healthcare delivery to reduce avoidable deaths from PPH.

In Nigeria studies by Onyeoma (2015) and Kinikanwo (2015) demonstrate an overall prevalence of 3.4 to 4.26% with the commonest cause being uterine atony. Other studies show a significant association between the booking status of patients and the incidence of PPH. According to Olowookere et al. (2020), majority of the patients who develop this condition are unbooked patients or patients referred from primary health Centres.

In Nigeria, the majority of births still occur at home, mission homes, and primary health centres. This is due to a variety of factors including poverty, proximity to homes, religious and cultural beliefs, high illiteracy rates, and a probable fear of getting a Caesarean section rather than a being allowed to complete a spontaneous vaginal delivery in higher health facilities.

Unfortunately, the rate of complications including postpartum haemorrhage is higher in these centres because of the unavailability of skilled birth providers and adequate facilities to manage deliveries and resuscitate the neonate when necessary. In the case of primary health centres, these facilities are manned by nurses, community health extension workers, and birth attendants. However, some factors that may influence practice of prevention of postpartum haemorrhage may include, shortage of staff, lack of training and retraining of available staff on standard guidelines for the prevention of PPH including active management of the third stage of labour, lack of facilities for blood transfusion and lack of established referral systems, PPH still occurs in these facilities at high and unacceptable rates.

Prevention plays a very important role by identifying high-risk factors and active management of labour. The most effective strategy in preventing postpartum haemorrhage is the active management of the third stage of labour (AMTSL) (Begley, 2015). The components of AMSTL include: (1) administering oxytocin (Pitocin) with or soon after the delivery of the anterior shoulder; (2) controlled cord traction (Brandt-Andrews maneuver) to deliver the placenta, and (3) uterine massage after delivery of the placenta. Despite the introduction of AMSTL and other efforts at reduction of maternal mortality and morbidity from post-partum haemorrhage globally, there has not been a significant change in the incidence of the condition in developing countries.

The various factors have been reported to influence the practice of PPH prevention. Being a registered nurse, long years of practice (>5 years), having post-basic nursing degrees, knowledge of PPH and its risk factors, organizational factors associated with the shortage of staff, poor team collaboration and communication and lack of refrigeration storage in maternity settings have all been reported as factors influencing practice of PPH prevention (Kibuisi, 2019). Professional qualification and experience in a maternity unit are significant factors influencing nurses' knowledge and skills, respectively, in the prevention and management of PPH. Non-availability of nursing staff increased the risk of adverse patient outcomes, including mortality, this may also decrease the efficiency and effectiveness of care provided. In hospitals with high patient-to-nurse ratios, nurses experience burnout, dissatisfaction, and the patients experienced higher mortality and failure-to-rescue rates than facilities with lower patient-to-nurse ratios (Kibuisi, 2019)

This study focuses on assessing the factors influencing the practice of PPH prevention, among the skilled birth provider in selected Primary Health Centres (PHCs) in Osun State. The study is of particular interest considering that a large proportion of the mortality associated with PPH is related to referred cases from Primary Health Centres. Observations made by the researcher in LAUTECH Teaching Hospital, Osogbo is also suggestive of this. Unfortunately, there is a dearth of studies from these health facilities on the factors influencing the practice of PPH prevention among skilled birth providers. For this purpose, the study will be carried out in Primary Health Centres in Osogbo, Osun state.

The main objective of the study is to assess the factors influencing the practice of skilled birth providers in the prevention of postpartum haemorrhage in primary health care facilities in Osogbo, Osun state. This study specifically:

1. assessed the level of knowledge of skilled birth providers in prevention of postpartum haemorrhage;

2. the influence of availability of nursing staff on prevention of postpartum haemorrhage in primary health centres;
3. the available drugs for prevention of postpartum haemorrhage in primary health centres; and
4. the level of practice of skilled birth providers in prevention of postpartum haemorrhage

Research Questions

The following research questions were raised for this study:

1. What is the level of knowledge of skilled birth providers in prevention of postpartum haemorrhage?
2. What is the influence of availability of nursing staff on prevention of postpartum haemorrhage in primary health centres?
3. What are the available drugs for prevention of postpartum haemorrhage in primary health centres?
4. What is the level of practice of skilled birth providers in prevention of postpartum haemorrhage?

Research Hypotheses

The following hypotheses were postulated for this study:

1. There is no significant relationship between availability of nursing staff and practice of skilled birth providers in prevention of PPH in PHCs
2. There is no significant relationship between knowledge and practice of skilled birth providers in prevention of postpartum haemorrhage in primary health centres

Methodology

This study employed a descriptive cross sectional survey. The target population for the study comprised of skilled Birth providers at Primary Health Centres (PHCs) in Osogbo Local Government Area and Olorunda local Government in Osogbo town, Osun State. Total skilled Birth providers are 128 in the facilities under the study of the two local governments. The main instrument for the collection of data was questionnaire which consisted of three parts namely Section A, B and C. The instrument was given to experts in the field of Tests and Measurement to ensure face and content validity while necessary amendment and correction from their observation was made on the instrument. The instrument was pretested using internal consistency method among skilled birth providers in primary health centre in Odo Otin local government in Okuku, using 10% of the total population for the study (128 participants) in order to ascertain the reliability of the instrument. The collected data was statistically analysed using SPSS version 23 to get the reliability coefficient and the Cronbach's alpha coefficient was 0.702.

The instrument for data collection was administered during the monthly in-training workshop of all the midwives of all the facilities under each local government. The collected data was coded and entered in to a computer software version 23 of the Statistical Package for the Social Sciences (SPSS) and presented in frequency table, percentages, mean scores and standard deviation for the descriptive statistics. Inferential statistics of Pearson's Product Moment correlation was used to test the hypotheses at 0.05 level of significance.

Results

Research Question 1: What is the level of knowledge of skilled birth providers in prevention of postpartum haemorrhage?

Table 1: Level of knowledge of skilled birth providers in prevention of postpartum haemorrhage

Level of knowledge	Frequency	Percentage
Low (1-15)	-	-
Moderate(16 - 31)	8	6.3
High(31 - 45)	120	93.7
Total	**128**	**100**

Source: Field survey 2021

The result above showed that majority of the respondents 120(93.7%) out of 128 had high level of knowledge of prevention of postpartum haemorrhage, 8(6.3%) out of 128 had moderate level of knowledge of prevention of postpartum haemorrhage while none has low level of knowledge of prevention of postpartum haemorrhage. In conclusion the primary health workers in Osogbo have high level of knowledge in prevention of postpartum haemorrhage.

Research Question 2: What is the influence of availability of nursing staff on prevention of postpartum haemorrhage in primary health centres?

Table 2: Availability of nursing Staff

Variable	Yes		No	
	Freq	%	freq	%
Do you have enough number of nurses in your facility?	12	9.4	116	90.6
Do you run the three shifts in your facilities?	24	18.8	104	81.3
Do you have nurses to cover all the shifts?	15	11.7	113	88.3
Do you have enough nurses to cover each shift?	25	19.5	103	80.5
Do you experience workload when you are on duty?	103	80.5	25	19.5
Do you work alone when you are on duty?	50	39.1	78	60.9

Source: 2021 Research survey

Table 2 above revealed there is shortage of nursing staff on prevention of postpartum haemorrhage in primary health centres. Majority of the respondents (116, 90.6%) confirmed that they do not have enough number of nurses in their facility; 104 (81.3%) did not run the three shifts in the facilities; 113 (88.3%) did not have nurses to cover all the shifts; 103 (80.5%) did not have enough nurses to cover each shift; while 103 (80.5%) experienced workload when they were on duty; and 78 (60.9%) consented that they work alone when on duty. From above, it can be deduced that the influence of shortage of staff are; shortage of nurses in the facility, shortage of nurses to cover all the shifts as well as each shift, experiences of workload and working alone on duty.

Research Question 3: What are the available drugs for prevention of postpartum haemorrhage in primary health centres?

Table 3: Availability of Drugs for prevention of PPH

Variable	Yes		No	
	Freq	%	freq	%
Are you having oxytocin drugs available in your facility?	89	69.5	39	30.5
Do you have all misoprostol drugs available in your facility for PPH prevention?	82	64.1	46	35.9
Do you have ergometrine drugs available in your facility for PPH prevention?	90	70.3	38	29.7
Do you have normal saline fluid available in your facility for PPH prevention?	91	71.1	37	28.9
Do you have oxytocic drugs available in your facility for PPH prevention?	93	72.7	35	27.3
Do you have facilities for maintaining cold chain for oxytocin?	86	67.2	42	32.8
Are these drugs available for use at all times within the maternity centre?	84	65.6	44	34.4
Are these drugs provided to patients at free cost?	63	49.2	65	50.8

Source: 2021 Research survey

Table 3 above revealed the available drugs for prevention of postpartum haemorrhage in primary health centre. Majority (69.5%) agreed of having oxytocin drugs available in their facility; (64.1%) have all misoprostol drugs available in their facility for PPH prevention; 90 (70.3%) have all ergometrine drugs available in their facility for PPH prevention; 91 (71.1%) have normal saline fluid available for PPH prevention;93 (72.7%)have oxytocin drugs available for PPH prevention; and 86 (67.2%)have facilities for maintaining cold chain for oxytocin. Moreso, 84 (65.6%) of the respondents agreed that drugs were available for use at all times within the maternity centre, while65 (50.8%) consented that these drugs were not provided to patients at free cost.

From above it can be deduced that the available drugs for prevention of postpartum haemorrhage in primary health centres are; misoprostol, ergometrinel, normal saline and oxytocin whereas the drugs are not free for patients.

Research Question 4: What is the level of practice of skilled birth providers in prevention of postpartum haemorrhage?

Table 4: Level of practice of skilled birth providers in prevention of postpartum haemorrhage

Level of Practice	Frequency	Percentage
Poor (0-3)	1	0.8
Fair (4 - 7)	-	-
Good(8 - 11)	127	99.2
Total	**128**	**100**

Source: Field survey 2021

The result above showed that majority of the respondents 127 (99.2%) out of 128 had good practice of prevention of postpartum haemorrhage, 1(0.8%) out of 128 had poor level of practice while none had fair level of practice of prevention of postpartum haemorrhage. In

conclusion the primary health workers in Osogbo centre of Osun State have good level of skilled birth providers in prevention of postpartum haemorrhage.

Test of Hypotheses

Hypothesis 1: There is no significant relationship between availability of nursing staff and practice of skilled birth providers in prevention of PPH in PHCs

Table 5: The Pearson Product Moment Correlation between availability of nursing staff and practice of skilled birth providers in prevention of PPH in PHCs

		Practice of PPH	Availability of nursing Staff
Practice of PPH prevention	Pearson Correlation	1	-.017
	Sig. (2-tailed)		.846
	N	128	128
Shortage of Staff	Pearson Correlation	-.017	1
	Sig. (2-tailed)	.846	
	N	128	128

The table above revealed no correlation between availability of nursing staff and practice of skilled birth providers in prevention of PPH in PHCs, r-value is -0.017 and *p*-value is 0.846, since *p*-value is greater than 0.005 and r-value is not close to 1, then the null hypothesis is hereby accepted. In conclusion, it has been established that there is no relationship between availability of nursing staff and practice of skilled birth providers in prevention of PPH in PHCs

Hypothesis 2: There is no significant relationship between knowledge and practice of skilled birth providers in prevention of postpartum haemorrhage in primary health centres

Table 6: The Pearson Correlation between knowledge and practice of skilled birth providers in prevention of postpartum haemorrhage in primary health centers

		Knowledge of PPH prevention.	Practice of PPH prevention.
Knowledge of PPH	Pearson Correlation	1	.000
	Sig. (2-tailed)		.999
	N	128	128
Practice of PPH	Pearson Correlation	.000	1
	Sig. (2-tailed)	.999	
	N	128	128

The table above revealed no correlation between knowledge and practice of skilled birth providers in prevention of PPH in PHCs, r-value is 0.000 and *p*-value is 0.999, since *p*-

value is greater than 0.005 and r-value is not close to 1, then the null hypothesis is hereby accepted. In conclusion, it has been established that there is no relationship between knowledge and practice of skilled birth providers in prevention of PPH in PHCs

Discussion

The result revealed that 120(93.7%) out of 128 had high level of knowledge of prevention of postpartum haemorrhage. This is similar to the findings of the research carried out by Faiza (2015) on assessment of the knowledge and practice of nurse midwives in the prevention of PPH. This was also found in a study by Kibusi (2019). She found that nurse midwives generally had good knowledge about postpartum haemorrhage prevention (78%). Their knowledge about assessment and management, signs, prevention and definition, types, common causes were 84.2%, 82.5%, 82% and 81.3%, respectively. Practical aspects of nurse/midwives regarding prevention of PPH were 69.6 %. Long years of experience in the service give them edge to perform very well. Lydia (2017) in a study conducted among birth attendants at different cadre of work across Primary Health Centres in Jos, Nigeria obtained results corroborating figures from the study as about 80% of the birth providers (mainly those with RN/RM qualification) had good knowledge of PPH prevention and management and have been able to demonstrate such skills in the management of patients with PPH in PHCs.

The result showed that 90% agreed there was shortage of staff. Shortage of staff really has influence on prevention of postpartum haemorrhage in primary health centres in these aspect of shortage of nurses in the facility, shortage of nurses to cover all the shifts as well as each shift, experiences of workload and working alone on duty. According to Joel (2020), he reported that shortages of nurses lead to errors, higher morbidity, and mortality rates. Shortage of nursing staff increased risk of adverse patient outcome, including mortality, this may also decrease the efficiency and effectiveness of care provided. In hospitals with high patient-to-nurse ratios, nurses experience burnout, dissatisfaction, and the patients' experienced higher mortality and failure-to-rescue rates than facilities with lower patient-to-nurse ratios.

The result showed that drugs used in prevention of PPH such as ergomentrine (70.3%) misoprostol (64.1%) and oxytocin (72.7%) were available at the centres. However, (50.8%) opined that these drugs were not provided for free. Blun et al (2020) found in their study that mistoprostol is safe and effective in prevention of PPH and also this is in line with WHO recommendation of uterotonic drugs in prevention of PPH.

The result showed that 127 (99.2%) out of 128 had good practice of prevention of postpartum haemorrhage in active management of labour by ensuring full dilatation of cervix, good perineal care, emptying of bladder, controlled cord traction and administration of oxytocic drugs. This is similar to an integrative review conducted of 22 studies on practice of nursing in prevention of PPH carried out by Haimee et al (2016) with the main headings being active management of the third stage of labour, use of misoprostol, estimated blood loss, training programmes for handling PPH, other PPH management strategies and use of technology in PPH management. The researchers found that most physicians (93%) and nurses (73%) reported the use of Active management of third stage of labour (AMTSL) in

vaginal birth. Syntometrine (oxytocin and ergometrine) was the uterotonic of choice in vaginal birth and was used by 86% of nurses, and 79% of the doctors. The overall rate of PPH decreased from 4.52% to 4.21% in USA with the implementation of AMSTL, hence it was considered beneficial by the Department of Public Health of Illinois, Chicago, and the Obstetric Safety Commission. The good practice of the health workers with the aim of prevent and management during the crisis can reduce maternal mortality rate and save the life of mothers.

The study found out that there was no relationship between availability of nursing staff and practice of PPH prevention. This contradicted Bazirete (2020) that staff strength is a major factor that affects prevention of PPH at primary health facilities, there are more workload and stress involve when there is shortage of staff. The findings of the study also revealed that there is no significant relationship between knowledge and practice of PPH prevention. There is no tendency that as the knowledge increase or decrease there would be a good practice of skilled birth providers in prevention of postpartum haemorrhage, for they have high knowledge as well good practice of PPH prevention. This corroborates with a study reported by Lydia (2017) that nurses had good knowledge and practice of PPH prevention.

Conclusion

The study concludes that nurses in primary centres in Osogbo have high level of knowledge and good practice of prevention of postpartum haemorrhage. In addition, the available drugs for prevention of postpartum haemorrhage in primary health centres are; misoprostol, ergometrinel and oxytocin whereas the drugs are not free for patients. The study also concludes that there is shortage of staff at primary health centre and this really has influence on prevention of postpartum haemorrhage in primary health facility.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Government should employ more nursing staff in primary health centres to cover the three shifts as this will reduce the work load on the currents nursing staff for the effective practice of PPH prevention.
2. All PHC facilities providing maternity care services should be staffed with adequate number of nurse-midwives
3. Government should make fund available for free drugs for the patients who do not have financial capability to buy drugs during antenatal and postnatal care.
4. Government should make available the effective referral system, transportation system for obstetric emergencies are vital in ensuring patients' safety and continuity of care at higher level of care.

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